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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning 10.1

OMB No 1545-1150

2012

Open to Public Inspection

A	For the	2012 calenda	ar year, or tax year beginning	10-1	, 2012, a	and ending		9-30	, 20	13		
В	Check if ap	oplicable	C Name of organization				D Empl	oyer identificat	ion numbe	er		
	Address c	hange	ASSOCIATION OF CONNECTICUT FAIRS, INC						06-0973371			
	Name cha								E Telephone number			
=	Initial retur		PHILIP E. BERGQUIST, 348 NORTH SALEM RD									
=	Terminate	_	City or town, state or country, and ZIP + 4	F Grou	203-438-0 p Exemption							
_	Amended		RIDGEFIELD CT 06877-2422		iber ▶							
_		ting Method	☐ Cash	out A		1.0						
		•	CCTFAIRS.ORG	<u></u>				► ☑ if the or		i is not		
				5) ◀ (insert no.)	1047(a)(1) or		•	to attach Sch 90, 990-EZ, o				
						527	<u> </u>					
	Check ▶	o then \$50,000	e organization is not a section 509(a)(3) su	pporting organizati	on or a section 5	27 organizatio	on and its	s gross receip	ts are norr	mally		
			0. A Form 990-EZ or Form 990 return is r		1 Form 990-N (e	-postcard) ma	y be req	uirea (see ins	tructions).	But If		
	_		ses to file a return, be sure to file a comp b, to line 9 to determine gross receipts. If gi		00 000 or mare	- if total accet	- (D 1)					
							s (Part II,					
			w) are \$500,000 or more, file Form 990 inst					\$				
F	art I		e, Expenses, and Changes in N							_		
	1		the organization used Schedule O		any question i	n this Part I		· • • •		<u>. 🗆</u>		
	1		ons, gifts, grants, and similar amount					1		2,231		
	2	_	ervice revenue including government				[2		16,243		
	3	Membershi	ip dues and assessments				[3		38,920		
	4	Investment						4		9		
	5a		ount from sale of assets other than in	•								
	b		or other basis and sales expenses .									
	С	Gain or (los	ss) from sale of assets other than inv	entory (Subtract	line 5b from li	ne 5a)		5c				
	6	_	d fundraising events									
n e	а		ome from gaming (attach Schedi		1 1							
(Jan Revenue	b	•			· · [6a]							
≥ §	5	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the										
<u>-</u> E			th gross income and contributions ex					1				
Ц				· ·	· · · · ·							
<u></u>	d		t expenses from gaming and fundral			l Ch and add						
•	d	line 6c) .	e or (loss) from gaming and fundra		o lines ba and	ob and sui	otract					
j		,						6d				
د	7a		s of inventory, less returns and allow									
r)	b		•									
2	C		it or (loss) from sales of inventory (Su	-	,			7c				
7.6 U	8		nue (describe in Schedule O)	· . : · ! · · . j	D'AITOS		· ·	8		317		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,	and 8	SDEM, U)() · · ·	. ▶	9	!	57,720		
	10		simılar amounts paid (list in Schedu	116 () .1021 .				10	 	2,958		
	11		aid to or for members	·	EB.I 8 5016	J. 1-21.		11				
Expenses	12	Salaries, of	ther compensation, and employee be al fees and other payments to indep y, rent, utilities, and maintenance .	enefits [O.L.	· · · · · · · · · · · · ·	J. \varphi\text{\varphi} .		12				
Š	13	Professiona	al fees and other payments to indep	———.		13						
ğ	14	Occupancy	/, rent, utilities, and maintenance .		3CCEIVE	∄ ¦ .		14				
Щ	1 .0		ublications, postage, and shipping .			 .	[15		11,021		
	16		enses (describe in Schedule O)				[16		20,456		
	17	Total expe	enses. Add lines 10 through 16	<u></u> .	<u></u>	<u></u>	. ▶	17		34,435		
છ	18	Excess or ((deficit) for the year (Subtract line 17	from line 9)				18		23,285		
Sel	19	Net assets	or fund balances at beginning of y	ear (from line 2'	7, column (A))	(must agree	with					
Net Assets		end-of-yea	r figure reported on prior year's retu	rn)				19	-	78,259		
et	20	Other chan	nges in net assets or fund balances (explain in Sched	ule O)			20				
Z	21	Net assets	or fund balances at end of year. Co	mbine lines 18 th	rough 20		. ▶	21	11	01,544		
For	Papen		ion Act Notice, see the senarate instru			No. 100401	لــــــــــــــــــــــــــــــــــــــ		990-E7			

	Ol 1 / / the inchrictions	for Don't IIV		·		
Pa	Balance Sheets (see the instructions			D-4 II		
	Check if the organization used Schedule	e O to respond to a	ny question in this	(A) Beginning of year	1	/B) Fed of year
					-	(B) End of year
22	Cash, savings, and investments			78,259		101,544
23	Land and buildings				23	,
24	Other assets (describe in Schedule O)				24	
25	Total assets				25	
26 27	Net assets or fund balances (line 27 of column	n (R) must sares wit			26	
		• •		78,299	27	101,544
Fel	t III Statement of Program Service Accome Check if the organization used Schedule	•		,		Expenses
\A/h-	t is the organization's primary exempt purpose?	 		Faitii [quired for section
			* *****	· · · · · · · · · · · · · · · · · · ·		(c)(3) and 501(c)(4) anizations and section
as r	cribe the organization's program service accompletesured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe th				7(a)(1) trusts, optional others.)
28	THE ORGANIZATION HOLDS 2 MEETINGS EACH YE FOR MEMBER FAIRS	AR - THE ANNUAL F	ALL MEETING WITH	A TRADE SHOW		
	(Grants \$) If this amount	t includes foreign gr	ents chack here		28a	N/A
29	PRINTING AND DISTRIBUTING 100,000 FAIR PROGR				200	IN/A
23	PRINTING AND DISTRIBUTING 100,000 PAIR PROGR	KAM BOOKLE 13 AND	DIRECTORIES OF I	VIEWBER FAIRS	1	
					1	
	(Grants \$) If this amount	t includes foreign gra	ents check here	► □	298	N/A
30	The time arrivals	t molades foreign git	arto, oricot riore .	· · · · <u></u>	200	19/7
•					1	
	(Grants \$) If this amount	t includes foreign gra	ants, check here .	▶ □	30a	1
31	Other program services (describe in Schedule O)				1	
		t includes foreign gra		▶ □	31a	
32	Total program service expenses (add lines 28a				32	
Par	List of Officers, Directors, Trustees, and Ke	y Employees List eac	h one even if not con	npensated (see the in	struc	tions for Part IV)
	Check if the organization used Schedule	e O to respond to a	ny question in this	Part IV	٠,	🗆
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-		- 11	Estimated amount of other compensation
SEE	LIST ATTACHED	- PART-TIME VOLUNTEERS	-0)-	0-	-0-
			· · · · · · · · · · · · · · · · · · ·		-	
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7-3-

Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	103	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		\
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	ļ	✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	Did the organization file Form 1120-POL for this year?	37b 38a		√
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	ł		
ь 40а	Gross receipts, included on line 9, for public use of club facilities	-		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part 1	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Telephone no. ▶			
_	Located at ► ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
Ь	a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	42b	169	√
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	-
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
q	Did the organization receive any payments for indoor tanning services during the year?	44c	-	✓
450	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		1
45a 45b	Did the organization have a controlled entity within the meaning of section \$12(b)(13)?	45a 45b	-	y

	Did the organization engage, directly or in						Yes	No				
Part V	Section 501(c)(3) organizations All section 501(c)(3) organization	only	· · · · · · · · · · · · · · · · · · ·	,	*			√ es				
	50 and 51 Check if the organization used Sci	hedule O to respond	to any question in	this Part VI				. 🗆				
	Did the organization engage in lobbying	activities or have a			luring the	tax	Yes	No				
48 i 49a i	ar? If "Yes," complete Schedule C, Part II											
50	Complete this table for the organization's	omplete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key apployees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."										
	(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health to contributions to benefit plans, a compension	o employee and deferred	(e) Estima other co	ited amo					
51 (Total number of other employees paid ov Complete this table for the organization' \$100,000 of compensation from the orga	's five highest compe	ensated independent	t contractors	who each	n receive	d more	e than				
(a) N	lame and address of each independent contractor pa	ud more than \$100,000	(b) Type of ser	vice	(c)) Compensa	ition					
52	Total number of other independent contraction of the organization complete Schedule and nonexempt charitable trusts must attach	A? Note: All section 5	01(c)(3) organization	. ▶s and 4947(a)		► Ye	es 🗸	No				
	nalties of perjury, I declare that I have examined this ect, and complete Declaration of preparer (other than					nowledge a	nd belief	, it is				
Sign Here	Signature of officer PHILIP E. BERGQUIST - TREASUR	RER		Date	, FR 1	3 201	+					
_	Type or print name and title	Type or print name and title										
Paid Prepa	Print/Type preparer's name	Preparer's signature		Pate	Check self-emplo	oyed PTIN						
Use C	Pirm's name ► Firm's address ►				's EIN ▶ ne no							
May the	BS discuss this return with the prepare	r shown above? See	instructions	1		► X V		No				

ASSOCIATION OF CONNECTICUT FAIRS 06-0973371

f/y/e 9/30/2013

SCHEDULE O

Grants and Similar Amounts Paid (Line 10)

Scholarships			
Rebecca Masse		\$	1,000.00
Courtney Keating		\$	1,000.00
Baking Contests	17 winners	\$	250.00
Photo Contest	13 winners	\$	163.00
Premium Book Contest	9 winners	\$	185.00
Apple Pie Contest	9 winners	\$	175.00
Quilt Contest	5 winners	\$	185.00
Total		<u>\$</u>	2,958.00
Other Expenses (Line 16)			
Meetings		\$	15,563.00
Insurance		\$	1,631.00
Dues		\$	1,150.00
Supplies		\$	1,356.00
Miscellaneous		•	756.00
Total		\$	20,456.00

THE ASSOCIATION OF CONNECTICUT FAIRS

2012-2013 OFFICERS AND DIRECTORS
Officers
President Gordon Gibson, 860-871-7757 Wapping Fair, GFGibson@aol.com
1st Vice President James Lamoureux, 203-238-1510 Wallingford Grange Fair, J lamoureux@snet.net
2nd Vice President Ted Powell, 860-537-3949 Hamburg Fair, nearing06415@yahoo com
Recording Secretary Lisa Lamoureux, 203-238-1510 Wallingford Grange Fair, J lamoureux@snet net
Corresponding Secretary Kathleen Naples, 860-982-1366 Middlesex New Haven County 4-H Fair, Durham Fairs, kınaples@vitalsignsgraphics com
Assistant Secretary Sue Pettengill, 860-345-2890 Middlesex New Haven County 4-H Fair, Pettengill4HFamily@comcast net
Treasurer Philip Bergquist, 203-438-6431 Norfield Grange Fair, Pbergquist@aol com
Assistant Treasurer Joan Buvarsky, 518-577-8193 Brooklyn Fair, jmbuv01@earthlink net
Directors at Large
2013 Bob Leroux, Terryville Fair
2013 Jody Whipple, North Stonington Fair
2013 Dick Skargenski, Goshen Fair
2014
2014 Annette Hamilton, Woodstock Fair
2014 Dave Sımoneau, Wolcott Fair
Directors of Major Fairs

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2013	 		John Johnson, Hebron Harvest Fair
2013		••	Rosemane Naples, Durham Fair
2014	 		. Sue Olsen, Haddam Neck Fair
2014	 		Karen Zagurskı, Terryville Fair
2014 .			Robert Carter, Hebron Harvest Fair

Directors of District Fairs

2013	 	Paul Burnham, Wapping Fair
2014	 	Amy Winiger, Hamburg Fair
2015	 	Leslie Doe-Koehler, Ledyard Fair

Directors of Local Fairs

2013	Dan Lauttenbach, Wallingford Grange Fair
2014.	Charles Dimmick, Cheshire Grange Community Fair
2015	Robert Charbonneau, Menden Grange Fair

Directors of 4-H Fairs

2013	 Sue Dearborn, Middlesex New Haven County 4-H Fair
2014	Matt Pohl, Middlesex New Haven County 4-H Fair
2015	 Janet Ferguson, Hartford County 4-H Fair

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