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CT2480 05/09/2012 5 35 PM

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

Open to Public

Inter	nai Revenue Ser	The organization may have to use a copy of this feturi to satisfy state	e reporting requ	mements	inspection								
<u>A_</u>	For the 201	1 calendar year, or tax year beginning , and ending											
В	Check of applicable	C Name of organization CONNECTICUT STREET ROD ASSOCIATION		D Employ	er identification number								
	Address change	C/O ACCOUNTS MANAGEMENT INC		_									
$\bar{\sqcap}$	Name change	Doing Business As		22-	3032480								
][_	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telepho	one number								
\sqsubseteq	Initial return	211 NEW BRITAIN ROAD	209	860	-827-8787								
	Terminated	City or town, state or country, and ZIP + 4											
\Box	Amended return	KENSINGTON CT 06037		G Gross rece	npts\$ 257,997								
$\overline{\sqcap}$	Application pendi	F Name and address of principal officer	111-1 In these		affiliates? Yes X No								
ш	т фривации рана		H(a) Is this a	group return for a	8 8								
			H(b) Are all a	iffiliates include	d? Yes No								
			If "N	lo," attach a list	(see instructions)								
	Tax-exempt stat	us 501(c)(3) X 501(c) (4) √ (insert no) 4947(a)(1) or 527	_										
<u>J</u>	Website.	N/A		xemption numb									
K	Form of organiza	tion: X Corporation Trust Association Other	Year of formation	L967	M State of legal domicile CT								
_ <u>P</u>	art I	Summary											
	1 Briefly	describe the organization's mission or most significant activities											
ë	so	CIAL CLUB											
an													
ern		рьь,											
Š	2 Checl	this box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 2	25% of its net as	ssets									
ಷ	3 Numb	er of voting members of the governing body (Part VI, line 1a)		3	0								
ies	4 Numb	er of independent voting members of the governing body (Part VI, line 1b)		4	0								
Activities & Governance	5 Total	number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0								
Act	6 Total	number of volunteers (estimate if necessary)		6	0								
	i	unrelated business revenue from Part VIII, column (C), line 12		7a	0								
	b Net u	nrelated business taxable income from Form 990-T, line 34	1 p.c.v	7b	0								
,	9 Contr	hytians and grants (Part VIII June 1h)	Prior Yo	ear O	Current Year								
E (butions and grants (Part VIII, line 1h) am service revenue (Part VIII, line 2g)	22	0,994	186,744								
Revenue	1	ment income (Part VIII, line 2g) ment income (Part VIII, column (A), lines 3, 4, and 7d)		5,100	5,040								
æ	44 04	Control (Port VIII) column (A) has 5 6d 8s 0s 150d and 846 a	4	8,021	66,213								
	I	1 4 0 2015 120		4,115	257,997								
	13 Grant	revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 42)/		0	20.755.								
	14 Benef	its paid to or for members (Part IX, column (A), line-4)		6,846	3,245								
10		es, other compensation, employee benefits (Part IX, column (A), lines-5-10)		0	0								
nses	l .	ssional fundraising fees (Part IX, column (A), line 11e)	ļ 	0	0								
Exper	b Total	fundraising expenses (Part IX, column (D), line 25) ▶ 0	·················										
щ	17 Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	22	8,098	203,505								
	18 Total	expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		4,944	206,750								
		ue less expenses Subtract line 18 from line 12		39,171	51,247								
Net Assets or	2		Beginning of Co		End of Year								
sset	20 Total	assets (Part X, line 16)	91	.8,293	969,540								
E A	21 Total	nabilities (Part X, line 26)	<u> </u>	0 000	0.60 540								
<u> </u>	22 Net a	sets or fund balances. Subtract line 21 from line 20	91	8,293	969,540								
	Part II	Signature Block											
tr	inder penaities ue, correct, ar	of perjury, I declare that I have examined this return, including accompanying schedules and stater d complete. Deglaration of preparer (other than officer) is based on all information of which prepare	nents, and to the I r has any knowled	best of my kn Ine	owledge and belief, it is								
_		Kan A AVCIL											
Sig	an P	Signature of officer	-\ -	Date	1/11/12								
He		DENNIS DAGLIERE	surer		5/11/12								
		Type or print name and fittle	Julua										
	Print	Type preparer's name	Date	Check	if PTIN								
Pai	id _{Mar}	ion Sgroi-Varano E.A.	/ 05/0	9/12 self-em	└ ┘"								
Pre	oarer —	ACCOUNTS MANAGEMENT INC.	7	Firm's EIN	06-1183292								
Use	e Only	211 New Britain Road, Suite 209											
	Firm	s address	Į	Phone no	860-827-8787								
Ma	y the IRS dis	cuss this return with the preparer shown above? (see instructions)			X Yes No								
Fo	r Paperwork	Reduction Act Notice, see the separate instructions.			Form 990 (2011)								
DAA	١	V	`,		, , ,								

Form 990 (2011) CONNECTICUT STREET ROD ASSOCIATION 22-3032480	Page 2
Part III Statement of Program Service Accomplishments	Testi
Check if Schedule O contains a response to any question in this Part III	X
1 Briefly describe the organization's mission. SOCIAL CLUB	
2 Did the organization undertake any significant program services during the year which were not listed on the	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
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?	Yes X No
If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ including grants of \$) (Revenue \$ Awards Banquet, Reunion of Members, Summer Picnic)
Awards Banquet, Reunion of Members, Summer Fichic	
	•
4b (Code.) (Expenses \$ including grants of \$) (Revenue \$	
Swap Meets-To Promote antique cars & assemble like	,
interest Parties	
4c (Code) (Expenses \$ including grants of \$) (Revenue \$	
To assist in promotion of nonprofit organizations fund	,
raisers with like enthusists of the antique street cars	
4d Other program services (Describe in Schedule O)	
(Expenses \$ 3,245 including grants of \$) (Revenue \$)
4e Total program service expenses ▶ 3,245	

Form 990 (2011) CONNECTICUT STREET ROD ASSOCIATION 22-3032480 Part 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		X_
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	}		
	complete Schedule D, Part III	8_		X
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,"	Ì		Ì
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	۱.,		i
	complete Schedule D, Part VI	11a	Х	
ь	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	445		.
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	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	110		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		<u> </u>
ŭ	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
	Schedule D. Parts XI, XII, and XIII	12a		x
ь	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if		-	
_	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12ь		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			!
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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, Parts II and IV	_15		X
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, Parts III and IV	_16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		l	
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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	<u> </u>	X
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	ļ	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X_
<u> </u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	004	<u></u>

Form 990 (2011) CONNECTICUT STREET ROD ASSOCIATION 22-3032480

Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
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		X
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		X
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		X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	25a		X
þ	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		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С				
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			77
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		
J -4	IV, and V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	<u> </u>		
~	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	002		
-	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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38		X

13c

X

Form 990 (2011)

14a

14b

Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

211 NEW BRITAIN ROAD

CT 06037

860-827-8787

KENSINGTON

organization. Accounts Management Inc

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

Check if Schedule O contains a response to any question in this Part VII

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
- 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, if any 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.

X Check this box if neither the orga		y rela	ted			tions	con			
(A) Name and Title	(B) Average hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an 9e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(44-2/1033-141130)	organization and related organizations
(1) GIL DESJARDINS										
DIRECTOR	1.00	X	<u> </u>					0	0	0
(2) PETE BOZZO	1.00	x						0	0	0
OIRECTOR (3) JOHN JARUSH	1.00	<u> </u>	_	-	-	-	_	<u> </u>		0
PRESIDENT	4.00			x		İ		o	o	0
(4) TOM FALCONIERI										
V PRESIDENT	3.00	<u> </u>		X		ļ _		0	o	0
(5) DENNIS DAGLIERE TREASURER	6.00			x				o	o	o
(6) ALEX MCDONALD	0.00	\vdash	-	^						
Secretary	2.00			x				o	o	0
(7)							!			
(8)						<u> </u>				
(9)										
(10)		<u> </u>	-		-					
(11)										
(12)										
(13)						-				
(14)				_	<u> </u>	-				

Form 990 (2011) C	ONNECTICUT	STREET	ROD	ASSOCIATION	22-3032480

	(A) Name and title	(B) Average hours per week (describe hours for	(de	o not o	Posi check i ess pe	c) ition more rson i	than o	ne an se)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	E a cor		
		related organizations in Schedule O)	individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,	or _t	from the ganization nd related ganizations	
(15)													
(16)		 											
(17)				<u> </u>	<u> </u>								
(18)			-					-					
(19)	<u> </u>		-								<u> </u>		
(20)			-										
(21)			-	ļ	-	-							
(22)		<u> </u>	<u> </u>					<u> </u>					
(23)													
(24)		ļ <u>.</u>			-		\vdash						
(25)		- 	<u> </u>										
1b	Sub-total			l				•					
c d	Total from continuation she Total (add lines 1b and 1c)	eets to Part VII,	Sect	ion /	٩ _			>					
2	Total number of individuals (i reportable compensation from				thos	e lis	ted a	bov	re) who received more than	\$100,000 in	_		
	Did the organization list any f				trust	ee	kev e	mn	lovee or highest compens	ated		Yes	s No
4	employee on line 1a? If "Yes For any individual listed on lii	" complete Sche	dule	J fo	suc	h ind	dıvidı	ıal			-	3	X
	organization and related organization and related organization	-							·			4	x
5	Did any person listed on line for services rendered to the control of the control									r ındıvidual		5	х
Sec 1	tion B. Independent Contrac Complete this table for your f	five highest comp											 -
	compensation from the organ	nization Report of (A) and business address	omp	ensa	tion	for t	he ca	alen		nin the organization's tax ye (B) office of services	ear	(C) Compen	sation
													
								"					
							-						
								T					
						_				·			
2	Total number of independent			-					se listed above) who				
DAA	received more than \$100,000	or compensatio	n fro	n the	e org	janiz	ation	<u> </u>	<u> </u>	0		Form 99	90 (2011)

Form 990 (2011) CONNECTICUT STREET ROD ASSOCIATION 22-3032480

Pa	rt V	III Stater	ment of Reve	enue						
		•		,			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
হ হ	12	Federated car	mnaigne	1a			**************************************	revenue	0	512, 513 or 514
Contributions, Gifts, Grants and Other Similar Amounts	h	Membership of		1b						
٥ξ				$\overline{}$.,				
ifts	ن د	Fundraising e		1c						
בֿיבּ	a	Related organ		1d						
Sin	e	Government grants		1e						
ē	T	All other contributio	ns, gifts, grants, s not included above							
<u>ē</u>				1f						
ont	g		ons included in lines 1a	-1f	\$					
<u>0 8</u>	h	Total. Add tin	<u>es_1a-1f</u>			<u> </u>			Halanan 111111 - 11111 - 11111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 - 1111 -	**************************************
Program Service Revenue						Busn, Code				
eve	2a	SWAP ME	ET				158,878			158,878
S. R	b	CT USA					12,859			12,859
Ž	С	CNN					12,506			12,506
Se	d	MISC IN	COME				1,151			1,151
ram	е	NEWSLET	TER				700			700
rog	f	All other progr	ram service reve	nue		L	650			650
<u>~</u>	g	Total. Add line				<u> </u>	186,744			
	3		come (including	dıvıder	ids, intere	est,				
		and other similar amounts)		▶	5,040			5,040		
	4	4 Income from investment of tax-exempt bond p		roceeds 🕨						
ĺ	5	Royalties				•		-		
			(ı) Real		(II) F	Personal				
	6a	Gross rents								
	b	Less rental exps								
	С	Rental inc. or (loss)								
	_d	Net rental inco	ome or (loss)			•				
	7a	7a Gross amount from sales of assets (i) Securities (ii)		Other						
		other than inventory								
	b	Less cost or other								
		basis & sales exps								
	C	Gain or (loss)								
	d	Net gain or (lo	ess)			•				
0	8a		om fundraising eve	nts [77 1 1 1111	
ğ		(not including \$	_							
eve			reported on line 1c)).						
Other Revenu		See Part IV, line		a						
the	b	Less direct ex	kpenses	ь						
0			· (loss) from fund	Iraisıng	events	•				
			om gaming activitie			-		,		
		See Part IV, line		а						
	b	Less direct ex		ь						
			· (loss) from gam	ing act	tivities	•				
- }			f inventory, less					. , , , , , , , , , , , , , , , , , , ,		
Ì		returns and all		a						
	b	Less cost of g		ь						
			(loss) from sale	s of inv	entory	—	ĺ	İ	İ	
Ì			cellaneous Revenue			Busn Code			***************************************	
ľ	11a	TOWER AND	BILLBOARD R	ENTAI		531390	66,213	66,213		
	b		· •				- 3,220			
	С				!					
Ì	d	All other reven	nue							
	е	Total. Add line	es 11a–11d		'	>	66,213			
	12	Total revenue	e. See instruction	าร		▶ 1	257,997	66,213	0	191,784
								7, = = 0		

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)

	Check if Schedule O contains a response to any question in this Part IX												
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising								
7b,	8b, 9b, and 10b of Part VIII.	10.01.000	expenses	general expenses	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				<u></u>								
3	Grants and other assistance to governments,												
	organizations, and individuals outside the												
	U S. See Part IV, lines 15 and 16				<u></u>								
4	Benefits paid to or for members	3,245	3,245		······································								
5	Compensation of current officers, directors,												
	trustees, and key employees				<u> </u>								
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	Other salaries and wages												
8	Pension plan accruals and contributions (include												
	section 401(k) and 403(b) employer contributions)												
9	Other employee benefits												
10	Payroll taxes												
11	Fees for services (non-employees)												
a	Management				 								
b	5	7,215		7,215									
	Accounting	7,215		1,215									
	Lobbying Professional fundaments continue Con Bort IV line 17												
	Professional fundraising services See Part IV, line 17												
f -	Investment management fees Other	· · · · · · · · · · · · · · · · · · ·											
g 12	Advertising and promotion												
12 13	Office expenses	977		977									
14	Information technology		· · · · · · · · · · · · · · · · · · ·	311									
15	Royalties												
16	Occupancy												
17	Travel												
18	Payments of travel or entertainment expenses												
	for any federal, state, or local public officials												
19	Conferences, conventions, and meetings	6,976		6,976									
20	Interest												
21	Payments to affiliates												
22	Depreciation, depletion, and amortization												
23	Insurance	2,679		2,679	· · · · · · · · · · · · · · · · · · ·								
24	Other expenses. Itemize expenses not covered				······································								
	above. (List miscellaneous expenses in line 24e If												
	line 24e amount exceeds 10% of line 25, column												
	(A) amount, list line 24e expenses on Schedule O)												
а	SWAP MEET EXPENSE	50,535		50,535									
b	DONATIONS	42,845		42,845									
С	MEMBERSHIP-BANQUET, PICNIC	41,660		41,660									
d	REPAIR & MAINTANCE EQUIP	17,358		17,358									
	All other expenses	33,260		33,260									
25	Total functional expenses. Add lines 1 through 24e	206,750	3,245	203,505	0								
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)												

Page 10

Form 990 (2011) CONNECTICUT STREET ROD ASSOCIATION 22-3032480

Part	X Balance Sheet		(A)		(B)
	•		Beginning of year		End of year
1	Cash—non-interest bearing		128,491	1_	100,785
2	Savings and temporary cash investments		264,212	2	269,252
3	Piedges and grants receivable, net			3	
4	Accounts receivable, net	[4	
5	Receivables from current and former officers, directors, tru	ıstees, key			
ł	employees, and highest compensated employees. Comple	ete Part II of			
	Schedule L			5	
6	Receivables from other disqualified persons (as defined u	,		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	4958(f)(1)), persons described in section 4958(c)(3)(B), ar				
}	employers and sponsoring organizations of section 501(c)				
. 1	employees' beneficiary organizations (see instructions)			6_	
7	Notes and loans receivable, net			7	
? 8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10	a Land, buildings, and equipment, cost or				
Ì	other basis Complete Part VI of Schedule D	10a 599,503			
1.	Less accumulated depreciation	10b	525,590	10c	599,503
11	Investments—publicly traded securities			11	
12	Investments—other securities See Part IV, line 11		12		
13	Investments—program-related See Part IV, line 11		13		
14			14		
15	Other assets See Part IV, line 11			15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		918,293	16	969,540
17			17		
18	Grants payable			18	
19	Deferred revenue		19_		
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part IV of	Schedule D		21_	
22	Payables to current and former officers, directors, trustees	s, key			
22	employees, highest compensated employees, and disqua	lified persons			
3	Complete Part II of Schedule L			22	
ī 23	Secured mortgages and notes payable to unrelated third p	parties		23_	
24	Unsecured notes and loans payable to unrelated third part	ties		24	
25	Other liabilities (including federal income tax, payables to	related third			
	parties, and other liabilities not included on lines 17-24) C	complete Part X			
Ì	of Schedule D			25	
26			0	26	(
_ [Organizations that follow SFAS 117, check here ►X	and complete			
27 28 29 30 31 31	lines 27 through 29, and lines 33 and 34.				_
27	Unrestricted net assets		918,293	27	969,540
28	• •		-·	_28_	
29				29	·····
:	Organizations that do not follow SFAS 117, check here	e ▶ and			
;	complete lines 30 through 34.				
30	• • • • • •			30_	
31				31	
32	•	other funds	046 065	32	A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
33			918,293		969,540
34	Total liabilities and net assets/fund balances		918,293	34_	969,540

Form **990** (2011)

Pa	rt XI Reconciliation of Net Assets				ge 12			
	Check if Schedule O contains a response to any question in this Part XI							
		1 1	_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			997			
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>750</u>			
3	Revenue less expenses Subtract line 2 from line 1	3			<u>247</u> 293			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Other changes in net assets or fund balances (explain in Schedule O)	5						
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,							
	column (B))	6	9	69,	540			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990 X Cash Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_					
	Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	1	х			
b	Were the organization's financial statements audited by an independent accountant?		2b		X			
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight							
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in		1					
	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 separate basis, consolidated basis, or both							
	Separate basis Consolidated basis Both consolidated and separate basis							
3a	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	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		36					

Form **990** (2011)

SCHEDULE D (Form 990)

Department of the Treasury internal Revonue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 Attach to Form 990.
 See separate instructions.

OMB No 1545-0047

2011
Open to Public Inspection

Name of the organization **Employer Identification number** CONNECTICUT STREET ROD ASSOCIATION C/O ACCOUNTS MANAGEMENT INC 22-3032480 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) Yes No (i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X \$

Sche		CUT STREET				032480			age 2
	rt III Organizations Maintaini					<u></u>	(contin	ued)	1
3	Using the organization's acquisition, access collection items (check all that apply).	ssion, and other record	s, check any of the fo	ollowing that a	ire a signifi	cant use of its			
а	Public exhibition	d 🗌	Loan or exchange pr	ograms					
b	Scholarly research	e 🗌	Other						
С	Preservation for future generations								
4	Provide a description of the organization's XIV	collections and explain	n how they further the	organization	's exempt ;	purpose in Part			
5	During the year, did the organization solici assets to be sold to raise funds rather tha						☐ Y	F	No
Da	rt IV Escrow and Custodial A					"Ves" to Form 99			NO
-	line 9, or reported an amo				iswered	103 101 01111 33	o, rait	۷,	
1a	Is the organization an agent, trustee, custo	odian or other intermed	ary for contributions	or other asse	ets not				
	included on Form 990, Part X?						Y	es 🛚] No
b	If "Yes," explain the arrangement in Part X	(IV and complete the fo	llowing table				 		
							Amour	t	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount or	n Form 990, Part X, line	21?				Y	es L	_ No
	If "Yes," explain the arrangement in Part X								
<u>Pa</u>	rt V Endowment Funds. Con	T				T			
		(a) Current year	(b) Prior year	(c) Two ye	ers back	(d) Three years back	(e) Fou	r years	back
	Beginning of year balance								
_	Contributions			 		 			,
С	Net investment earnings, gains, and losses								
d	Grants or scholarships					-			. ,,
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses								
g	End of year balance			<u></u>			<u></u>		
2	Provide the estimated percentage of the c	urrent year end balance	e (line 1g, column (a)) held as.					
а	Board designated or quasi-endowment ▶	%							
b		/ 6							
C	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c sl	•							
3a	Are there endowment funds not in the pos	session of the organiza	ation that are held an	d administere	d for the				Т
	organization by						[<u></u>	Yes	No
	(i) unrelated organizations						3a(i)		┼
L	(ii) related organizations	listed so recovered a	m Cahadula DO				3a(ii)		+
4	If "Yes" to 3a(ii), are the related organizati						3b	L	
Pa	nt VI Land, Buildings, and Eq			na 10					
	Description of property	(a) Cost or other t		other basis	(c)	Accumulated	(d) Book	value	
	o do de la company	(investment)	''	her)	1	epreciation	(4) 500	Value	
12	Land			·	† -				
	Buildings	-			 				_
	Leasehold improvements						-		
	Equipment			 -					
	Other	599	,503				5	99.	503
Total	. Add lines 1a through 1e (Column (d) mus			10(c))		•			503

Schedule D (Form 990) 2011

CONNECTICUT STREET ROD ASSOCIATION

22-3032480

Page 3

Sche	dule D (Form 990) 2011 CONNECTICUT STREET ROD ASSOCI	ATION	22-303248	0	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited	Financial Statem	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
4	Net unrealized gains (losses) on investments			4	
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	9		10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	. <u>. </u>		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	_2d		}	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	L
Pa	rt XIII Reconciliation of Expenses per Audited Financial Statem	<u>ients Witl</u>	n Expenses per f	Retur	n
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b		Į	
C	Other losses	2c			
d	Other (Describe in Part XIV)	2d		1	
е	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1	1 1		3_	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIV)	_4b	<u></u>	1	
C	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	1

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULE O (Form 990 or 990-EZ)

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

OMB No 1545-0047

Internal Revenue Service

CONNECTICUT STREET ROD ASSOCIATION C/O ACCOUNTS MANAGEMENT INC

Employer identification number 22-3032480

Form 990, Part III, Line 4d - All Other Accomplishment

Participate in nursing home visits and parades

Mgmt & General Operating Expenses, contribute to other nonprofit fund raisers and events

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part IX, Line 24e - Other Expenses

Description	Amount
UTILITIES	\$ 7,908
TAXES	\$ 7,405
SUPPLIES EXPENSE	\$ 3,638
MILEAGE	\$ 2,865
NEWSLETTER	\$ 2,754
ADMIN EXPENSE	\$ 2,725
DUES	\$ 1,891
REFUSE EXPENSE	\$ 1,060
TELEPHONE	\$ 867
BLDG SECURITY	\$ 840
SNOW REMOVAL	\$ 660
WEB SITE	\$ 240

Schedule O (Form 99	0 or 990-EZ) (2011)					Page 2
Name of the organization	CONNECTICUT	STREET ROD	ASSOCIATION	·	Employer identification number 22-3032480	
BANK FEES			\$	214		
MISC EXPE	NSES		\$	125		
DEDMITTS/ST	የልጥድ ውድር		Ś	68		

CT2480 CONNECTICUT STREET ROD ASSOCIATION

22-3032480

Federal Statements

5/9/2012 5:35 PM

FYE: 12/31/2011

Taxable Interest on Investments

Description

Unrelated Exclusion Postal Acquired after US

Amount Business Code Code Code 6/30/75 Obs (\$ or %)

BANK INTEREST

\$ 5,040

41

Total

5,040

CT2480 CONNECTICUT STREET ROD ASSOCIATION 22-3032480 FYE: 12/31/2011	DD ASSOCIATION Federal Stat	ements		5/9/2012 5:35 PM
	Form 990, Part IX, Line 24e	Line 24e - All Other Expenses		•
Description	Total Expenses	Program Service	Management & General	Fund Raising
UTILITIES TAXES SUPPLIES EXPENSE MILEAGE NEWSLETTER ADMIN EXPENSE DUES REFUSE EXPENSE TELEPHONE BLDG SECURITY SNOW REMOVAL WEB SITE BANK FEES MISC EXPENSES PERMITS/STATE REG Total	\$ 7,908 3,638 3,638 2,754 2,754 2,754 2,754 1,891 1,060 867 867 867 867 867 867 867 867 867 867		\$ 7,908 3,638 3,638 2,754 2,725 1,891 1,060 867 840 660 240 214 125 68	S S