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## Form 990-EZ

2009

OMB No 1545-1150

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 may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

5 a Gross amount from sale of assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) 5 Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, check here a Gross, revenue (not including \$ of contributions reported on line 1) b Less: direct expenses other than fundraising expenses c Nat income or (loss) from special events and activities (Subtract-line 6b from line 6a) 7 a Gross sales of inventory respectives (Subtract-line 6b from line 6a) 7 a Gross sales of inventory respectives (Subtract-line 6b from line 6a) 7 a Gross sales of inventory respectives (Subtract-line 6b from line 7a) 9 Total revenue (describe ► Image) 12 3, 4, 5c, 6c, 7c, and 8 Image) 9 Total revenue (describe ► Image) 12 3, 4, 5c, 6c, 7c, and 8 Image) 10 Grants and similar amounts padd-efluter/schedule) 11 Benefits paid to or for member 12 2 2 3 a special events and other payments to independent contractors 12 Salaries, other compensation, and employee benefits 13 Printing, publications, postage, and shipping 15 Frinting, publications, postage, and shipping 16 Other expenses (describe ► SEE STATEMENT 2	Α	For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30	, 2010
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Termination   Province   Provin		Initial return type. HAMDEN CT 06518	13-281-4200
*Section 501(c/3) arganizations and 4947(a/t) nonexempt charitable trusts   *Section 501(c/3) arganizations and 4947(a/t) nonexempt charitable trusts   *Website: * N/A   ** Create		Termination Specific Section 2	_
**Section 501(c/S) organizations and 4947(a/T) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).    Website: * NF/A		tions	
Website: N/A   Tax-exemit status (clack only eas) -  X  Silic) (7.)   (mear no)   4987(a)(1) or   527	$\perp$	Application pending Nui	
Website: N/A   Solid			d X Cash Accrual
Website: ► N/A   Tax-exemit status (check only one) -  X	_		he organization is not
Check =   If the organization is not a section 599(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A rorm \$90-62 or form \$90 return is not required, but if the organization chooses to file a complete return. Add lines \$5,000. A rorm \$90-62 or form \$90 return is not required, but if the organization chooses to file a complete return. Add lines \$5,000. A rorm \$90-62 or form \$90 return is not required, but if the organization chooses to file a complete return. Add lines \$5,000. A rorm \$90-62 or form \$90 return is not required, but if the organization chooses to file a complete return. Add lines \$5,000. A rorm \$90-62 or form \$90 return is not required. Add lines \$1,000. The state \$1,0	1	Website: ► N/A required to attach	Schedule B (Form 990,
Add lines 5b, 6b, and 7b, 10 line 9 to determine gross receipts, if \$500,000 or more, file Form 990   \$ 85, 348.     Bathwill Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instructions for Part I.)     Contributions, gifts, grants, and smilar amounts received   1	J	Tax-exempt status (check only one) $  X $ 501(c) (7) $ A $ (insert no) $ A $ 4947(a)(1) or $ A $ 527 990-EZ, or 990-PF	·)
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   Part Isla:   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   Part Isla:   Revenue, Expenses, and similar amounts received   1   2, 519.     2   Program service revenue including overnment fees and contracts   2   2   2   2   2   2   2   2   2	K	Check ► If the organization is not a section 509(a)(3) supporting organization and its gross receipts are norm	mally <b>not</b> more than
### Standard   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)    Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)   1		\$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file	a complete return
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b Less: cost of goods sold	7	c Net income or (loss) from special events and activities (Subtract line 6)	6c 57,122.
C Gross profit or (loss) from   Sales of inventory (Subtraction 7b from line 7a)   7c   8   8   9   59,641.     10 Grants and similar amounts paid (attach schedule)   11   10   32,107.     11 Benefits paid to or for member   11   12   13   38,966.     12 Salaries, other compensation, and employee benefits   12   13   38,966.     13 Professional fees and other payments to independent contractors   13   38,966.     14 Occupancy, rent, utilities, and maintenance   14   15   1,008.     15 Printing, publications, postage, and shipping   16   0ther expenses (describe > SEE STATEMENT 2   )   16   2,503.     18 Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -14,943.     18 Excess or (deficit) for the year (Subtract line 17 from line 9)   18   -14,943.     19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   20   20     20 Other changes in net assets or fund balances (attach explanation)   20   21   45,589.     Paint-II	Ñ	7a Gross sales of invento <del>ry, less ceturns and allowances 7a</del>	-\$\display.
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9   Total revenue. Add lines   2, 3, 4, 5c, 6c, 7c, and 8   □		1	8
10   Grants and similar amounts paid (attach schedule)   SEE STATEMENT 1   10   32,107.			9 59,641.
11   Benefits paid to or for members   12   12   12   13   38,966   13   38,966   14   Occupancy, rent, utilities, and maintenance   14   15   17   17   18   17   17   17   18   18	_		
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	_		Form <b>990-EZ</b> (2009)

Form		(2009) CONNECTICUT CL			06	-140	)9752 Page <b>2</b>
Par	t III	Statement of Program So	ervice Accomplishments	(See the instruction	ons.)		Expenses
What i	s the organ	nization's primary exempt purpose? SI	EE STATEMENT 3			Reg	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional
Desc	ribe wha	t was achieved in carrying out services provided, the number of	the organization's exempt purp	oses. In a clear and co	ncise manner.	orga	nizations and section
desci	ribe the	services provided, the number (	of peršons benefited, or other	relevant information for	each (	4947	(a)(1) trusts; optional thers)
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20		rogram service expenses (add		iants, check here		32	
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Par	[{{\V*	List of Officers, Directors		<del>* *</del>			
		A Normal and address	(b) Title and average hours per week devoted	(c) Compensation (If not paid, enter -0)	(d) Contributions	to	(e) Expense account and other allowances
	(2	) Name and address	to position	not paid, enter -0)	deferred compensa	tion	and other allowances
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		E CLERC	DIRECTOR	0.		0.	0.
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CHE	SHIRE	, CT 06410					
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BAA			TEEA0812L (	01/30/10			Form <b>990-EZ</b> (2009)

Par	t V Other Information (Note the statement requirements in the instrs for Part V.)			<u>3</u>
			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		Х
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 <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
ā	a 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?	35 a		х
t	of 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	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		X
	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.  Did the organization file Form 1120-POL for this year?	37 b		X
		<b>V. J</b>	· · · · · · · · · · · · · · · · · · ·	* **
	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?	38 a	~ *	X
t	olf 'Yes,' complete Schedule L, Part II and enter the total amount involved  38b  N/A	, · ·	,	***
39	Section 501(c)(7) organizations Enter	, vi -	۰	; *
a	Initiation fees and capital contributions included on line 9	2 ^ <	, 4 4	(k %)
Ł	Gross receipts, included on line 9, for public use of club facilities 39b 0.	]	4 *	\$2.
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	* 42 3		42.7
	section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A		7000	* 4
	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	40 b		<b>R</b> .4
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.	40 160		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.	\$2 \$5.		1
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	40 e	\$~\$ \$	X
	List the states with which a copy of this return is filed ► CT			
42 a	The organization's books are in care of ► THOMAS DICKENSON Telephone no. ► 203-2 Located at ► 1081 STILL HILL ROAD HAMDEN CT ZIP + 4 ► 06514	81-4 	<u>200</u>	<del>-</del>
		ſ	Yes	No
t	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)?	42 b		X
	If 'Yes,' enter the name of the foreign country	3 25	«	<del>-                                    </del>
	Tes, enter the hame of the foreign country	* *	₹ ∰	* ***
		1 × 3	7. 7. 1	
		8 6	84 B	. * .
	See the vertice have for exceptions and files resourced for Form TD F 00 20 1 Bound of a Foreign Book and Financial Assessment	-	8 0	* * 4
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.	42 c	<u> </u>	امست
•	At any time during the calendar year, did the organization maintain an office outside of the U.S ?	420	l	<u> X</u>
	If 'Yes,' enter the name of the foreign country:			
	0 1 407/1/20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			NT / 3
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here.			N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A
			Yes	No
			162	INO
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		Х
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 rm <b>99</b> 0		SUUO
BAA	TEEA0812L 01/30/10 FO	・・・・・ ブブし		としいひ}

Only

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HAMDEN,

May the IRS discuss this return with the preparer shown above? See instructions

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51. Yes No 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 . . . 46 46 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49 a b If 'Yes,' was the related organization a section 527 organization? 49b 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' (b) Title and average (d) Contributions to employee benefit plans and (e) Expense account and (c) Compensation (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position deferred compensation other allowances f Total number of other employees paid over \$100,000 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' (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 each receiving over \$100,000 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Date Here Type or print name and title Preparer's Identifying Number (See instructions) Date Check if Preparer's signature Paid P00077810 employed Pre-COMPANY PC FLOYD Firm's name (or yours if self-employed), parer's ▶ 06-1387901 3190 WHITNEY/AVE BLDG. Use EIN ss, and (203) 248-3076 CT 06518

Phone no ▶

►X Yes No

Form 990-EZ (2009)

### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Fundraising or Gaming Activities

Complete if the organization answered Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2009

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Name of the organization		<u>-</u>				Employer identifica	stion number
CONNECTICUT CLASSIC CHEV	Y					06-140975	2
Part   Fundraising Activities. Comp	lete if the orga	nization ai ete this pa	nswered '\ irt	res' to Form 990, Part	IV, line	17	
1 Indicate whether the organization							
Mail solicitations				Solicitation of non-	governn	nent grants	
Internet and email solicitation	s			Solicitation of gove	ernment	grants	
Phone solicitations				Special fundraising			
In-person solicitations							
2a Did the organization have written	or oral agreeme	ent with ar	y individu	ial (including officers, d	irectors,	trustees or key	′ п. п.
employees listed in Form 990, Pa	•		-	_			∐Yes ∐No
<b>b</b> If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	ndividuals or en ne organization	tities (fund	draisers) p	oursuant to agreements	under w	hich the fundra	iser is to be
		( ) 5	£		(v) Ar	mount paid to	4 d Amazonak d ka
(i) Name of individual or entity (fundraiser)	(ii) Activity		fundraiser dy or control	(iv) Gross receipts from activity		retained by) aiser listed in	(vi) Amount paid to (or retained by)
or critity (tandraiser)			ibutions?	nom donvity		col (ı)	organization
		Yes	No				
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Total			<b>&gt;</b>				
3 List all states in which the organiz	ation is registe	red or lice	nsed to so	licit funds or has been	notified	it is exempt fro	m registration
or licensing						•	J
				- <i></i>			
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r.u!	CH?	reported more than \$15,000 on F	form 990-EZ, line 6	a. List events with	gross receipts grea	ater than \$5,000.
_			(a) Event #1 MEMORIAL DAY C	<b>(b)</b> Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
R E V			(event type)	(event type)	(total number)	
REVENUE	1	Gross receipts	81,251.			81,251.
E	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	81,251.		<u> </u>	81,251.
	4	Cash prizes				
n	5	Noncash prizes				
D I R E C T	6	Rent/facility costs				
	7	Food and beverages				
X P E	8	Entertainment				
EXPENSES	9	Other direct expenses	19,704.			19,704.
5	ı	Direct expense summary. Add lines 4- t			•	19,704.
Dai		Net income summary Combine lines 3,		al to Form 000 Day	+ IV line 10 or re-	61,547.
Fai	( 'III	Gaming. Complete if the organize \$15,000 on Form 990-EZ, line 6a	ation answered Te i.	es to Form 990, Pai	rt IV, line 19, or rep	Jorted more than
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Ŋ						
	1	Gross revenue				
D X	2	Cash prizes				
D I P E N S E C T	3	Non-cash prizes				
T E S		Rent/facility costs				<u>-</u> .
	5	Other direct expenses				
			Yes%	Yes%	Yes%	
	6	Volunteer labor	[ No	No	No	
	7	Direct expense summary Add lines 2 thi	rough 5 in column (d)		<b>-</b>	
	8	Net gaming income summary. Combine	lines 1, column (d) and	line 7	<b>•</b>	
_	_	too the state of New York C. H.				YES NO
		ter the state(s) in which the organization on the organization licensed to operate gaminate.				9a
ŀ	) If 'I	No,' explain				
			- <b>-</b>	<del>-</del>		
10 a	a We	re any of the organization's gaming license	es revoked, suspended	or terminated during the	e tax year?	10a
ı	olf"	Yes,' explain.				
11		es the organization operate gaming activiti				11
12	ls t	the organization a grantor, beneficiary or tr minister charitable gaming?	rustee of a trust or a me	ember of a partnership of	or other entity formed to	0 12
BAA		gu	TEEA3702L			rm 990 or 990-EZ) 2009

Schedule G (Form 990 or 990-EZ) 2009 CONNECTICUT CLASSIC CHEVY 06-1409	752	F	age 3
•		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	용		
b An outside facility	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name: <b>-</b>			
Address: •			
		1	
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15 a		
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount			À e
of gaming revenue retained by the third party \$			28 3
c If 'Yes,' enter name and address of the third party	100		+5 4
	*		* 4
Name <sup>.</sup> •	_ *	*	*
	*	4	<b>*</b>
Address: •	4	* :	e Africa
	ş	1	4
16 Gaming manager information		***	2 ∰ *4 /// 2
	. 75	3.	X
Name· •	- 5		
Gaming manager compensation   \$	\$ 184	4	a de la
	) % <b>‡</b> 0 · •	i April	14.00
Description of services provided	_ **	, riggere	$\mathbf{Z}(\mathbf{X})$
	> 4 <b>9</b> × •	\$ <b>4</b>	
Director/officer Employee Independent contractor	See See	**	4.
		-4	• •
17 Mandatory distributions		<b>*</b>	••
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	VIII 6000		A 1982
organization's own exempt activities during the tax year > \$		110	No Projecti
BAA TEEA3703L 02/05/10 Schedule G (Form	990 or 9	90-EZ	2009

009	FEDERAL STATEMENTS		PAGE '
	CONNECTICUT CLASSIC CHEVY		06-140975
STATEMENT 1 FORM 990-EZ, PART I, LINE GRANTS AND SIMILAR AMO	10 DUNTS PAID		
CASH AMOUNT GIVEN:		\$	32,107
STATEMENT 2 FORM 990-EZ, PART I, LINE OTHER EXPENSES	16		
BANK FEES INSURANCE OFFICE EXPENSES PLAQUES SALES TAX		\$	186. 250. 1,738. 32. 21.
SUPPLIES		TOTAL \$	276. 2,503.
STATEMENT 3 FORM 990-EZ, PART III ORGANIZATION'S PRIMARY THE PURPOSE OF THE ORG	ANIZATION IS TO RAISE MONEY FOR VARIOUS	CHARITIES THRO	UGH
MEMBERS DUES AND RUNNI	NG A CLASSIC CAR SHOW.		

2009	FEDERAL SUPPORTING DETAIL	PAGE 1
	CONNECTICUT CLASSIC CHEVY	 06-1409752
GRANTS AND ALLOCATIONS CASH AMOUNT GIVEN  SOUTHERN CT STATE UNIVER QUINNIPIAC UNIVERSITY HAMDEN POLICE DEPT. JUVENILE DIABETES RONALD MCDONALD HOUSE CHRITIAN COMMUNITY ACTIO CT CHILDRENS MEDICAL CNY CT HOSPICE AMY O'NEIL FUND KLINGBERG FAMILY CNTR HAMDEN FOOD BANK CYSTIC FIBROSIS HAMDEN HAPPY TRAILS FUNI RAINN WOMENS ORG LEUKEMIA & LYMPHOMA MDA LUPUS FOUNDATION SOUTHINGTON CARE CNTR OTHER VARIOUS FOUNDATION	G (990-PF) RSITY ON IR	\$ 2,557. 9,000. 5,000. 1,000. 1,000. 1,000. 2,000. 1,000. 750. 750. 750. 500. 500. 300. 3,450. 32,107.

, . . .