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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150

2013

Open to Public  
Inspection

**A** For the 2013 calendar year, or tax year beginning and ending

**B** Check if applicable:  
☐ Address change  
☒ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization  
CONNECTICUT B.A.S.S. NATION, INC.  
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
 C/O MARC LEVESQUE 20 FIRST AVENUE  
 City or town, state or province, country, and ZIP or foreign postal code  
 WATERBURY, CT 06710

**D** Employer identification number  
06-1306552

**E** Telephone number  
203-592-6305

**F** Group Exemption Number

**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) \_\_\_\_\_

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: WWW.CTBASS.COM

**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( 7 ) (insert no.) ☐ 4947(a)(1) or ☐ 527

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other \_\_\_\_\_

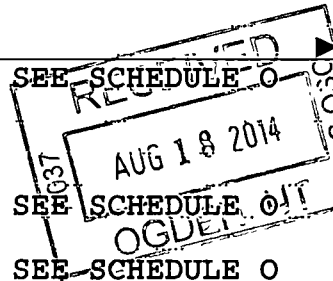
**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **\$ 70,893.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	8,429.
	2	Program service revenue including government fees and contracts	2	38,239.
	3	Membership dues and assessments	3	11,800.
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	12,425.
	6c	Less: direct expenses from gaming and fundraising events	6c	8,591.
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	3,834.
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	62,302.
	10	Grants and similar amounts paid (list in Schedule O)	10	5,103.
	Net Assets	11	Benefits paid to or for members	11
12		Salaries, other compensation, and employee benefits	12	
13		Professional fees and other payments to independent contractors	13	1,500.
14		Occupancy, rent, utilities, and maintenance	14	2,169.
15		Printing, publications, postage, and shipping	15	
16		Other expenses (describe in Schedule O)	16	71,099.
17		<b>Total expenses.</b> Add lines 10 through 16	17	79,871.
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-17,569.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	103,378.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	85,809.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

SCANNED SEP 03 2014  
Revenue

20



**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V ☒

	Yes	No
<b>33</b> 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		<b>X</b>
<b>34</b> 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)		<b>X</b>
<b>35a</b> 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)?		<b>X</b>
<b>35b</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	N/A	
<b>35c</b> 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		<b>X</b>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.
<b>37b</b> Did the organization file Form 1120-POL for this year?		<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	<b>X</b>
<b>38b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	39a	0.
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	39b	0.
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>N/A</u> ; section 4912 <u>N/A</u> ; section 4955 <u>N/A</u>		
<b>b</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 I	40b	N/A
<b>c</b> 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		N/A
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		N/A
<b>e</b> 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	<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <u>CT</u>		
<b>42a</b> The organization's books are in care of <u>MARC LEVESQUE</u> Telephone no. <u>203-592-6305</u> Located at <u>20 FIRST AVENUE, WATERBURY, CT</u> ZIP + 4 <u>06710</u>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	<b>X</b>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: _____	42c	<b>X</b>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>N/A</u>	43	N/A
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<b>X</b>
<b>b</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	<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	44c	<b>X</b>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<b>X</b>
<b>45b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?

If "Yes," complete Schedule C, Part I

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

	Yes	No
47		
48		
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt

charitable trusts must attach a completed Schedule A

Yes ☐ No ☐

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Date

MARC LEVESQUE, TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name <b>TODD R. SHELANSKY</b>	Preparer's signature <i>Todd Shelansky CPA</i>	Date <b>7/29/14</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00445857</b>
Firm's name ▶ <b>HARPER &amp; WHITFIELD, P.C.</b>	Firm's EIN ▶ <b>06-1071692</b>		Phone no. <b>860-677-9188</b>	
Firm's address ▶ <b>314 FARMINGTON AVENUE FARMINGTON, CT 06032</b>				

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

Yes ☒ No ☐

Form 990-EZ (2013)

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

### Open To Public Inspection

Name of the organization

CONNECTICUT B.A.S.S. NATION, INC.

Employer identification number

06-1306552

## Part I

## Fundraising Activities

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations
- b** ☐ Internet and email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations

- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		<b>BANQUET</b> (event type)	(event type)	<b>NONE</b> (total number)	
Revenue	<b>1</b> Gross receipts	12,425.			12,425.
	<b>2</b> Less: Contributions				
	<b>3</b> Gross income (line 1 minus line 2)	12,425.			12,425.
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food and beverages	7,352.			7,352.
	<b>8</b> Entertainment				
	<b>9</b> Other direct expenses	1,239.			1,239.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d)				8,591.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d)				3,834.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue				
	<b>2</b> Cash prizes				
Direct Expenses	<b>3</b> Noncash prizes				
	<b>4</b> Rent/facility costs				
	<b>5</b> Other direct expenses				
	<b>6</b> Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d)				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities. \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? \_\_\_\_\_

☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? \_\_\_\_\_

☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- |  |  |                              |                             |
|--|--|------------------------------|-----------------------------|
| 11 Does the organization operate gaming activities with nonmembers?  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 Indicate the percentage of gaming activity operated in:   |  |                              |                             |
| a The organization's facility  |  | 13a                          | %                           |
| b An outside facility  |  | 13b                          | %                           |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:                                     |  |                              |                             |

Name 

Address 

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .
- c** If "Yes," enter name and address of the third party:

Name 

Address 

**16 Gaming manager information:**

Name 

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

## 17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

CONNECTICUT B.A.S.S. NATION, INC.

Employer identification number

06-1306552

**FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:**

**ACTIVITY CLASSIFICATION:** SCHOLARSHIPS AWARDED

**GRANTEE NAME:**

**GRANTEE RELATIONSHIP:** CHILDREN OF CBFN MEMBERS

**PROPERTY DESCRIPTION:** SCHOLARSHIP - CASH AWARD

**DATE OF GIFT:** 12/31/13

**AMOUNT GIVEN:** 3,000.

**ACTIVITY CLASSIFICATION:** SCHOLARSHIP AWARDED

**GRANTEE NAME:**

**GRANTEE RELATIONSHIP:** NONE

**PROPERTY DESCRIPTION:** SCHOLARSHIP - CASH AWARD

**DATE OF GIFT:** 12/31/13

**AMOUNT GIVEN:** 2,103.

**TOTAL INCLUDED ON FORM 990-EZ, LINE 10** 5,103.

**FORM 990-EZ, PART I, LINE 14, OCCUPANCY, RENT, UTILITIES, AND MAINTENANCE:**

**DESCRIPTION OF EXPENSES:** **AMOUNT:**

**DEPRECIATION** 2,169.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

**DESCRIPTION OF OTHER EXPENSES:** **AMOUNT:**

**TOURNAMENT EXPENSE** 35,969.

**STATE TEAMS** 17,895.

**TROPHIES** 1,619.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

CONNECTICUT B.A.S.S. NATION, INC.

Employer identification number

06-1306552

YOUTH EVENTS	4,131.
OFFICE EXPENSES	2,500.
PROPERTY TAXES, INSURANCE, MISC. FEES	557.
BOATING/FISHING SHOWS	1,254.
CONTRIBUTIONS	3,759.
WEBSITE EXPENSE	3,415.
TOTAL TO FORM 990-EZ, LINE 16	71,099.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNSOLD PINCS, PATCHES, STICKERS, T-SHIRTS	685.	685.
OTHER DEPRECIABLE ASSETS	4,389.	2,220.
TOTAL TO FORM 990-EZ, LINE 24	5,074.	2,905.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - RECREATION WITH CONCERN  
FOR THE ENVIRONMENT.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:

THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	WEIGH IN SYSTEM SOFTWARE	05/18/07	SL	3.00		16	2,023.				2,023.	2,023.		0.	2,023.
2	TENT FOR TOURNAMENT EVENTS	07/10/07	SL	7.00		16	1,208.				1,208.	951.		173.	1,124.
3	DIGITAL CAMERA	07/10/07	SL	5.00		16	291.				291.	291.		0.	291.
4	TRAILER	05/22/08	SL	7.00		16	9,232.				9,232.	6,045.		1,319.	7,364.
5	OPTOMA PROJECTOR	10/26/09	SL	5.00		16	400.				400.	253.		80.	333.
6	TOSHIBA LAPTOP	09/16/09	SL	5.00		16	466.				466.	302.		93.	395.
7	DIGITAL VOICE RECORDER	05/07/09	SL	5.00		16	95.				95.	70.		19.	89.
8	TWO WAY RADIOS	05/15/09	SL	5.00		16	101.				101.	73.		20.	93.
9	DIGITAL LEADERBOARD READOUT	03/30/09	SL	5.00		16	2,325.				2,325.	1,744.		465.	2,209.
	* TOTAL 990-EZ PG 1 DEPR						16,141.				16,141.	11,752.		2,169.	13,921.

328111  
05-01-13

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
	<b>CONNECTICUT B.A.S.S. NATION, INC.</b>	Employer identification number (EIN) or <b>06-1306552</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. <b>C/O MARC LEVESQUE 20 FIRST AVENUE</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WATERBURY, CT 06710</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**MARC LEVESQUE**

- The books are in the care of ► **20 FIRST AVENUE - WATERBURY, CT 06710**

Telephone No. ► **203-592-6305**

Fax No. ► ☐

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2014**, to file the exempt organization return for the organization named above. The extension is for the organization's return for ☒ calendar year **2013** or ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



## SECRETARY OF THE STATE OF CONNECTICUT

MAILING ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, P O BOX 160470, HARTFORD, CT 06115-0470

DELIVERY ADDRESS: COMMERCIAL RECORDING DIVISION, CONNECTICUT SECRETARY OF THE STATE, 30 TRINITY STREET, HARTFORD, CT 06106

PHONE: 860-509-6003

WEBSITE: [www.concord-sols.ct.gov](http://www.concord-sols.ct.gov)

### CERTIFICATE OF AMENDMENT NONSTOCK CORPORATION

USE INK. COMPLETE ALL SECTIONS. PRINT OR TYPE. ATTACH 8 1/2 X 11 SHEETS IF NECESSARY

<b>FILING PARTY</b> (CONFIRMATION WILL BE SENT TO THIS ADDRESS):		<b>FILING FEE: \$20</b>
NAME:	MARC LEVESQUE	
ADDRESS:	20 FIRST AVE	
CITY:	WATERBURY	
STATE:	CT	ZIP: 06710
<b>1. NAME OF CORPORATION:</b>  CONNECTICUT B A S.S. FEDERATION NATION, INC (Business ID 0099219)		
<b>2. THE CERTIFICATE OF INCORPORATION IS</b> (check A, B or C).  <input checked="" type="checkbox"/> A AMENDED  <input type="checkbox"/> B RESTATED  <input type="checkbox"/> C AMENDED AND RESTATED  THE RESTATED CERTIFICATE CONSOLIDATES ALL AMENDMENTS INTO A SINGLE DOCUMENT		
<b>3. TEXT OF EACH AMENDMENT / RESTATEMENT:</b>  Amendment #1 Change the name of the corporation to. CONNECTICUT B A S.S. NATION, INC.  Amendment #2 Change the name of the agent to: SYLVIA J MORRIS, PRESIDENT Residence Address 35 Orient Ave , Milford, CT 06460 Business Address is the same as Residence address  Acceptance of Appointment to Agent  X <u>Sylvia J. Morris</u> <u>1/1/13</u> Sylvia J. Morris Date		

4. VOTE INFORMATION (CHECK A, B or C)

☐ A. THE AMENDMENT WAS DULY APPROVED BY THE MEMBERS IN THE MANNER REQUIRED BY SECTIONS 33-1140 TO 33-1147 OF THE CONNECTICUT GENERAL STATUTES, AND BY THE CERTIFICATE OF INCORPORATION.

☒ B. THE AMENDMENT WAS DULY APPROVED BY THE INCORPORATORS AND MEMBER APPROVAL WAS NOT REQUIRED.

☐ C. THE AMENDMENT WAS DULY APPROVED BY THE BOARD OF DIRECTORS AND MEMBER APPROVAL WAS NOT REQUIRED.

5. EXECUTION:

DATED THIS 1 st DAY OF January, 20 13

NAME OF SIGNATORY	CAPACITY/TITLE OF SIGNATORY	SIGNATURE
<i>Mr. Levesque</i>	<i>Treasurer</i>	<i>Mr. Levesque</i>

SECRETARY OF THE STATE  
30 TRINITY STREET  
P.O. BOX 150470  
HARTFORD, CT 06115-0470

FEBRUARY 6, 2013

MARC LEVESQUE  
20 FIRST AVE  
WATERBURY, CT 06710

RE: Acceptance of Business Filing

This letter is to confirm the acceptance of a filing for the following business:

CONNECTICUT B.A.S.S. FEDERATION NATION, INC.

Work Order Number: 2013029209-001  
Business Filing Number: 0004798531  
Type of Request: CERTIFICATE OF AMENDMENT  
File Date/Time: JAN 28 2013 08:30 AM  
Effective Date/Time: JAN 28 2013 08:30 AM  
Work Order Payment Received: 20.00  
Payment Received: 20.00  
Credit on Account: .00  
Customer Id: 002185831  
Business Id: 0099219

FRANK GOULD  
Commercial Recording Division  
860-509-6003  
WWW.CONCORD.SOTS.CT.GOV

## Business Inquiry

 HOME  HELP

### Business Inquiry Details

Business Name: **CONNECTICUT B.A.S.S. NATION, INC.** Business Id: **0099219**

Business Address: **SYLVIA J MORRIS, 35 ORIENT AVENUE, MILFORD, CT, 06460** Mailing Address: **SYLVIA J MORRIS, 35 ORIENT AVENUE, MILFORD, CT, 06460**

Citizenship/State Inc: **Domestic/CT** Last Report Year: **2012**

Business Type: **Non-Stock** Business Status: **Active**

Date Inc/Register: **Dec 06, 1979**

### Principals

Name/Title:	Business Address:	Residence Address:
SYLVIA J. MORRIS PRESIDENT	NONE	35 ORIENT AVENUE, MILFORD, CT, 06460
CARL PEDERSEN SECRETARY	NONE	176 SOUTH BROOKSVALE ROAD, CHESHIRE, CT, 06410
ROBERT NELSON VICE PRESIDENT	NONE	8 LAKE EDGE CIRCLE, P O. BOX 215, NORTH SALEM, NY, 10560

### Business Summary

Agent Name: **SYLVIA J. MORRIS, PRES.**

Agent Business Address: **35 ORIENT AVE., MILFORD, CT, 06460**

Agent Residence Address: **35 ORIENT AVE., MILFORD, CT, 06460**

[View Filing History](#) | [View Name History](#) | [View Shares](#) |

