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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)

OMB No 1545-0047

Department of the Treasury

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5 Tot 6 Tot 7a Tot			. 3	8					
5 Tot 6 Tot 7a Tot		1b)		6					
6 Tot 7a Tot				2					
7a Tot	al number of volunteers (estimate if necessary)		. 6	500					
	al unrelated business revenue from Part VIII, column (C) line 12		. 7a						
u ne			. 7a	0					
	t unrelated business taxable income from Form 990 Tilling 34	Prior		0 Current Year					
	ntributions and grants (Part VIII line 149)		rear	 					
8 Co	nuiduuons anu uranis iran viii. iine iiner	37000		29000					
	ogram service revenue (Part VIII, line 20) MAR .0 .4 .2013	243100		256812					
	estment income (Part VIII, column (A) lines 3, 4, and 7d) . 🌙 🖺 🛴	0							
	ner revenue (Part VIII, column (A), lines 5, 6dᠿੴਉੴ[Qc, afid 11e). │...		4522						
2 Tot	al revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12	283723		290334					
3 Gra	ants and similar amounts paid (Part IX, column (A), lines 1-3)			105263					
4 Be	nefits paid to or for members (Part IX, column (A), line 4)	0		0					
	aries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	58983							
		s, other compensation, employee bolicins (var. v., columni v.), interest							
		<u> </u>		0 .					
		429042		126528					
				290774					
				(440)					
<u>9 не</u>	venue less expenses. Subtract line 18 from line 12								
		Beginning of	urrent Year	End of Year					
	· · · · · · · · · · · · · · · · · · ·	27817		23379					
	·	4046		62					
	t assets or fund balances. Subtract line 21 from line 20	23771		23317					
II 8	Signature Block								
		tatements, and to	the best of	my knowledge and belief					
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	· · · · · · · · · · · · · · · · · · ·								
	Signature of officer		Date •						
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		Date		PTIN					
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arer				ibiologia					
Oilly F									
	Firm's address ▶	P	hone no						
ne IRS	discuss this return with the preparer shown above? (see instructions) .		<u> </u>	🗌 Yes 🗌 N					
	Reduction Act Notice, see the separate instructions.	at No 11282Y		Form 990 (2					
perworl									
68 7 8 9 12 1 per or	To Ne Senalties rect, an	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block enalties of perjury, I declare that I have examined this return, including accompanying schedules and strect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer. Signature of officer Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Firm's name Firm's address BIRS discuss this return with the preparer shown above? (see instructions)	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block enalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to rect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any kno Signature of officer Type or print name and title Print/Type preparer's name Preparer's signature Prim's name Firm's name Firm's name Firm's address be	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 Total assets (Part X, line 16) Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 Signature Block enalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of rect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Print/Type preparer's name Preparer's signature					

	00 (2011)	Page 2
Part I		_
1	Check if Schedule O contains a response to any question in this Part III	<u> L</u>
	•	
	Organize a high quality foot race and raise funds for a number of charities.	
	Did the organization undertake any significant program services during the year which were not listed on the	
		Yes 🛛 No
	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program	
		Yes ⊡ _x No
	If "Yes," describe these changes on Schedule O.	103 🗘
	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 t	
	grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 290774including grants of \$ 105263) (Revenue \$ 290334)
	•	

4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
	4	

	•••••••••••••••••••••••••••••••••••••••	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	·	
4d	Other program services (Describe in Schedule O.)	
TU	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶	

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		X
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		x
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		х
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		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.	Ĭ		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		х
b	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	11b		х
С	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	11c		х
d	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	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		х
b	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	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14 a	, , , , , , , , , , , , , , , , , , , ,	14a		X
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		×
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		х
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 (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		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		х
20 a		20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		X

Part	Checklist of Required Schedules (continued)			
04			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	х	
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		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		X
d 25a	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	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		×
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		×
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		×
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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		×
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		×
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		×
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		\ \ \ \
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,			
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	37	×	\ >

Form **990** (2011)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V		٠.,	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 9			.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	,		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
ο-	reportable gaming (gambling) winnings to prize winners?	1c	Х	
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 L		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	N/A	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		\mathbf{x}^{-1}
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	N/A	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	SD		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			x
	account)?	4a		^
ь	If "Yes," enter the name of the foreign country: ▶			
-	See instructions for 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		 —X⁻
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		X
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		N/A	
	gifts were not tax deductible?	6b		Ĺ
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			- x
	and services provided to the payor?	7a		├
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	_		X
		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-		-x
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7e 7f		×
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting	7		
-	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		~
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		Х
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b N/A			
11	Section 501(c)(12) organizations. Enter:			}
а	Gloss income from members of shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources			İ
	against amounts due or received from them.)	l		<u> </u> _х
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		-
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b N/A	{	1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-	 	X
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	├^
b	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
J	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			1
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
u	If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h	\vdash	1 . ^

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se Check if Schedule O contains a response to any question in this Part VI	e ins	tructi	ons.		
Section	n A. Governing Body and Management					
4.	entral and the second		Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
ь 2	Enter the number of voting members included in line 1a, above, who are independent . 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		_X_		
3						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X		
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×		
6	Did the organization have members or stockholders?	6	X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			Х		
8	stockholders, or persons other than the governing body?	7b		^		
Ü	the year by the following:					
а	The governing body?	8a	X			
b	Each committee with authority to act on behalf of the governing body?	8b	Х	Ĺ		
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	9		x		
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		ode.)			
			Yes	No		
10a		10a		Х		
b		10b	N/A			
11a	· · · · · · · · · · · · · · · · · · ·	11a	×			
b 10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10-				
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	_ X _			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X			
13	Did the organization have a written whistleblower policy?	13	X			
14	Did the organization have a written document retention and destruction policy?	14	x_			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
a	The organization's CEO, Executive Director, or top management official	15a	X	<u> </u>		
ь	Other officers or key employees of the organization	15b				
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		X		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	Toa				
	organization's exempt status with respect to such arrangements?	16b	N//			
	on C. Disclosure					
17 18	List the states with which a copy of this Form 990 is required to be filed ► CT Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)		
19	Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict or and financial statements available to the public during the tax year.	f inte	est p	oolicy,		
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: John Bysiewicz, 2 Buena Vista Rd., Branford, CT 06405	of the	,			

D	7
rage	

Form	ann	/2A1	41
COLL	33V	1201	- 1 2

		_ :
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 VI	ı

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.

Check this box if neither the organization nor	any related	d orga	anız	atio	n c	ompe	nsa	ited any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average			Pos eck		than c		(D) Reportable	(E) Reportable	(F) Estimated
realité and realité	hours per week (describe hours for related organizations in Schedule O)	fic Individua of or directo			irect	b Highest compensated employee		compensation 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
_(1)										
(2)		SEF	Δ	ТД	СНІ	ED.				
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees			lighes	st C	ompensated E	mployees (continue	∌d)	
					•	C) iition							
	(A)	(B)			1eck	more	than c		(D)	(E)		(F)	
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportab compensation		Estim: amoui	
		week (describe hours for related		Institutional	Officer	Key employee		Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N	ons	oth compen from organiz	isation the
		organizations in Schedule O)	Individual trustee or director	onal trustee		ployee	Highest compensated employee		(11 22 1000 141100)			and re organiz	lated
(15)				8			ated	 					
(16)						-							
(17)													
(18)			<u> </u>					_					
(19)		SEE AT	TACI	IED	-			_					
(20)]						_					
(21)				_		-		_					
(22)		<u>-</u>	<u> </u>			<u> </u>	ļ <u></u>	_		_			
(23)		1				_		_			-		
(24)													
(25)												-	
1b	Sub-total		٠	•	•			>	58943				
c d	Total from continuation sheets to Part	-		•	•	•		>	500.40				
2	Total (add lines 1b and 1c)	t not limited						▶ e) w	58943 ho received m	ore than \$1	00,000	of	 _
							1						Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete	Schedule J	for s	uch	ind	livid	ual					3	X
4	For any individual listed on line 1a, is the organization and related organizations individual	greater th											
5	Did any person listed on line 1a receive of for services rendered to the organization											5	in e
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repear.												n's tax
	(A) Name and business add	dress							(B) Description of s	services		(C) Compensa	tion
	N/A												
2	Total number of independent contractor							o th	nose listed ab	ove) who		*	
	received more than \$100,000 of compen	sation from	the c	orga	niza	ation	▶					17.00	

Part	VIII	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
হ হ	1a	Federated campaigns	1a				
an contract	b	· -	1b				
Contributions, Gifts, Grants and Other Similar Amounts	C		1c				
	d		1d		1		
	e	<u> </u>	1e				
	f	All other contributions, gifts, grants,				j	
isti Per	•		1f 29000				
를 다 다	-	Noncash contributions included in lines 1a-1					
og g	g	Total. Add lines 1a-1f		29000	1		
		Total. Add lines 1a-11	Business Code				
Program Service Revenue	2a	ENTRY FEES		256812	050940		-
ě	b			-	256812		
8	C				 		
ΘŽ	d				<u> </u>		
S.	e		1				
ם	f	All other program service revenue					
ğ	g	Total. Add lines 2a–2f		256812			
	3	Investment income (including of		Z300 IZ			T
		and other similar amounts)					1
	4	Income from investment of tax-exem	pt bond proceeds ►		 		-
	5	Royalties			 		
		(i) Real	(ii) Personal		 		
	6a	Gross rents					
	ь	Less: rental expenses				Í	
	С	Rental income or (loss)					
	d	41					
	7a	Gross amount from sales of (i) Securitie					
		assets other than inventory					
	ь	Less: cost or other basis					
		and sales expenses .					
	C	Gain or (loss)					
	d	Net gain or (loss)	. <u> </u>		<u> </u>	<u> </u>	
enne	8a	Gross income from fundraising					
		events (not including \$	-				
Other Rev		of contributions reported on line 1c					
Ē		See Part IV, line 18	a				
ᅙ	b	Less: direct expenses	b		-		
	C	Net income or (loss) from fundrais			 		
	9a	Gross income from gaming activities					
	١.	See Part IV, line 19		1			
		Less: direct expenses Net income or (loss) from gaming			 		
		Gross sales of inventory, le			 	 	
	IVa	returns and allowances	I				
	_	Less: cost of goods sold		1			
	b	Net income or (loss) from sales o		 		 	
	_ <u>_</u>	Miscellaneous Revenue	Business Code	 	 	+	
	11a			1700	1700	 	
	b	Exhibitor income		2822	2822		
	c	Photographer income				 	
	ď	All other revenue		<u> </u>	 		
	е	Total. Add lines 11a-11d		4522	1		
	12	Total revenue. See instructions.		200334			

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		· ·	

Check if Schedule O contains a response to any question in this Part IX						
	t include amounts reported on lines 6b, 7b, , 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 United States. See Part IV, line 21	102263	102263			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	3000	3000			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16					
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	58983	29492	29492		
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					
9	Other employee benefits					
10	Payroll taxes					
11	Fees for services (non-employees):		j			
a	Management					
b	Legal					
d	Lobbying					
e	Professional fundraising services. See Part IV, line 17					
f	Investment management fees					
g	Other		-			
12	Advertising and promotion	4900	4900			
13	Office expenses	4730	2365	2365		
14	Information technology	250	125	125		
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					
20	Interest					
21 22	Payments to affiliates				 	
23	1	1800	1800			
24	Other expenses. Itemize expenses not covered	1000	1000			
47	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						
b	see attached					
C	see attached	114848	114848			
d	AH					
0E	All other expenses Total functional expenses. Add lines 1 through 24e					
<u>25</u> 26	Joint costs. Complete this line only if the	290774	258793	31981	-	
20	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here life following SOP 98-2 (ASC 958-720)					

P	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	27668	1	23243
	2	Savings and temporary cash investments	149	2	136
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key		!	
		employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
s		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D			
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities		111	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	07047	16	
	17	Accounts payable and accrued expenses	27817 4046	17	23379 62
	18	Grants payable	4940	18	02
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Š	22	Payables to current and former officers, directors, trustees, key		اعتقاد	
Liabilities		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
<u>:</u>	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 (including federal income tax, payables to related third		+	
	l	parties, and other liabilities not included on lines 17-24). Complete Part X			
	1	of Schedule D	1	25	
_	26	Total liabilities. Add lines 17 through 25	4046	26	62
10		Total liabilities. Add lines 17 through 25			
Ses		lines 27 through 29, and lines 33 and 34.			
la	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
'n	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
šše	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Š	33	Total net assets or fund balances	23771	33	23317
_	34	Total liabilities and net assets/fund balances		34	
					Form 990 (2011

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	<u> </u>				J		
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response to any question in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2903 2907				
2 Total expenses (must equal Part IX, column (A), line 25)							
3	Revenue less expenses. Subtract line 2 from line 1	3	-4	40			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	237	71			
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-14				
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,		233				
column (B))							
Part	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: 🙀 Cash 🔲 Accrual 🔛 Other						
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olain in					
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
b	Were the organization's financial statements audited by an independent accountant?		2b		X		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_	I		l/A		
	of the audit, review, or compilation of its financial statements and selection of an independent accou		2c				
	If the organization changed either its oversight process or selection process during the tax year, ex	plain in					
	Schedule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year	ar were					
	issued on a separate basis, consolidated basis, or both:		ł				
_	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	rorth in	I	v	/A		
	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 suited audit or audits are suited audit or audits are suited audit or audits.			N	/A		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	Julis	3b		Ĺ		
			For	m 990	(2011)		

SCHEDULE A (Form 990 or 990-EZ)

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.

4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Fairfield Half Marathon Inc.

Employer identification number 06-1226507

Pa	t l Reason fe	or Public Char	rity Status (All orga	nizations	muet c	omplete	this par	t \ Soo ir	etructio	ne -
									isti detio	113.
1	e organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1									
2			170(b)(1)(A)(ii). (Attac			50 III 56CI	1701	D)(1)(P()(1)	·•	
3			spital service organiza			naction 1	70/L\/4\/	A\/;;;\		
4			on operated in conjun						/L\/4\/A\/	iii) Entartha
7		e, city, and state	-	CHOIT WILL	αποσρια	ai u c scrit	ocu iii se		יניטוני זעיטוי	inj. Enter the
5	· ·	-	the benefit of a collec	a or univ	ercity ov	wood or	poratod	by 2 00	ornment	al unit described in
•)(1)(A)(iv). (Comp		ge or unit	versity of	WIIGG OF C	perateu	by a gov	verriinent.	ai uniit described in
6			nment or government	al unit da	aribad ir	. coation	470/5\/4	\/A\/\		
7	☐ An organization	n that normally	receives a substantia	diunitue:	ite euppe	rt from o	1)(a)ovi)(A)(V). contol un	it or from	the general public
•			(A)(vi). (Complete Par		its suppo	nt nom a	governi	ileillai uii	it of itoff	i the general public
8			n section 170(b)(1)(A)	•	onloto Do	٠ ١١ ١٠				
9								L4!		L'a face and among
J	receipts from	n that normally	receives: (1) more that I to its exempt functi	an 331/3%	OT ITS SU	ipport tro	m contri	Dutions, i	members	nip tees, and gross
			nt income and unrel							
			fter June 30, 1975. Se						i oii ta	k) HOITI DUSINESSES
10		=	operated exclusively					•	4)	
11			d operated exclusively		-	-			-	or to come out the
• •			licly supported organ							
			describes the type of							
	a ☐ Type I	b 🗆		☐ Type			=			Type III-Other
e	* .		that the organization					, by one		• •
Ĭ			rs and other than one							
	or section 509				, pub	опрроп.	o o ga			000 000(a)(1)
f			written determination	on from t	he IRS t	hat it is	a Type	I. Type I	l. or Tvp	e III supportina
	organization, o									· · · · · ·
g	Since August	17, 2006, has th	ne organization accer	oted any	aift or co	ontributio	n from a	nv of the		
	following person			•	_			•		
	(i) A person v	who directly or in	ndirectly controls, eitl	her alone	or toget	her with I	persons	described	d in (ii) ar	d Yes No
			ody of the supported o							11g(i)
	(ii) A family me	ember of a perso	on described in (i) abo	ve?						11g(ii)
	(iii) A 35% cor	ntrolled entity of	a person described in	ı (ı) or (ii) a	above?.					11g(iii)
h	Provide the fol	llowing informati	on about the support	ed organi	zation(s).					
(i)	Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did y	ou notify	(vi) l:	s the	(vii) Amount of
	organization		(described on lines 1-9 above or IRC section	in col (i) lis governing (the organ	ization in of your	organizat	ion in col zed in the	support
			(see instructions))	gavening		supp		US		
				Yes	No	Yes	No	Yes	No	
Ά)										
		See attache	<u>d</u>							
B)										
(C)				,						
D)										
										
E)										
		, ,	1.	1			ł	i		

Part							
	(Complete only if you checked the						alify under
C = = 1.7	Part III. If the organization fails to	quality unde	er the tests lis	stea below, p	lease comple	te Part III.)	
	on A. Public Support	(-) 0007	4.0000	(-) 0000	(4) 0010	(a) 2011	/6 Total
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
5	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)						
6	Public support. Subtract line 5 from line 4.			<u> </u>			<u> </u>
	on B. Total Support					r	1
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4		-				1
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						<u> </u>
12	Gross receipts from related activities, etc					12	on F01/a\/2\
13	First five years. If the Form 990 is for the organization, check this box and stop he						
Socti	on C. Computation of Public Suppo					· · · ·	
14	Public support percentage for 2011 (line			11 column (f)		14	%
15 16a	Public support percentage from 2010 Sc 331/3% support test—2011. If the organ	hedule A, Part ization did not	II, line 14 .check the box		 nd line 14 is 33	15 1/3% or more,	% check this
	box and stop here. The organization qua	•		_			_
ь	331/3% support test—2010. If the orga check this box and stop here. The organ	nization qualifie	es as a publicly	y supported or	ganization .		▶ [
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the " organization	eets the "facts facts-and-circ	-and-circumstaumstances" te	ances" test, ch	neck this box a zation qualifies	nd stop here.	Explain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization resupported organization	ation meets the meets the "fact	e "facts-and-c ts-and-circum	circumstances'	" test, check t The organization	his box and s	stop here.
18	Private foundation. If the organization of					ck this box and	· ·

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support		_					
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1	(f) Total
1	Gifts, grants, contributions, and membership fees	26000	35250	35000	37000	200	000	
	received. (Do not include any "unusual grants.")			33000	i	290	000	162250
2	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	94557	136862	176805	243100	2568	12	908136
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	120557	172112	211805	280100	28	5812	1070386
7a	Amounts included on lines 1, 2, and 3			_,,,,,,	200,00			
	received from disqualified persons .							
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						ł	
_	•							
С 8	Add lines 7a and 7b							
•	line 6.)	· :						1070386
Secti	on B. Total Support	الـــــــــا		[l		.
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 201	1	(f) Total
9	Amounts from line 6	120557	172112	211805	280100	285812		1070386
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	120337		211003	260100			_
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	2055	500	4926	3623	45	22	15176
13	Total support. (Add lines 9, 10c, 11, and 12.)	122612	172612	216730	283723	2903	334	1086011
14	First five years. If the Form 990 is for the organization, check this box and stop he			d, third, fourth,	-			
Secti	on C. Computation of Public Suppor							
15	Public support percentage for 2011 (line	8, column (f) di	vided by line 1	3, column (f))		15	98.5	56 %
16	Public support percentage from 2010 Sci					16		8.73 %
Secti	on D. Computation of Investment In							
17	Investment income percentage for 2011 (17	0	%
18	Investment income percentage from 2010					18	.01	%
19a	331/3% support tests—2011. If the organ							
	17 is not more than 331/3%, check this box					_		77
b	331/2% support tests—2010. If the organize line 18 is not more than 331/2%, check this	box and stop h	ere. The organ	ızation qualifies	as a publicly s	upported (organi	31/3%, and zation ► □
20	Private foundation. If the organization di	id not check a	box on line 14	, 19a, or 19b, c	heck this box	and see i	nstruc	tions 🕨 🗌

Supp	r 990-EZ) 2011 lemental Information. Compl , line 17a or 17b; and Part III,			
	ctions).	·	<u> </u>	
	Part III line 12 - other income is p	photography rights fee	(2822) and exhibitor inc	ome (1700)
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public Inspection OMB No 1545-0047 20

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Schedule I (Form 990) (2011) **%** □ (h) Purpose of grant **Employer identification number** or assistance to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. □Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 06-1226507 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance (e) Amount of non-cash assistance (book, FMV, appraisal, other) Cat No 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table Part II can be duplicated if additional space is needed (c) IRC section if applicable For Paperwork Reduction Act Notice, see the Instructions for Form 990. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance See attached Fairfield Half Marathon Inc. (b) EIN 1 (a) Name and address of organization or government Name of the organization Part Part II

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Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2011)

Part III Grants an

(f) Description of non-cash assistance								Jitional information.						Schedule I (Form 990) (2011)
(e) Method of valuation (book, FMV, appraisal, other)								to provide the information required in Part I, line 2, and any other additional information.						
(d) Amount of non-cash assistance								ion required in Part l						
(c) Amount of cash grant								ovide the informat					0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
(b) Number of recipients								olete this part to pi						
(a) Type of grant or assistance	see attached							Supplemental Information. Complete this part						
	-	N	က	4	ß	ဖ	7	Part IV						

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2011

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization 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.

Open to Public Inspection

Name of the organization	Fairfield Half Marathon Inc.	Employer identification number
		06-1226507
Form 990 Part VI sec	tion B - line 11A	
990 Reviewed by Boa	ard President and Board members before submission	n to IRS
Form 990 Part VI sec	etion B - Line 15	
Board members revie	ewed comparable compensation for other regional fo	ot race coordinators
Form 990 Part VI - Se	ection C - Line 19	
Conflict of interest po	olicy, governing documents and financial statements	available to public upon request.
Form 990 Part XI	line 5 - \$14 is bank service charges on Savings acct	
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Fairfield Half Marathon, Inc. Contributions 10/1/2010-9/31/2011

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General Support
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General Support

Scholarship
Total Grants to Individuals
Total Contributions
Schedule I part IV
For our major donations we periodically review the organization's financial statements

3,000 00 105,263 00

Fairfield Half Marathon, Inc. Contributions 10/1/2010-9/31/2011

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785 Unsuppore Rd Ferribed, CT 08624 465.00 405.00	Ludlowe Cross Country Team Ludlowe Lacrosse Team Ludlowe Athletos Connectart Disabled Amencan Veteral Bridgeport Area Retired Firefighters	785 Unquowa Rd	Fairfield, CT 06824			420.00			General Support
7385 Uniquous Red Familiad, CT 108824 86.000 86.0000 86.	Ludlowe Lacrosse Team Ludlowe Athletics Connecticut Disabled American Veterar Bridgeport Area Retired Firefighters	785 Unquowa Rd	Fairfield, CT 06824			635.00			General Support
785 Uniquenes Rd 785 Uniquen	Ludlowe Athletics Connecticut Disabled American Veterar Bridgeport Area Retired Firefighters	785 Unquowa Rd	Fairfield, CT 06824			405.00			General Support
The control of the	Connecticut Disabled American Veterar Bridgeport Area Retired Firefighters	785 Unquowa Rd	Fairfield, CT 06824			20.00			General Support
140 Real Fig. 200.000	Bridgeport Area Retired Firefighters	35 Cold Spring Rd - Suite	Rocky Hill, CT 06067		501(c)3	20,000.00			General Support
140 Reef Fartified, CT 08824 800.00 600 Jahrmays Rd Fartified, CT 08824 800.00 601 Jahrmays Rd Fartified, CT 08824 800.00 602 Jahrmays Rd Fartified, CT 08824 800.00 603 Main St 800.00 800.00 604 Jahr St 800.00 800.00 605 Jahr St		30 Congress St - 3rd Floor	Bridgeport, CT 06604			0 0			Volunteer Support
600 Jeannan And Familied, CT 06824 800.00 610 Jeannan And Familied, CT 06824 800.00 610 Jeannan And Familied, CT 06824 800.00 610 Jeannan And Familied, CT 06824 800.00 615 Pear K Ave Bindeport, CT 06810 27.307756 501(c)3 10,000.00 615 Pear K Ave Bindeport, CT 06810 27.307756 501(c)3 10,000.00 615 Pear K Ave Bindeport, CT 06824 67.307756 501(c)3 10,000.00 615 Pear K Ave Bindeport, CT 06810 27.307756 501(c)3 10,000.00 615 Pear K Ave Bindeport, CT 06824 67.307756 501(c)3 10,000.00 615 Pear K Ave Bindeport, CT 06824 67.307756 501(c)3 10,000.00 615 Pear K Ave Bindeport, CT 06824 67.307756 501(c)3 10,000.00 615 Pear K Ave Bindeport, CT 06824 67.307756 501(c)3 10,000.00 615 Pear K Ave Bindeport, CT 06824 67.307756 501(c)3 1,000.00 616 Pear K Ave Bindeport, CT 06824 67.307756 501(c)3 1,000.00 617 Pear K Ave Bindeport, CT 06824 67.307756 501(c)3 1,000.00 618 Pear K Ave Bindeport, CT 06824 67.307756 501(c)3 1,000.00 619 Pear K Ave Bindeport, CT 06824 67.408236 501(c)3 1,000.00 610 Pear K Ave Bindeport, CT 06824 67.408236 501(c)3 1,000.00 610 Pear K Ave Bindeport, CT 06824 67.408236 501(c)3 1,000.00 610 Pear K Ave Bindeport, CT 06824 67.408236 501(c)3 1,000.00 610 Pear K Ave Bindeport, CT 06824 67.408236 501(c)3 1,000.00 610 Pear K Ave Bindeport, CT 06824 67.00824 67.000.00 610 Pear K Ave Bindeport, CT 06824 67.00824 67.000.00 610 Pear K Ave Bindeport, CT 06824 67.000.00 610 Pear K Ave Bindeport	Station #1 House	140 Reef Rd	Fairfield, CT 06824			500.00			Volunteer Support
Account	Station #2 House	600 Jennings Rd	Fairfield, CT 06824			500.00			Volunteer Support
1995 Carporates Sauration CT 06890 20000 2095 Carporates Farrible CT 06810 20000 2095 Carporates Farrible CT 06810 20000 20000	Station #3 House	400 Jackman Ave	Fairfield, CT 06824			200,00			Volunteer Support
3856 Compress Ave Familia CT 10824 50.000 2856 Compress Ave Familia CT 10824 50.000 2856 Compress Ave Familia CT 10824 50.000 2856 Campus State Complex State Complex State Complex State CT 10830 50.000 2856 Campus State CT 10830 50.000 50.0000 2856 Campus State CT 10830 50.0000 50.0000 2856 Campus State CT 10830 50.0000 50.0000 2856 Campus State CT 10830 50.0000 50.0000 2857 Campus State CT 10830 50.0000 50.0000 50.0000 50.0000 50.0000 50.0000 50.0000 50.0000 50.0000 50.0000 50.0000 50.00000 50.00000 50.00000 50.00000	Station #4 House	69 Main St	Southport, CT 06890			500.00			Volunteer Support
100	Station #5 House	3965 Congress Ave	Fairfield, CT 06824			500,00			Volunteer Support
Pobe 96 575 Pobe 96 575 Pobe 575 Pob 575	Homes for the Brave	655 Park Ave	Bridgeport, CT 06604	_	501(c)3	18,000.00			General Support
Association Po Box 513 Portageport, CT 065304 Post 200.000 Post 513 Post 514 Post 614	Fisher House Connecticut	PO Box 575	Bristol, CT 06011	27-3073766	501(c)3	10,000.00			General Support
145 Peac 140	Fratemal Order Police - Lodge 29	Ì₩	Bridgeport, CT 06610			2,000.00			General Support
Association PO Box 513 Familled, CT 06824 14, Shoreham Village Dr. Familled, CT 06824 14, Shoreham Village Dr. Familled, CT 06827 14, Shoreham Village Dr. Familled, CT 06827 Fami	Work Vessels for Veterans	145 Pearl St	Noank, CT 06340	26-3201760	501(c)3	1,000 00			General Support
140 Rev R Familiel, CT 06824 1,000.00	Fairfield Beach Residents Association	PO Box 513	Fairfield, CT 06824	06-1099159	50104	5,000.00			Volunteer Support
State Stat	Fairfield C E R T	140 Reef Rd	Fairfield, CT 06824			1,500.00			General Support
Bet Fund Post Fund Furfield, CT 06829 501(c)3 10,000.00	A Project from the Heart	314 Shoreham Village Dr	Fairfield, CT 06824			1,000.00			General Support
100 Southbert Ferrieut CT 06825 2,000 1,000	Fairfield YMCA	841 Old Post Rd	Fairfield, CT 06824		501(c)3	10,000.00			General Support
Popeartment 69 Main St Southport, CT 06890 06-1345767 501(c)3 1,500.00	Stratfield Volunteer Fire Dept	400 Jackman Ave	Fairfield, CT 06825			2,000.00			General Support
P. O. Box 1002 Southport, CT 06890 06-134576 501(c)3 1,000 00	Southport Volunteer First Department	69 Main St	Southport, CT 06890			1,500.00			Volunteer Support
1073 N Benson Rd	Evergreen Network, Inc.	P O Box 1002	Southport, CT 06890		501(c)3	1,000 00			General Support
Comparison Com	Fairfield Prep Cross Country	1073 N Benson Rd	Fairfield, CT 06824		501(c)3	200.00			General Support
Hill Rd Rd Hill Rd	Ryan Brennan Memonal Scholarship	c/o Mary Ellen Connelly, 630 Warner	Southport, CT 06890			400.00			Volunteer Support
PO Box 2144 Milrori, CT 06460 32-0196983 501(c)3 1,000.00		Hill Rd	ł I						
70 Sanford St Farrield, CT 06824 08-1554125 501(c)3 5,000.00 20 Ben Fund PO Box 1194 Farrield, CT 06825 02-0803386 501(c)3 4,000.00 20 Cathy Carrano 592 Duck Farm Rd Farrield, CT 06824 256.00 20 Cathy Carrano 592 Duck Farm Rd Farrield, CT 06824 256.00 20 Cathy Carrano 592 Duck Farm Rd Farrield, CT 06824 256.00 20 Cathy Carrano 592 Duck Farm Rd Farrield, CT 06824 256.00 20 Cathy Carrano 592 Duck Farm Rd Farrield, CT 06824 256.00 20 Cathy Expension 195 Rock Major Road Farrield, CT 06824 256.00 20 Carol Barros 88 Martungale Lane Farrield, CT 06824 256.00 20 Carol Barros 88 Martungale Lane Farrield, CT 06824 256.00 20 Carol Barros 88 Martungale Lane Farrield, CT 06824 256.00 20 Carol Barros 88 Martungale Lane Farrield, CT 06824 256.00 20 Carol Barros 88 Martungale Lane Farrield, CT 06824 256.00 20 Carol Barros 88 Martungale Lane Farrield, CT 06824 256.00 20 Carol Barros 88 Martungale Lane Farrield, CT 06824 256.00 20 Carol Barros 88 Martungale Lane Farrield, CT 06824 256.00 20 Carol Barros 88 Martungale Lane Farrield, CT 06825 500.00 20 Carol Barros 88 Martungale Lane Farrield CT 06825 500.00 20 Carol Barros 88 Martungale Lane Farrield CT 06825 1,000.00 20 Carol Barros 15 Wheeler Park PI Farrield, CT 06825 1,000.00 20 Carol Mulligan 20 Staples Rd Farrield, CT 06825 1,000.00 20 Christopher Darrow 50 Staples Rd Fastion, CT 06612 1,000.00		PO Box 2144		32-0196983	501(c)3	1,000.00			General Support
Ben Fund P O Box 1164 Farrfield, CT 05825 02-0803386 501(c)3 4,000.00 A find State St		70 Sanford St	l	06-1594125	501(c)3	5,000.00			General Support
Second Form	-airfield Professional Fire Ben Fund	P O Box 1184		02-0803386	501(c)3	4,000.00			Volunteer Support
Coc Cathy Carrano 592 Duck Farm Rd Fairfield, CT 06824 250.00	Media Newsgroup I E Foundation	410 State St	Bridgeport, CT 06604		501(c)3	4,703.00			Reading programs for children
Cook Army McCartity 227 James St Fairfield, CT 06824 250,000 Col Cathy Carrano 529 Duck Farm Rd Fairfield, CT 06824 150,000 Col Cathy Carrano 529 Duck Farm Rd Fairfield, CT 06824 150,000 Col Carol Banos 88 Matingale Lane Fairfield, CT 06824 150,000 Col Lynn Keily 35 Cuder Mill Lane Fairfield, CT 06824 150,000 Col Lynn Keily 35 Cuder Mill Lane Fairfield, CT 06824 250,000 Col Lynn Keily 35 Cuder Mill Lane Fairfield, CT 06824 250,000 Col Lynn Keily 35 Cuder Mill Lane Fairfield, CT 06824 250,000 Sa	3rd Scout Troop 32054	c/o Cathy Carrano 592 Duck Farm Rd	Fairfield, CT 06824			250.00			Volunteer Support
Coc Cathy Carrano 592 Duck Farm Rd Fairfield, CT 06824 250.00	Sirt Scout Troop 32403	c/o Amy McCarthy 227 James St	Fairfield, CT 06824			250.00			Volunteer Support
Color Kinsty Spadome 195 Rock Major Roaf Fairfield, CT 06824 150,000	3rd Scout Troop 32074	c/o Cathy Carrano 592 Duck Farm Rd	Fairfield, CT 06824		1	250.00			Volunteer Support
Circle Carol Bancs 88 Martingale Lane Farrfield, CT 06824 150.00	3rd Scout Troop 32151	c/o Knsty Spadone 195 Rock Major Roa	Fairfield, CT 06824			150.00			Volunteer Support
Col Dyna Robins Schuchter 284 Riverside Fairfield, CT 06824 250.00 Col Lynn Kkly 35 Cuder Mill Lane Fairfield, CT 06824 400.00 Col Lynn Kkly 35 Cuder Mill Lane Fairfield, CT 06829 501(c)3 5,000.00 Col Lynn Kkly 35 Cuder Mill Lane Fairfield, CT 06830 22.2908698 501(c)3 5,000.00 102.263 00 102.263 00 102.263 00 102.263 00 Col Lynn Klynn Col Fairfield CT 06824 500.00 Col Lynn Klynn Col Fairfield CT 06825 500.00 Col Lynn Klynn Col Fairfield CT 06825 500.00 Col Lynn Klynn Col Fairfield CT 06825 1,000.00 Col Lynn Klynn Col Lynn Col Lynn Klynn Col Lynn Col Lynn Klynn Col Lynn Col Ly	Sirl Scout Troop 32445	c/o Carol Banos 88 Martingale Lane	Fairfield, CT 06824			150.00			Volunteer Support
c/o Lynn Kelly 35 Cuder Mill Lane Faurlield, CT 06824 400.00 ation 267 Grant St #W-6 Southport, CT 06810 22-2908688 501(c)3 5,000.00 s 14 102,263 00 102,263 00 102,263 00 s 25 City, State, Zlp Cash Grant individual Address City, State, Zlp Cash Grant Devon Mulligan dor Faurfield Police 100 Faurfield, CT 06824 500,00 Jack Lumley 121 Manborough Ternaf Faurfield, CT 06825 500,00 Christopher Darrow 15 Wheeler Park Pl Faurfield, CT 06825 1,000,00 Christopher Darrow 50 Staples Rd Easton, CT 06612 1,000,00	Girl Scout Troop 32214	do Marsha Schichter 284 Riverside	Fairfield, CT 06824			250.00			Volunteer Support
Color Southport, CT 06890 250.00 102,263.00 102,2	3oy Scout Troop 90	c/o Lynn Kelly 35 Cider Mill Lane	Fairfield, CT 06824			400.00			Volunteer Support
Second Street	Girl Scout Troop 30110	do Alida Romero 279 Spruce St				250.00			Volunteer Support
14 102,263 00 102, 263 00 102, 263 00 102, 263 00 102, 263 00 102, 263 00 102, 263 00 103, 263 00 103, 263 00 103, 263 00, 263 0	Bndgeport Hospital Foundation	267 Grant St #W-6			301(c)3	5,000.00			General Support
14 25 25 25 26 26 26 26 26	Total					102,263 00	102,263 00		
Individual Address City, State, Zip Cash Grent Devon Mulligan Co Famileid Police 100 Famileid, CT 06824 500.00 Jack Lumley 121 Marlborough Terrar Famileid, CT 06825 500.00 Danielle Cox 15 Wheeler Park Pl Famileid, CT 06825 1,000.00 Christopher Darrow 50 Staples Rd Easton, CT 06612 1,000.00	Fotal 501c(3) organizations	14			-				
Individual Address City, State, Zip Cash Grent Devon Mulligan Co Farrfield Police 100 Farrfield, CT 06824 500.00 Jack Lumley 121 Marlborough Terrar Farrfield, CT 06825 500.00 Danielle Cox 15 Wheeler Park Pl Farrfield, CT 06825 1,000.00 Christopher Darrow 50 Staples Rd Easton, CT 06612 1,000.00	Fotal other organizations	25							
Individual Address City, State, Zip Cash Grent Devon Mulligan c/o Farrfield Police 100 Farrfield, CT 06824 500.00 Jack Lumley 121 Marlborough Terrar Farrfield, CT 06825 500.00 Danielle Cox 15 Wheeler Park Pl Fairfield, CT 06825 1,000.00 Christopher Darrow 50 Staples Rd Easton, CT 06612 1,000.00	Topodoil				1				
Devon Mulligan Co Farrfield Police 100 Farrfield, CT 06824 500,000 Jack Lumley 121 Marborough Terral Farrfield, CT 06825 500,000 Danielle Cox 15 Wheeler Park Pl Farrfield, CT 06825 1,000,000 Christopher Darrow 50 Staples Rd Easton, CT 06612 1,000,000	Scriedure i Part III		Address	it. Chata 7		100			
Joev of Maingain CO Fainted Folice 100 Fainted, C1 08625 500,00 Jack Lumley 121 Marlborough Terraf-Fainted, CT 08625 500,00 Danielle Cox 15 Wheeler Park Pi Fainted, CT 08625 1,000,00 Christopher Darrow 50 Staples Rd Easton, CT 08612 1,000,00	ulpose of grant	IBDOMAIN IN THE PROPERTY OF TH	Address	Circhia CT		asn Grant			
Jack Lumley	Sereavement benefit	Devon Muliidan	CO Familied Police 100	Fairmeid, C. C	6624	900.00			
Uanelle Cox 15 Wheeler Park Pl Familiol, CI 06825 1,000,00 Chinstopher Darrow 50 Staples Rd Easton, CT 06612 1,000,00	Ifetime Acheivement Award	Jack Lumley	121 Manborough Terrac	Fairfield, CT 0	6825	200.00			
Christopher Darrow 50 Staples Rd Easton, CT 06612 1,000.00	scholarship	Danielle Cox	T	Fairfield, CT 0	6825	1,000.00			
	Scholarship	Chnstopher Darrow		Easton, CT 06	3612	1,000.00			
_	Total Grants to Individuals						3,000 00		

Total Contributions
Schedule I part IV
For our major donations we penodically review the organization's financial statements

Form 990-Part IX Line 24 other expenses

1	Cash and Noncash Awards	18931
2	Facilities and Equipment Rental	7725
3	Miscellaneous	436
4	Raceday Operations Expense	40770
5	Participant Travel Expense	2886
6	Scholarship Dinner	3231
7	Race supplies and refreshments	8608
8	Participant T-shirts	32261

Total Other Expenses 114848

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

Officer							Key	Highest		ReporatableCom	ReportableComp	Other
VameTvbe	JameType OfficerName	Title	Hours	Hours Trustee	Institutional	Officer	Employee	Compensated	Former	FromOrganization	FromRelatedOrgs	Compensation
ndividual	Stephen Lobdell	President	15	yes	no	yes	yes	01	2	23588	\$0	\$0
ndividual	John Cieplinski	Vice President	2	yes	ПО	yes	9	0	2	\$0	\$0	\$0
ndividual	John Calandriello	Secretary	m	kes	no	yes	9	01	2	\$0	\$0	\$0
Individual		Director	15	hes	OU	2	yes	yes	2	35396	\$0	\$0
ndividual		Director	ო	ves	2	2	. 2	no	2	\$0	\$0	\$0
Individual		Treasurer	Ŋ	ves	2	yes	2	no	2	\$0	\$0	\$0
		Director	ĸ	, kes	no	. 2	9	ou	2	\$0	\$0	\$0
ndividual		Director	က	yes	2	2	UO	no	2	\$0	\$0	\$0

Fairfield Half Marathon Inc. Form 990 Part VII-A - List of Current Officers and Directors

<u> </u>	မ္တ	\$0	\$0	20	20	\$	\$0	<u></u>
Estimated amount of other compensation from the organization and related organizations								
Reportable Compenstion From Related Organizations	0\$	0\$	0\$	0\$	0\$	0\$	0\$	0\$
Reportable Compensation from the organization	\$23,588	\$0	\$0	\$35,396	\$0	\$0	\$0	\$0
Average Hours/Week Devoted to Position	15	2	3	15	8	9	8	3
Tite	06825 President	06824 Vice President	06825 Secretary	06405 Director	06824 Director	06614 Treasurer	06824 Director	06470 Director
aiz	06825	06824	06825	06405	06824	06614	06824	06470
State Zip	ᄗ	СТ	СТ	СТ	CT	CT	СТ	СТ
<u>Ş.</u>	Fairfield	Fairfield	Fairfield	Branford	Fairfield	Stratford	Fairfield	Newtown
Address	69 Beverly Ln	51 Stillson Pl	50 Beverly Ln	2 Buena Vista Rd.	161 Sunset Ave	3146 Main St.	137 Frog Pond Ln	14 Daniels Hill Rd
e E E Z	en Lobdell	John Cieplinski	John Calandriello	John Bysiewicz	Christopher Day	Brian Pecora	Leonard Waiksnis	Justin Greenhaw