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Department of the Treasury

# **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) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

Open to Public Inspection

A	For th	ne 2009 ca	alendar	year, or tax year	beginning	· · · · · · · · · · · · · · · · · · ·	2009, ar	nd ending			, 20		
В	Check if	applicable	Please		ition New Haven F	estivals, Inc.				D Employer identification numbe			
	Address	s change	use IRS label or	. Doing Business A						22		49569	<u> </u>
	Name c		print or type	Number and street (d	or PO box if mail is not d	lelivered to street add	ress)	Room/suite		E Teleph	one number		
	initial re	_	See	165 Church St	reet			6th	Floor	( 203 )	948	3-2896	<u> </u>
	Termina	ated	Specific Instruc-	. City or town, state	e or country, and ZIP 4	+ 4							
	Amende	ed return	tions	New Haven, C	T_06510				_	<b>G</b> Gross r	eceipts \$	14	7710
	Applicati	on pending	F Na	me and address of pr	incipal officer				H(a) is the	a group retur	n for affiliates?	Yes	☑ No
_			<u></u>								included?		
1	Tax-ex	cempt status		501(c) ( c ) <b>&lt;</b> (insert	no) 4947(a)(1) c	or 🔲 527			l .		a list (see ins		
J	Webs								H(c) Group	exemption nu	umber ▶		
K	Form of	f organization	Z Corp	poration 🔲 Trust 🔲 As	ssociation Dother >		L Year	of formation		M State of	of legal domic	ile CT	
Pa	art I	Summ											
	1	Briefly de	escribe	the organization	i's mission or mos	st significant a	ctivities.	Tp crea	te, prome	ote cultu	ral and art	s eve	nts
•	1	in the C	ity of i	New Haven		-							
nce													
erna	1												
Governance	2	Check this	oox ►	if the organization	on discontinued its ope	rations or dispose	d of more	than 25% c	fits net ass	ets			
ع ق	3	Number	of voti	ng members of the	he governing bod	y (Part VI, line	1a)			. 3			7
Activities &	4	Number	of inde	ependent voting r	members of the g	overning body	(Part V	I, line 1b)		4			7
īV	5	Total nur	mber o	of employees (Par	rt V, line 2a)					. 5			0
Act	6	Total nur	mber o	of volunteers (esti	mate if necessary	) .				6			30
					revenue from Part			12		. <u>7a</u>	<u> </u>		0
	b	Net unre	lated b	ousiness taxable i	income from Form			<del>1</del> ———		7b_			0
	1				FR	ECEIVE	$\bigcirc$	\ _	Prior Y		Curre	nt Year	<u>.                                    </u>
Ð	8	Contribu	tions a	nd grants (Part V	/III, line 1(h)	<del></del>				99969	<b></b>	13	7260
eun	9	Program	servic	e revenue (Part V	/III, line 200	OV 1 9 20	in lo	3\		32320	<b></b> _	1	0450
Revenue	10	Investme	ent inco	ome (Part VIII, co	lumn (A), (Hes 3)	Hyand 相) Eu		<u>ارًا</u>					
_	וון	Omer ter	renue	(Part VIII, Column	(A), intesta, pa, o	c, 9c, 10c, an	≅(عنت	<u> </u>					
					h 11 (mus equal P	11 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del></del>	12)		132289		14	7710
	1				d (Part IX, column		,	ື∙ ∙ ├—			<del> </del>		
s	14	4 Benefits paid to or for members (Part IX, column (A), line 4)									<del> </del>		
nse	15				ployee benefits (Par		), lines 5	-10) -		3889	<del> </del>		
Expenses	16a			-	rt IX, column (A),  lı	•		-					
ú	, ~			• .	X, column (D), line :	•				444400	<del> </del>		
	1		-		n (A), lines 11a-11			·	<del></del>	144133	<del> </del>		1868
	18	Total exp	penses	Add lines 13–17	7 (must equal Part	t IX, column (A	A), line 2	?5) .		148022	<del> </del>		1868
or	19	Revenue	iess ex	cpenses Subtract	line 18 from line 1:	٠.	<del>.</del>			-15733	ļ		5842
ets c		<b>-</b>		1 W 1: 40'				Be	ginning of C		End	of Year	
Assets Baland	20			art X, line 16)	• •			· }-		76110			0136
Net A	21			(Part X, line 26)	 ubtract line 21 fror	m. line 20	•	• •		76110	├─		6905
	art II			Block	ibilact fine 21 from	11 line 20	<del></del> .		<del></del>	76110	ــــــــــــــــــــــــــــــــــــــ	10	3231
	20				at I have examined this	return, including a	ccompany	vina scheduli	es and state	ments and	to the hest of	my knr	wledge
		and belie	ef, ut is tr	ue, correct, and comp	olete Declaration of pre	eparer (other than	officer) is	based on all	ınformation	of which p	reparer has a	ny knov	vledge
Sig	าท	I VII	λœ.	ElazW	8N.				1				
He		Sign	ature of	officer	<del></del>				Dar	e / I			
•••		I V	Val	nin E.K.	OZLOWSKI	Ireasi	wev			11 14	10		
		Туре	e druorini	t name and title	<u></u>	1.00					<u>'</u>		
		Preparer	's <b>\</b>		<del></del>		Date	Chec	k if	Preparer's	identifying nur	nber	
D-		signature					[	self- empl	oyed ▶ 🔲	(see instru			
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	parer's	rimsna					+		EIN	<b>•</b>	:		
USE	Only	if self-en address,			<del></del>				Phone r	10 🕨 (	` }		
Ma	v the				preparer shown a	above? (see in:	struction	ns)				'es 「	No

	990 (2009) Page 2
Par	t III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: To create, promote cultural and arts events in the City of New Haven, CT
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code) (Expenses \$ 34058 including grants of \$) (Revenue \$ 7260_)  Create public art in muncipal building construction projects throughout the City of New Haven
4b	(Code ) (Expenses \$ 107810 including grants of \$ ) (Revenue \$ 140450 )
	Create cultural and arts events in the City of New Haven, CT
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

) (Revenue \$

4e Total program service expenses ▶

141868

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1_	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?.	2		✓
3	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	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<b>✓</b>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<b>√</b>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11		1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	Į		
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	~		
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			<u> </u> 
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		<b>√</b>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		1
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II.	15	_	<b>✓</b>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		lacksquare

	Checklist of Required Schedules (Continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		1
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		<b>✓</b>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25	24a	·	<b>√</b>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .	24b		<u> </u>
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		<b>√</b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>✓</b>
b	Is the organization 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	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		✓ ✓
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule $M$	30	-	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31_		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32_	-	1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		✓.
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<i>y</i>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	✓	-
			_	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
•			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		_
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		1
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
¢	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		✓
	organization solicit any contributions that were not tax deductible?			
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	<u> </u>	<b>✓</b>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u> </u>	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ		Ì
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>V</b>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	<b></b>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		ļ
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	'		
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a	<del> </del>	1
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<del></del>
10	Section 501(c)(7) organizations. Enter	1		
a h	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	[	
о 11	Section 501(c)(12) organizations. Enter	1		
	Gross income from members or shareholders	1	[	
	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b	12a		<b>✓</b>

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 6			
b	Enter the number of voting members that are independent	'		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		_	
	any other officer, director, trustee, or key employee?	2		✓_
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<b></b>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5		✓
6	Does the organization have members or stockholders?	6	<b>\</b>	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	1	
h	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	1	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following	1	١,	i
а	The governing body?	8a	<b>√</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	_9a		1
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte	ernal		
Rev	enue Code.)			
		لـــــا	Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	<b>\</b>	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990	L		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>✓</b>	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	<b>/</b>	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	<b>✓</b>	
13	Does the organization have a written whistleblower policy?	13		
14	Does the organization have a written document retention and destruction policy?	14	<b>✓</b>	
15	Did the process for determining compensation of the following persons include a review and approval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		<b>√</b>
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			,.
	with a taxable entity during the year?	16a		<u>√</u>
þ	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	1 1		1
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	ا . <b></b> ا	}	
	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► Connecticut			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	:)(3)s (	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and reco organization.   Barbara Lamb, 165 Church Street, New Haven, CT 06510	rds of	the	

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees, and former such persons

Check this box if the organization did not co	mpensate	any c	curr	<u>ent</u>	offi	cer, d	lirec	tor, or trustee		
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average		_			that ap		Reportable	Reportable	Estimated amount of
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compersation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Cynthia Clair	A	]						0	0	0
Chairman	As req.	1		1	L_		_	0		
Daisy Abreau	As req.	1				ļ		0	0	0
Vice Chairman	да тец.	1		1	<u> </u>	<u> </u>	_			
Virginia Kozlowski	As req.			١.	}			0	0	0
Treasurer		<b>/</b>	ļ	<b>✓</b>	├	<u> </u>	<del> </del>			
Anthony Rescigno	As req.	١,		١,	Ì	ļ	l	0	o	0
Secretary		1	<u> </u>	<b>✓</b>	├-	<del> </del>	├—	<del> </del>		
Barbara Lamb	As req.				1	ļ	1	0	0	0
Executive Director Kelly Murphy		<b>-</b>	-	-	┢	<del> </del>	┼			· -,
	As req.	1		ĺ	ĺ	1	ĺ	0	0	0
Director	<del></del>	<b>/</b>	-		┢╌		+	<del> </del>		<del></del>
		ł	l	ĺ	1	ł	1	}		
			-							
				į						

Pai	t VII Section A. Officers, Directors, Tru	istees, Key	/ Emp	loy	ees,	an	d Hig	hes	t Compensate	d Employees (c	ontinued)
	(A)	(B) (C		C)			(D)	(E)	(F)		
	Name and title	Average hours per week	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
					├	<u> </u>		-			<del> </del>
							<u></u>				
_											
						_		<u> </u>			<del> </del>
••											
				-	<del> </del>	-	-	├-			
		<u> </u>			_	_		_			
1h	Total	L	<u> </u>		<u> </u>	L.,		<u> </u>			
2	Total number of individuals (including but i	not limited	to the	ose	list	ed a	above		ho received mo	ore than \$100,0	100 in
	reportable compensation from the organization	ation >				_			<del></del>		Yes No
3	Did the organization list any former office	er, director	or tri	ıste	e. k	œv	empl	ove	e, or highest o	compensated	103 110
	employee on line 1a? If "Yes," complete S	chedule J	for su	ıch	ındı	vidu	ıal				3 🗸
4	For any individual listed on line 1a, is the sthe organization and related organizations	sum of repo greater tha	ortabl an \$18	e co 50,0	omp	ens	sation 'Yes,"	and	d other compe <i>mplete Schedu</i>	nsation from le J for such	
5	individual . Did any person listed on line 1a receive services rendered to the organization? If "	or accrue	comp	oen:	satio	on i	from	any	unrelated org	anızatıon for	5
Se	ction B. Independent Contractors	res, comp	JIELE .	3011	euu	0	101 3	uci	i person	<del></del>	<u> </u>
1	Complete this table for your five highest or	ompensate	d ind	epe	nde	nt o	contra	acto	rs that receive	d more than \$1	00,000 of
	compensation from the organization							Γ-	(D)		(0)
	(A) Name and business add	iress							(B) Description of s	ervices	(C) Compensation
No	ne				_			_			
								+-			<del></del>
				_							
2	Total number of independent contractors (in more than \$100,000 in compensation from					to '	those	list	ed above) who	received	

Pari	VIII	Statement of Revenue					
Lan		Statement of Hereinae		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	dovernment grante (contributions);	130000				
Contribution	9	and similar amounts not included above  Noncash contributions included in lines 1a-1f: \$  Total. Add lines 1a-1f	7260	137260	1		
			s Code	10450	10450		
Program Service Revenue	2a b c d e f	All other program service revenue .		10700	10.00		
-Pr	g	Total. Add lines 2a–2f	, ▶	10450			
	3 4 5	Investment income (including dividends, interest other similar amounts)  Income from investment of tax-exempt bond proceed Royalties  (i) Real (ii) Personal Country Personal Co	. • ds • .				
	b	Gross Rents Less' rental expenses Rental income or (loss) Net rental income or (loss) .	. •			 	
	7a	Gross amount from sales of assets other than inventory	Other				ļ
	С	Less. cost or other basis and sales expenses . Gain or (loss) Net gain or (loss)	>				
Revenue	8a	Gross income from fundraising events (not including \$					
Other Re		Less direct expenses b  Net income or (loss) from fundraising events	<b>•</b>			<u> </u>	
	9a	Gross income from gaming activities See Part IV, line 19 a					
		Less direct expenses b Net income or (loss) from gaming activities	<b>•</b>				-
	b	Gross sales of inventory, less returns and allowances a Less cost of goods sold b Net income or (loss) from sales of inventory  Miscellaneous Revenue Busines	s Code				
	11a						
	b c	All others					
	е	All other revenue  Total. Add lines 11a–11d  Total revenue. See instructions	<b>&gt;</b>	147710	10450		

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16								
4	Benefits paid to or for members								
5	Compensation of current officers, directors, trustees, and key employees								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7 8	Other salaries and wages								
	and section 403(b) employer contributions) Other employee benefits								
11	Payroll taxes				· · · · · · · · · · · · · · · · · · ·				
	Management .								
	Legal Accounting								
	Lobbying								
	Professional fundraising services See Part IV, fine 17				<del></del>				
	Investment management fees .								
	Other	22500	22500						
-	Advertising and promotion .	27120	27120						
13	Office expenses .	8683	8683						
14	Information technology								
15	Royalties				<del></del>				
16	Occupancy .								
17	Travel .								
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				i				
19	Conferences, conventions, and meetings				<del></del>				
20	Interest								
21	Payments to affiliates				<del></del>				
22	Depreciation, depletion, and amortization.			<del></del>					
23	Insurance								
24	Other expenses. Itemize expenses not covered above (Expenses grouped together			:					
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )	1							
а	Cultural Events Expense	32907	32907		· · · · · · · · · · · · · · · · · · ·				
b	Strategic Planning	16600	16600						
c	Public Art Program	34058	34058						
d	The succession of British								
e									
	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	141868	141868						
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.								

Pa	irt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	76110	1	130136
	2	Savings and temporary cash investments		2	<del></del>
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key		1	
		employees, and highest compensated employees. Complete Part II of			
	1	Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
ets	7	Notes and loans receivable, net	· · · · · · · · ·	7	
Assets	8	Inventories for sale or use		8	<del> </del>
⋖	9	Prepaid expenses and deferred charges	· · -	9	
	10a	Land, buildings, and equipment cost or 10a			
		other basis. Complete Part VI of Schedule D	·		
	b	Less accumulated depreciation , [10b]	· · · · · · · · · · · · · · · · · · ·	10c	
	11	Investments—publicly traded securities		11	<del></del>
	12	Investments—other securities See Part IV, line 11		12	<del></del>
	13	Investments-program-related See Part IV, line 11		13 14	
	14	Intangible assets		15	
	15   16	Other assets See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 34)	76110	16	130136
			70110	17	26905
	17	Accounts payable and accrued expenses		18	20303
	18 19	Grants payable		19	
	20			20	<del></del>
S	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key			
Ē		employees, highest compensated employees, and disqualified			
Ë		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties .		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	26905
ces		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.		l	
<u>a</u>	27	Unrestricted net assets		27	
Ва	28	Temporarily restricted net assets		28	<del></del>
Б	29	Permanently restricted net assets		29	
or Fund Balan		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			·
	30	Capital stock or trust principal, or current funds		30	
sse	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	76110		103231
	34	Total liabilities and net assets/fund balances	76110	34	130136

Page	1	2

Par	t XI Financial Statements and Reporting	_		
			Yes	No
1	Accounting method used to prepare the Form 990:   Cash   Accrual   Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		<u> </u>	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		1
	Were the organization's financial statements audited by an independent accountant?	2b		1
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	2c		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	20		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a_		<b>✓</b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name	of t	he organization							Employe	r identifica	tion number
		ven Festival							22		3149569
Pa				arity Status (All or							ctions.
1 2		A church, co A school des	onvention of chu scribed in <b>sectic</b>	idation because it is. rches, or association on 170(b)(1)(A)(ii). (Att	of churcl	hes desci edule E.)	ribed in s	ection 1	70(b)(1)( <i>i</i>	A)(i).	
3 4		A medical re	•	nospital service organ ition operated in conj ate	unction v		spital de	scribed ii	section	170(b)(1	)(A)(iii). Enter the
5		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)									
6	Z	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public									
	$\Box$			(1)(A)(vi). (Complete F d in <b>section 170(b)(1)</b>	-	Complete	Dort II \				
9		An organizat receipts from support from	ion that normally n activities relate n gross investm	receives (1) more the ed to its exempt function and unre after June 30, 1975	an 33½ % tions—su lated bus	of its sup bject to d siness tax	pport froi certain ex xable inc	ceptions ome (les	, and (2) s section	no more	than 331/3 % of its
10 11		An organizar purposes of	tion organized a one or more pul	nd operated exclusive and operated exclusive blicly supported organ at describes the type	vely for th	ne benefi describer	t of, to p	oerform t on 509(a)	he functi (1) or sec	ons of, o ction 509(	(a)(2) See <b>section</b>
е		persons other	this box, I cert	tify that the organization managers and othe	tion is no		led direc	tly or inc	directly b	y one or	
f g		organization	, check this box at 17, 2006, has	a written determination	•						e III supporting .
		and (III) b	pelow, the gover	r indirectly controls, $\epsilon$ ning body of the supp	ported or	ganızatıo	n? .		is descrit	oed in (ii)	Yes No 11g(i) 11g(ii)
h		(iii) A 35% c	controlled entity	erson described in (i) a of a person described ation about the suppo	d in (i) or		?				11g(m)
(1)		e of supported ganization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) h	organization sted in your document?	the organ	rou notify nization in of your port?	organizat (i) organi	Is the tion in col zed in the S ?	(vii) Amount of support
					Yes	No	Yes	No	Yes	No	<del></del>
								ĺ	Í	[	
							<del></del>				<u> </u>
		<del></del> -									
Tota	al						i				

Sched	lule A (Form 990 or 990-EZ) 2009						Page 2
Par	Support Schedule for Org (Complete only if you chec					and 170(b)	(1)(A)(vi)
Sec	tion A. Public Support		<u> </u>	<del></del>			
	lendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3		<del> </del>			<del> </del>	<del></del>
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4						
	tion B. Total Support	<u> </u>	<del></del>	<u></u>	<del></del>	<del></del>	<del></del>
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .	Ĺ	<u> </u>	<u> </u>	l	<del> </del>	
12	Gross receipts from related activities, etc	•	,			12	<del></del>
13	First five years. If the Form 990 is for organization, check this box and stop he	ere .	<u> </u>		n, or fifth tax y		tion 501(c)(3)
Sec	tion C. Computation of Public Su					<del></del>	
14	Public support percentage for 2009 (line			1, column (f))		14	%_
15	Public support percentage from 2008 Sc					15	%%
16a	331/3 % support test-2009. If the organi				line 14 is 331/31	% or more, cl	_
	and stop here. The organization qualifies						▶ ⊔
b	33% % support test-2008. If the organi				and line 15 is	33% % or mo	
	box and stop here. The organization qua	•	•	-			. ▶ ⊔
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "forganization meets the "facts-and-circum	acts-and-circu	mstances" test,	check this box	and stop here	. Explain in Pa	irt IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circunances" test. The	nstances" test, o organization qui	check this box a alifies as a public	and <b>stop here</b> cly supported or	Explain in Pa	rt IV how the
					-,		

Schedule A (Form 990 or 990-EZ) 2009		111 0	500/-	\ <u>\(\(\)\</u>	<del></del>	Page 3
Part III Support Schedule for Org (Complete only if you ched				)(2)		
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<ol> <li>Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants").</li> <li>Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose</li> </ol>						
3 Gross receipts from activities that are not ar unrelated trade or business under section 513	1					
4 Tax revenues levied for the organization's benefit and either paid to or expended or its behalf				' 		
<ul> <li>The value of services or facilities furnished by a governmental unit to the organization without charge</li> </ul>	ſ					
<ul> <li>Total. Add lines 1 through 5</li> <li>Amounts included on lines 1, 2, and 3 received from disqualified persons</li> </ul>	3					
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	t					
<ul><li>c Add lines 7a and 7b</li><li>8 Public support (Subtract line 7c from</li></ul>	,					
line 6)	<u>'</u> _			·	<u> </u>	
Section B. Total Support	1 1 2000	(1) 0000	(-) 0007	( 1) 0000	(1) 0000	T (0 T )
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	<u>,</u>					
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b  Net income from unrelated business activities not included in line 10b whether or not the business is regularly carried on	,					
Other income Do not include gain of loss from the sale of capital asset (Explain in Part IV)						
Total support. (Add lines 9, 10c, 11, and 12)						
First five years. If the Form 990 is for organization, check this box and sto			nd, third, fourtl	-	ear as a secti	on 501(c)(3) . ▶ □
Section C. Computation of Public S				·		
Public support percentage for 2009 Public support percentage from 200			ne 13, column		15	<u>%</u> %
Section D. Computation of Investm			<u>· · · · · · </u>	<u> </u>		70

% 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . 18 % Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . . . . . 18 19a 331/3 % support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 331/3 %, and line

17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization ightharpoonup331/4 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/4 %, and line 18 is not more than 33½ %, check this box and stop here. The organization qualifies as a publicly supported organization ightharpoonup

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions >

Schedule A (Fo	rm 990 ôr 990-EZ) 2009				Page <b>4</b>
Part IV	Supplemental Information Part II, line 17a or 17b; and	n. Complete this d Part III, line 12.	part to provide the Provide any other	explanations required additional information.	by Part II, line 10; See instructions
			*****************		
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		•••••••••••	•••••		

#### SCHEDULE O (Form 990)

## Supplemental Information to Form 990

OMB No 1545-0047

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. Department of the Treasury

► Attach to Form 990.

Name of the organization	Employer identification number							
New Haven Festivals, Inc.	22 3149569							
Part VI, Section B Policies, Question 11A - Distributed to the Board of Directors for review and comments								
Part VI, Section B Policies, Question 12C - The Board of Directors are required to submit	annually any possible conflicts of							
interest in writing to the Board. The Board reviews those submissions.								
Part VI Section C, Question 19, the organization makes the governing documents, conflict	t of interest policy and financial							
statements available to the public upon request.								

			<del> </del>	A				· <b>T</b>				OMB No	1545-0108
Annual Summary and Transmittal of U.S. Information Returns  FILER'S name, street address, city, state and ZIP code										20	09		
FIL	ER'S nam	e, street	address, city	, state and	ZIP code				•	·			
New Haven Festivals, Inc. 165 Church Street New Haven, CT 06510													
Name of	person to	contact			Telep	hone numi	ber	<del></del> -					
Ginny	y Kozl	Lowsk	i		(20	(203)874-4470							
Email add	dress					Fax number							
						3 874-				· · · · · · · · · · · · · · · · · · ·			
	dentification		2 Social securit	y number	3 1018				ne tax withheld	5 Tota	I amount repo		1
	149569					8					53360.00		
Enter an	"X" in only	one box	below to indi	cate the ty	pe of form	being filed		If this is your	final retu	rn, enter ar	n "X" here.	· · · · ·	إـــــــــــــــــــــــــــــــــــــ
W-2G 32	1098 81	1098-C 78	1098-E 84	1098-T 83	1099-A 80	1099-B 79	1099-0 85	1099-CAP	1099-DIV 91	1099-G 86	1099-Н 71	1099-INT 92	1099-LTC 93
1099-MISC 95	1099-OID 96	1099-PATI 97	R 1099-Q 31	1099-R 98	1099-S 75	1099-SA 94	3921 25	3922 26	5498 28	5498-ESA 72	5498-SA 27		

This form is for your records only and is not acceptable for filing with Internal Revenue Service.

		CORRE	CIED			
PAYER'S name, street address, city,	state, ZIP code, and teleph	none no	1 Rents	OMB No 1545-0115		
, , , , ,						
New Haven Festi	vals, Inc.			2000		Miscellaneous
165 Church Stre New Haven, CT 0	et 6510		2 Royalties	2009	•	Income
New Mavell, CI U	6310					
			3 Other income	Form 1099-MISC	امام ماطفر	
			3 Other income	4 Federal income tax	withneia	
(203)874-4470						Copy 1
PAYER'S Federal identification number	RECIPIENT'S identificati	ion	5 Fishing boat proceeds	6 Medical and health care	e pymts	for State Tax
Humber	number					Department
22-3149569						
RECIPIENT's name, street address, o	city, state, and ZIP code		7 Nonemployee compensation	8 Substitute payment	s in lieu	
				of dividends or inter		
Margaret Bodell			30000.00			
			9 Payer made direct sales of	10 Crop insurance pro	ceeds	]
			\$5,000 or more of consumer products to a buyer	1		
			(recipient) for resale			
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Account number (see instructions)		2nd TIN not	13 Excess golden parachute payments	14 Gross proceeds pa an attorney	id to	
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Form 1099-MISC	ļ		l	Department of the T	reasiln/ -	Internal Revenue Service
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New Haven Festi	vals Inc				_	
165 Church Stre	et		2 Royalties	<b>2009</b>		Miscellaneous Income
New Haven, CT 0	6510					income
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(203)874-4470			3 Other income	4 Federal income tax	withheld	
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number	RECIPIENT'S identificat	ion	Other income     Fishing boat proceeds	4 Federal income tax 6 Medical and health car		Copy 1
22-3149569	number 1.5 identificat	ion				Copy 1
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RECIPIENT's name, street address, o	number	ion		6 Medical and health can	e pymts	Copy 1
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RECIPIENT's name, street address, o	number  City, state, and ZIP code  Road	ion	5 Fishing boat proceeds  7 Nonemployee compensation  3000.00  9 Payer made direct sales of \$5,000 or more of consumer	Medical and health care     Substitute payment of dividends or inter	e pymts is in lieu rest	Copy 1
RECIPIENT's name, street address, of Todd Joki 6 Old Barnabus	number  City, state, and ZIP code  Road	ion	5 Fishing boat proceeds  7 Nonemployee compensation  3000.00  9 Payer made direct sales of	Medical and health care     Substitute payment of dividends or inter	e pymts is in lieu rest	Copy 1
RECIPIENT's name, street address, of Todd Joki 6 Old Barnabus	number  City, state, and ZIP code  Road	ion	5 Fishing boat proceeds  7 Nonemployee compensation  3000.00  9 Payer made direct sales of \$5,000 or more of consumer products to a buyer	Medical and health care     Substitute payment of dividends or inter	e pymts is in lieu rest	Copy 1
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RECIPIENT's name, street address, of Todd Joki 6 Old Barnabus Woodbridge, CT	number  City, state, and ZIP code  Road		5 Fishing boat proceeds  7 Nonemployee compensation  3000.00  9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale	Medical and health care     Substitute payment of dividends or inter     To Crop insurance pro	e pymts is in lieu rest	Copy 1
Todd Joki 6 Old Barnabus Woodbridge, CT	number  City, state, and ZIP code  Road 06525	2nd TIN not	5 Fishing boat proceeds  7 Nonemployee compensation  3000.00  9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale  13 Excess golden parachute payments	8 Substitute payment of dividends or inter  10 Crop insurance pro	e pymts  Is in lieu rest	Copy 1 for State Tax Department
RECIPIENT's name, street address, of Todd Joki 6 Old Barnabus Woodbridge, CT	number  City, state, and ZIP code  Road	2nd TIN not	5 Fishing boat proceeds  7 Nonemployee compensation  3000.00  9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale	8 Substitute payment of dividends or interest or interest of dividends or interest or inte	e pymts is in lieu rest sceeds	Copy 1 for State Tax Department

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New Haven Festi	vals. Inc.				.	dia a a U a a a
165 Church Stre	et .		2 Royalties	2009	ľ	/liscellaneous
New Haven, CT 0						Income
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			3 Other income	4 Federal income tax	withheld	
(000) 074 4470						
(203) 874-4470						Copy <sup>4</sup>
PAYER'S Federal identification number	RECIPIENT'S identification	n	5 Fishing boat proceeds	6 Medical and health car	e pymts	for State Tax
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22-3149569						-
RECIPIENT's name, street address, c	itv. state, and ZIP code		7 Nonemployee compensation	8 Substitute payment	ts in lieu	
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7 - 1- 1 1 1	- 1-2		940.00			
Ashley E Kozlow 17 Timber Trail	SKI		9 Payer made direct sales of	10 Crop insurance pro	reeds	
Milford, CT 064	60		\$5,000 or more of consumer		cccas	
11111010, 01 001			products to a buyer (recipient) for resale			
			(recipient) for resale			
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Account number (see instructions)		2nd TIN not	13 Excess golden parachute payments	14 Gross proceeds pa an attorney	id to	
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15a Section 409A deferrals	15b Section 409A income		16 State tax withheld	17 State/Payer's state		18 State income
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Form 1099-MISC				Department of the Tr	reasury -	Internal Revenue Servic
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New Haven Festi	vals, Inc.			2000	,	/liscellaneous
165 Church Stre			2 Royalties	2009	•	Income
New Haven, CT 0	6210					
				Form 1099-MISC		
			3 Other income	4 Federal income tax	withheld	
(203)874-4470						
PAYER'S Federal identification	RECIPIENT'S identification	<u> </u>	5 Fishing boat proceeds	6 Medical and health care	o pumte	Copy 1
number	number	"	5 Fishing Boat proceeds	o wedical and health care	a pyritts	for State Tax
		_				Department
22-3149569						
RECIPIENT's name, street address, ci	ty, state, and ZIP code		7 Nonemployee compensation			
				of dividends or inter	rest	
Isaiah Lyte			2420.00			
18 Pine Roack A	ve		9 Payer made direct sales of	10 Crop insurance pro	ceeds	
Hamden, CT 0651			\$5,000 or more of consumer			
			products to a buyer (recipient) for resale			
Account number (see instructions)	<u> </u>	2nd TIN not	13 Excess golden parachute	14 Gross proceeds par	id to	
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10a Geolion 40aA deletrais	100 Section 409A Income		TO State tax withineto	17 State/Payer's state 2812188-0		ro state income
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New Haven Festi 165 Church Stre	vals, inc. et		2 Royalties	2009	N	/liscellaneous
New Haven, CT 0			,			Income
			0.00	Form 1099-MISC		<del></del>
			3 Other income	4 Federal income tax	withheld	
(203) 874-4470	DECIDIENTIS desteration		C Coharabastasasas	C. Madact and Scotts		Сору 1
PAYER'S Federal identification number	RECIPIENT'S identification number	11	5 Fishing boat proceeds	6 Medical and health can	e pymis	for State Tax
22-3149569						Department
RECIPIENT's name, street address, c	ty, state, and ZIP code		7 Nonemployee compensation	8 Substitute payment	s in lieu	
				of dividends or inte	rest	
			14750 00			
Laura Macaluso			14750.00  9 Payer made direct sales of	10 Crop insurance pro	reeds	
34 High Street Milford, CT 064	60		\$5,000 or more of consumer products to a buyer		00000	
			(recipient) for resale			
Account number (see instructions)		2nd TIN not	13 Excess golden parachute	14 Gross proceeds pa	ud to	
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Form <b>1099-MISC</b>		<del></del>		Department of the Tr		Internal Revenue Servic
Form 1099-MISC		CORRE	CTED			Internal Revenue Servic
Form 1099-MISC  PAYER'S name, street address, city, s	tate, ZIP code, and telepho	CORRE ne no	CTED  1 Rents			Internal Revenue Servic
<b></b>	tate, ZIP code, and telepho			Department of the T		Internal Revenue Servic
PAYER'S name, street address, city, s  New Haven Festi	vals, Inc.		1 Rents	Department of the To	reasury -	
PAYER'S name, street address, city, s	vals, Inc.			Department of the T	reasury -	<i>f</i> liscellaneous
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PAYER'S name, street address, city, s  New Haven Festi 165 Church Street	vals, Inc.		1 Rents 2 Royalties	Department of the Total Depart	reasury -	/liscellaneous Income
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PAYER'S name, street address, city, s  New Haven Festi 165 Church Stre New Haven, CT 0  (203)874-4470  PAYER'S Federal Identification number 22-3149569	vals, Inc. et 6510 RECIPIENT'S identification number	ne no	1 Rents 2 Royalties 3 Other income 5 Fishing boat proceeds	Department of the Tourist Department Departme	reasury -	liscellaneous Income Copy 1 for State Tax
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PAYER'S name, street address, city, s  New Haven Festi 165 Church Street New Haven, CT 0  (203) 874-4470  PAYER'S Federal identification number 22-3149569  RECIPIENT's name, street address, city, s	vals, Inc. et 6510 RECIPIENT'S identification number	ne no	1 Rents 2 Royalties 3 Other income 5 Fishing boat proceeds 7 Nonemployee compensation 7 5 0 . 0 0	Department of the Total Depart	reasury -	liscellaneous Income Copy 1 for State Tax
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PAYER'S name, street address, city, s  New Haven Festi 165 Church Street New Haven, CT 0  (203) 874-4470  PAYER'S Federal identification number 22-3149569  RECIPIENT's name, street address, city, s	RECIPIENT'S identification number  ty, state, and ZIP code	ne no	1 Rents 2 Royalties 3 Other income 5 Fishing boat proceeds 7 Nonemployee compensation 7 5 0 . 0 0 9 Payer made direct sales of \$5,000 or more of consumer	Department of the Total Depart	withheld e pymts s in lieu rest	liscellaneous Income Copy 1 for State Tax
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16 State tax withheld

15a Section 409A deferrals

15b Section 409A income

17 State/Payer's state number 18 State income

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PAYER'S name, street address, city,	state, ZIP code, and teleph	one no	1 Rents	OMB No 1545-0115		
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New Haven Festi	vals, Inc.		2. Benefitee	2009	ı	Miscellaneous
165 Church Stre New Haven, CT 0			2 Royalties	2009		Income
	0010			Form 1099-MISC		
			3 Other income	4 Federal income tax	withheld	
(203)874-4470						
PAYER'S Federal identification	RECIPIENT'S identification		5 Fishing boat proceeds	6 Medical and health car	e ovmts	Copy 1
number 22-3149569	number		5 Tishing boat proceeds		o pynnis	for State Tax Departmen
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Carlos Sanches			750.00			
128 Mansfield S			9 Payer made direct sales of \$5,000 or more of consume	10 Crop insurance pro	ceeds	
New Haven, CT 0	0311		products to a buyer			
			(recipient) for resale			
Account number (see instructions)		2nd TIN not	13 Excess golden parachute	14 Gross proceeds pa	id to	
	ı		payments	an attorney		
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165 Church Stre New Haven, CT 0	et		2 Royalties	2009	ľ	Miscellaneous Income
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PAYER'S Federal identification	RECIPIENT'S identification	on	5 Fishing boat proceeds	6 Medical and health care	pymts	Copy 1 for State Tax
number	number					Department
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RECIPIENT's name, street address, co	ty, state, and ZIP code		7 Nonemployee compensation	8 Substitute payment	s in lieu	
				of dividends or inter	est	
Katro Storm			750.00			
			9 Payer made direct sales of \$5,000 or more of consumer	10 Crop insurance pro	ceeds	
			products to a buyer (recipient) for resale			
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Account number (see instructions)		2nd TIN not	13 Excess golden parachute	14 Gross proceeds par	d to	
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