CTMARINE 11/12/2010 1 42 PM Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009 Open to Public Inspection

For the 2009 calendar year, or tax year beginning and ending Please Check if applicable C Name of organization CONNECTICUT MARINE TRADES D Employer identification number use IRS ASSOCIATION, INC Address change label or 51-0183016 Doing Business As print or Name change type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See 860-767-2645 20 PLAINS ROAD Specific Termination City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc-**ESSEX** Amended return tions CT 06426 Name and address of principal officer H(a) Is this a group return for Application pending GRANT WESTERSON affiliates? H(b) Are all affiliates included? SAME AS "C" ABOVE Yes If "No," attach a list (see instructions) X 501(c) 6) ◀ (insert no) 527 WWW.CTMARINETRADES.ORG **H(c)** Group exemption number ▶ Type of organization X Corporation Trust Association Year of formation 1954 M State of legal domicile CT Part I Summary Briefly describe the organization's mission or most significant activities TO PROMOTE MUTUAL CONFIDENCE AND COOPERATION AMOUNG PERSONS SCANNED DEC 2 2010
Revenue Activities & Governance ENGAGED IN THE MARINE INDUSTRY 2 Check this box ▶ If the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 14 Number of independent voting members of the governing body (Part VI, line 1b) 14 3 5 Total number of employees (Part V, line 2a) 5 50 6 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-1516-34 IVET 7b Prior Year Current Year OSC 8 Contributions and grants (Part VIII, line 1h) 834,871 781,889 9 Program service revenue (Part VIII, line 2g) 12,868 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -1,588 11 Other revenue (Part VIII, column (A), lines 5, bd, 8c (A) [A] [A] [110] 847,739 12 Total revenue - add lines 8 through 11 (must equal Part VIII; 780,301 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 224,865 206,759 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 653,608 632,759 839,518 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 878,473 19 Revenue less expenses Subtract line 18 from line 12 -30,734 -59,217 Beginning of Current Year End of Year 808,181 20 Total assets (Part X, line 16) 628,129 21 Total liabilities (Part X, line 26) 368,354 231,272 22 Net assets or fund balances Subtract line 21 from line 20 439,827 396,857 Part II Signature Block 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 preparer (other than officer) is based on all information of which preparer has any k Sign Here Signature of officer Date YREASURE AUIS Type or print name and title Preparer's identifying number Check if Preparer's (see instructions) Paid signature 11/12/10 employed > Preparer's CARNEY ROY AND GERROL, P.C. EIN ▶ **Use Only** Firm's name (or yours 35 COLD SPRING ROAD SUITE 111 if self-employed), address, and ZIP + 4 ROCKY HILL, CT 06067-3161 **▶**860-721-5786 May the IRS discuss this return with the preparer shown above? (see instructions) Yes No For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2009)

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

including grants of \$

) (Revenue \$

Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	x	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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		х
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		x
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part			<u> </u>
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable	11	x	ŀ
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
	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			
	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			
	Did the organization report an amount for other assets related 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			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	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? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
•-	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			Ť
•	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13]	х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	l	x
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, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16]	X
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	17	1	х
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		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			Γ.
	If "Yes," complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes " complete Schedule H	20		x

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u> </u>
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		<u> </u>
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		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		ŀ	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			77
_	24b through 24d and complete Schedule K If "No," go to line 25	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	_		
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	٥		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	ĺ		
	pnor 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	- 1	
26		250		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	-20		
L 1	substantial contributor, or a grant selection committee member, or to a person related to such an individual?		Ì	
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			,
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			٠,,
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			v
25	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	25		x
36	Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	35		<u> </u>
30	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
.,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	<u> </u>		<u> </u>
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	
			000	

Statements Regarding Other IRS Filings and Tax Compliance No Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1h Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 3 Statements, filed for the calendar year ending with or within the year covered by this return X If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X this return? 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 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 X account)? 4a 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 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7а If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c required to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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 Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009) CONNECTICUT MARINE TRADES 51-0183016 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent 1b 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 X 6 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members X of the governing body? 7a X Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8Ь 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 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Does the organization have local chapters, branches, or affiliates? 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with those of the organization? Has the organization provided a copy of this Form 990 to all members of its governing body before filing the X form? 11 Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give X 12b rise to conflicts? c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? 13 X 14 Does the organization have a written document retention and destruction policy? 14 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 Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure NONE 17 List the states with which a copy of this Form 990 is required to be filed 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website | X | Another's website | X | Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > CT MARINE TRADES ASSOCIATION 20 PLAINS ROAD ESSEX CT 06426 860-767-1267 Form 990 (2009) CONNECTICUT MARINE TRADES

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

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. Use Schedule J-2 if additional space is needed.
- 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. 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 the organization (A) Name and Title	(B) (C) Average Position (check a							(D) Reportable	(E) Reportable	(F) Estimated		
	hours per week	Individual trustee or director		Officer			Former	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		
GRANT WESTERSON	40.00					П		05.540				
EXEC DIR	40.00	X		X	<u> </u>	1		95,518	0	23,882		
DON MACKENZIE	1 00											
CHAIRMAN EMERITUS	1.00	X				\vdash		0	0	0		
RITT CZEL	1 00	.		. ,				ام	•	•		
VICE CHAIRMAN JOHNSON	1.00	X	-	X	<u> </u>	\vdash		0	0	0		
2ND V. CHAIRMAN	1.00	x		x				o	0	_		
DAVID CROCKER	1.00	^		^	\vdash	\vdash				0		
SEC/TREAS.	1.00	x		x				ol	0	0		
TED SAILER	1.00	<u> </u>		1	-	┨						
DIRECTOR	1.00	$ \mathbf{x} $				ΙI		o	0	0		
GLEN ABRAHAMSSON		 				Н						
DIRECTOR	1.00	x						o	0	0		
NED AHLBORN						Ħ		-				
DIRECTOR	1.00	X				1 1		0	0	0		
KATHLEEN BURNS												
CHAIRMAN	1.00	X		X				0	0	0		
SAMUEL CRUM, JR										,		
DIRECTOR	1.00	X	L_					0	0	0		
ANNE DUHAIME		-										
DIRECTOR	1.00	X		_	L			0	0	0		
BILL GARDELLA, J												
DIRECTOR	1.00	X		_	<u> </u>	\sqcup		0	0	0		
RON HELBIG						1 1						
DIRECTOR	1.00	X		<u> </u>	_	\sqcup		0	0	0		
DAWN SCHIEFERDECE									<u>.</u> .	_		
DIRECTOR DEMESTED	1.00	X	<u> </u>	<u> </u>		\sqcup		0	0	0		
ROBERT PETZOLD	1								•	_		
DIRECTOR	1.00	X		\vdash	\vdash	H		0	0	0		
		_		<u> </u>								
•												

Pa	rt VII Section A. Officers	, Directors, Trus	tees	s, Ke	y Er	nplo	yees	s, an	d Highest Compensated	Employees (continued)			
	(A) Name and Title	(B) (C) Average Position (check all that applications per Week 의 교육 의표							(D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount o		
		Week	divid	stituti	Officer	у өп	ghes	Former	the organization	from related organizations	other compensati		
			Individual trustee or director	onal t		Key employee	e com		(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and relate	nc	
			stee	Institutional trustee		ď	Highest compensated employee				organizatio		
				•			ated						
							<u> </u>	-	•				
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1b	Total	L	Ш		L			Ļ	95,518		2:	3,882	
2	Total number of individuals (in				thos	e lis	ted a	bov			<u> </u>	7,002	
	reportable compensation from	the organization	<u> </u>	0					<u> </u>				
3	Did the organization list any fo	ormer officer, dire	ector	or t	ruste	ee, k	ey e	mplo	yee, or highest compensa	ted	Y	es No	
4	employee on line 1a? If "Yes," For any individual listed on lin								n and other compensation	from	3	X	
	the organization and related o										4	x	
5	Did any person listed on line	la receive or acc	rue c	comp	ens	atioi	n fror	n an	y unrelated organization fo	or .			
Sec	services rendered to the organication B. Independent Contract		con	nple	te So	chec	lule .	l tor	such person		5	X	
1	Complete this table for your fi compensation from the organ	ve highest compe	ensa	ted i	inde	pend	lent o	contr	actors that received more	than \$100,000 of	-		
		(A) business address							Descrip	(B) stion of services	Comp	C) ensation	
		 -											
	<u> </u>							H					
								_					
										·			
2	Total number of independent more than \$100,000 in compe		_				ed to	thos	se listed above) who receiv	ved .			
DAA	more than \$100,000 in compe	maation nom tile	orga	ai IIZ	uUII	_				· .	0 Form 9	90 (2009)	

Pa	rt V	III Statem	ent of Reve	nue						
		`					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts	1a	Federated cam	paigns	1a						334 333 33 37 7
ran	b	Membership du	· -	1b						
s, g	C	Fundraising ev	ents	1c						
gift	d	Related organiz		1d						
im,	е	Government grants (1e						
tior sr s	f	All other contributions	s, gifts, grants,							
ΞĚ		and similar amounts	not included above	1f						
grand	g	Noncash contribution	s included in lines 1a-	1f	\$					
<u>8</u>	h	Total. Add line	s 1a-1f			▶				
Program Service Revenue Contributions, gifts, grants anounts		В								
ven	2a	BOAT SHO	W AND GOLF	TOURN	AMENT		634,113	634,113		
æ	b				127,676	127,676				
Š	С	MEMBER P	ROGRAMS				20,100	20,100		
Ser	d									
am	е									
<u>g</u>	f	All other progra	am service reve	nue						
<u>-</u>	g	Total. Add line	s 2a-2f			•	781,889			
	3	Investment inc		dıvıder	ids, intere	est, and				
		other similar ar	nounts)			▶	5,284			5,284
	4	Income from in	vestment of tax	-exem	pt bond p	roceeds 🕨			- · ·-	
	5	Royalties		-						
		-	(ı) Real		(II) F	Personal				
	6a	Gross Rents								
	þ	Less rental exps								
	C	Rental inc or (loss)								
	d 7a	Net rental incor Gross amount from				>				
		sales of assets	(i) Securities		(11)	Other				
		other than inventory	35,	000						
	b	Less cost or other	41	070						
	_	basis & sales exps		872 872						
	_	Gain or (loss)		612	<u> </u>		-6,872			6 070
	d	Net gain or (los Gross income fro		_{nto} [-6,672		··	-6,872
ī	oa	(not including \$	in fullulaising eve	1115						
Ver		of contributions re	anorted on line 1c	.						
Re		See Part IV, line		a						
Other Reven	h	Less direct ex		ь						
ŏ		Net income or		- 1	events					
		Gross income fro			0.000.00					
		See Part IV, line		a						
	b	Less. direct ex		ь						,
		Net income or		ing ac	tivities	•				
		Gross sales of	_	Ĭ						
		returns and allo	-	а			ĺ			
	b	Less cost of g	oods sold	ь						
	С	Net income or	(loss) from sale	s of in	ventory	•				
			llaneous Revenue			Busn. Code				
	11a									
	b									
	С									
	d	All other revenu	ie							
	е	Total. Add line:	s 11a-11d			▶				
	12	Total Revenue	. See instructio	ns.		▶	780,301	781,889	0	-1,588

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (

Do not Include amounts reported on lines 6b, 70 bit 6 years. 1 Grants and other assistance to governments and opperations in the U.S. See Part IV, line 22 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 3 Grants and other assistance to individuals outside the U.S. See Part IV, line 22 4 Benefits pad to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other salaries and wages 8 Persist poli and combibution (included social field persons described nection 4550(f(1)) and section 403(b) employer contributions) 9 Other employee benefits 9 Other employee benefits 3 0, 672 10 Payroll taxes 1 3, 276 1 Fees for services (non-employees) a Management b Logal 4 Lobbyling e Pollessonal fundamang services. See Part IV, line 17 filmsetternum management fees g Other 1 Active them an appearent fees g Other 1 Active them an an appearent fees g Other 1 Active them an an appearent fees g Other 1 Active them an appearent fees g Other 1 Active them and promotion 1 12 (5,531) 3 O'ffice expenses 1 1, 971 1 1, 971 1 1, 971 1 1, 971 2 Other employees 1 1, 971 3 10, 404 3 1, 971 4 1, 971 5 1, 971 6 DOAT SHOW SUPPLIES 7 1, 985 7 1 1, 985 7		All other organizations must co	omplete column (A) but ar	e not required to comp	olete columns (B), (C), an	d (D).
1 Gamb and other assistance to governments and opperations in the U.S. See Part V, June 22 2 Grants and other assistance to individuals in the U.S. See Part V, June 22 3 Grants and other assistance to individuals outside the U.S. See Part V, June 12 and 16 4 Benefits paut to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Potential persons desorbed in section 458(k)(1) and persons desorbed in section 548(k) and persons and was a section 401(k) and 401(k) a		• •	(A) Total expenses	Program service	Managèment and	Fundraising
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Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) CONTRACT AND OUTSIDE LABO MISCELLANEOUS AND GENERAL C REPAIRS AND MAINTENANCE MEMBERSHIP BOAT SHOW SUPPLIES All other expenses All other expenses Add lines 1 through 24f 839,518 Joint costs. Check here If following SOP 98-2. Complete this line only if the	16	Occupancy				
for any federal, state, or local public officials Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) CONTRACT AND OUTSIDE LABO MISCELLANEOUS AND GENERAL REPAIRS AND MAINTENANCE MEMBERSHIP BOAT SHOW SUPPLIES All other expenses All other expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the	17	Travel	10,404			
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a CONTRACT AND OUTSIDE LABO b MISCELLANEOUS AND GENERAL 29,825 c REPAIRS AND MAINTENANCE d MEMBERSHIP e BOAT SHOW SUPPLIES f All other expenses 21,524 f All other expenses 22,697 d Insurance 11,971 24 Other expenses how not line 25 below) a CONTRACT and OUTSIDE LABO b MISCELLANEOUS AND GENERAL 29,825 c REPAIRS AND MAINTENANCE 12,697 d MEMBERSHIP 19,877 e BOAT SHOW SUPPLIES 12,524 f All other expenses 24,627 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here Inf following SOP 98-2. Complete this line only if the	18	Payments of travel or entertainment expenses				
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a CONTRACT AND OUTSIDE LABO b MISCELLANEOUS AND GENERAL 29,825 c REPAIRS AND MAINTENANCE d MEMBERSHIP e BOAT SHOW SUPPLIES f All other expenses 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the		for any federal, state, or local public officials				
Payments to affiliates 2 Depreciation, depletion, and amortization 1 Insurance 2 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a CONTRACT AND OUTSIDE LABO b MISCELLANEOUS AND GENERAL c REPAIRS AND MAINTENANCE d MEMBERSHIP e BOAT SHOW SUPPLIES f All other expenses 4 All other expenses 5 Total functional expenses. Add lines 1 through 24f 5 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the	19	Conferences, conventions, and meetings	810			
Depreciation, depletion, and amortization 11,971 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a CONTRACT AND OUTSIDE LABO b MISCELLANEOUS AND GENERAL c REPAIRS AND MAINTENANCE d MEMBERSHIP 19,877 e BOAT SHOW SUPPLIES 12,524 f All other expenses 24,627 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the	20	Interest				
Insurance 11,971 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below a CONTRACT AND OUTSIDE LABO 64,254 b MISCELLANEOUS AND GENERAL 29,825 c REPAIRS AND MAINTENANCE 22,697 d MEMBERSHIP 19,877 e BOAT SHOW SUPPLIES 12,524 f All other expenses 24,627 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the	21	Payments to affiliates				
Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a CONTRACT AND OUTSIDE LABO b MISCELLANEOUS AND GENERAL 29,825 c REPAIRS AND MAINTENANCE 22,697 d MEMBERSHIP 19,877 e BOAT SHOW SUPPLIES 12,524 f All other expenses 24,627 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the	22	Depreciation, depletion, and amortization				
covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a CONTRACT AND OUTSIDE LABO 64,254 b MISCELLANEOUS AND GENERAL 29,825 c REPAIRS AND MAINTENANCE 22,697 d MEMBERSHIP 19,877 e BOAT SHOW SUPPLIES 12,524 f All other expenses 24,627 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here 1 if following SOP 98-2. Complete this line only if the	23	Insurance	11,971			
covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a CONTRACT AND OUTSIDE LABO 64,254 b MISCELLANEOUS AND GENERAL 29,825 c REPAIRS AND MAINTENANCE 22,697 d MEMBERSHIP 19,877 e BOAT SHOW SUPPLIES 12,524 f All other expenses 24,627 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here 1 if following SOP 98-2. Complete this line only if the						
and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) a CONTRACT AND OUTSIDE LABO b MISCELLANEOUS AND GENERAL c REPAIRS AND MAINTENANCE d MEMBERSHIP 19,877 e BOAT SHOW SUPPLIES f All other expenses 24,627 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the	24	Other expenses Itemize expenses not	<i>'</i>			
5% of total expenses shown on line 25 below) a CONTRACT AND OUTSIDE LABO b MISCELLANEOUS AND GENERAL c REPAIRS AND MAINTENANCE d MEMBERSHIP e BOAT SHOW SUPPLIES f All other expenses 24,627 5 Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here if following SOP 98-2. Complete this line only if the		covered above (Expenses grouped together				
a CONTRACT AND OUTSIDE LABO b MISCELLANEOUS AND GENERAL c REPAIRS AND MAINTENANCE d MEMBERSHIP e BOAT SHOW SUPPLIES f All other expenses 24,627 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the		and labeled miscellaneous may not exceed				
b MISCELLANEOUS AND GENERAL c REPAIRS AND MAINTENANCE d MEMBERSHIP e BOAT SHOW SUPPLIES f All other expenses 24,627 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the		5% of total expenses shown on line 25 below)				
c REPAIRS AND MAINTENANCE 22,697 d MEMBERSHIP 19,877 e BOAT SHOW SUPPLIES 12,524 f All other expenses 24,627 25 Total functional expenses. Add lines 1 through 24f 839,518 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the	а	CONTRACT AND OUTSIDE LABO				
d MEMBERSHIP e BOAT SHOW SUPPLIES f All other expenses 24,627 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the	b	MISCELLANEOUS AND GENERAL				
e BOAT SHOW SUPPLIES f All other expenses 24,627 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the	С	REPAIRS AND MAINTENANCE				
f All other expenses 24,627 25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the	d	MEMBERSHIP	19,877			
25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the	е	BOAT SHOW SUPPLIES	12,524			
25 Total functional expenses. Add lines 1 through 24f 26 Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the	f	All other expenses				
26 Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the	_25	· · · · · · · · · · · · · · · · · · ·				
from a combined educational campaign and fundraising solicitation	26	Joint costs. Check here ▶ ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				

		Polonos Shoot	<u> </u>	21	-0193019		Page 11
<u> </u>	art X	Balance Sheet			(4)		
		•			(A) Beginning of year		(B)
	_	Ont and the state of the state			Beginning or year		End of year
	1	Cash—non-interest bearing			125 157	1	200
	2	Savings and temporary cash investments	435,457	2	225,385		
	3	Pledges and grants receivable, net	000	3	1 420		
	4	Accounts receivable, net	900	4	1,430		
	5	Receivables from current and former officers, directors,					
		employees, and highest compensated employees Com					
	_	Schedule L		5	~		
	6	Receivables from other disqualified persons (as defined					
		4958(f)(1)) and persons described in section 4958(c)(3)					
ţ	_	Part II of Schedule L		6			
Assets	′	Notes and loans receivable, net	· · · · · · · · · · · · · · · · · · ·	7	·		
As	8	Inventories for sale or use		157 125	8	160 605	
	9	Prepaid expenses and deferred charges	1 1		157,135	9	162,625
	ıva	Land, buildings, and equipment cost or	140-	200 627			
		other basis. Complete Part VI of Schedule D	10a	280,627 137,983			140 644
	l	Less accumulated depreciation	10b	137,983			142,644
	11	Investments—publicly traded securities	62,831		95,845		
	12	Investments—other securities See Part IV, line 11		12			
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets			14	L 	
	15	Other assets See Part IV, line 11	A		900 101	15	620 120
	16	Total assets. Add lines 1 through 15 (must equal line 3	4)		808,181 23,314		628,129 8,355
	17 18	Accounts payable and accrued expenses			23,314	-	
	19	Grants payable Deferred revenue			345,040	18	222,917
	20	Tax-exempt bond liabilities			343,040	19 20	
S	21	Escrow or custodial account liability Complete Part IV					
Liabilities	22	Payables to current and former officers, directors, truste				21	
ij	**	employees, highest compensated employees, and disq	•				
<u>ia</u>		persons. Complete Part II of Schedule L	uainieu			22	
_	23		d partice			23	· · · · · · · · · · · · · · · · · · ·
	24	Unsecured notes and loans payable to unrelated third p	-			24	
	25	Other liabilities Complete Part X of Schedule D	arties			25	
	26	Total liabilities. Add lines 17 through 25			368,354		231,272
S		Organizations that follow SFAS 117, check here ▶	K and		300/331	20	
၁		complete lines 27 through 29, and lines 33 and 34.	and				
lan	27	Unrestricted net assets			439,827	27	396,857
Ba	28	Temporarily restricted net assets				28	
힏	29	Permanently restricted net assets				29	
בַּ		Organizations that do not follow SFAS 117, check he				· · · · · · · · · · · · · · · · · · ·	
Ĕ		and complete lines 30 through 34.					
S	30	Capital stock or trust principal, or current funds				30	
šet	31	Paid-in or capital surplus, or land, building, or equipmer	nt fund			31	
155	32	Retained earnings, endowment, accumulated income, of				32	
Net Assets or Fund Balances	33	Total net assets or fund balances			439,827		396,857
ž	34	Total liabilities and net assets/fund balances			808,181		628,129
_							

Form **990** (2009)

Form	n 990 (2009) CONNECTICUT MARINE TRADES 51-0183016		Pa	ge 12
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			$\overline{}$
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			ĺ
	Schedule O			ĺ
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 oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	_2c		L
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			ĺ
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			İ
	issued on a consolidated basis, separate basis, or both:			l
	Separate basis Consolidated basis Both consolidated and separate basis		1	ĺ
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		For	n 990	(2009)

DAA

SCHEDULE C (Form 990 or 990-EZ) Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

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

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organizations Complete

Nar	ne of organization CONNECTICUT MARINE ASSOCIATION, INC.	TRADES		Employer identifi	
Da.	*I-A Complete if the organization is exc	empt under section 501/a) or ic a coation	51-01830	
1	Provide a description of the organization's direct and inc		/	1 527 Organizatio	<u> </u>
2	Political expenditures	mect political campaign activities	in Part IV	▶ ¢	
3	Volunteer hours			▶ 3	
3	Volunteer nours			_	
Pai	t I-B Complete if the organization is ex	empt under section 501(c	:)(3).		
1	Enter the amount of any excise tax incurred by the orga	nization under section 4955		▶ \$	
2	Enter the amount of any excise tax incurred by organiza	ition managers under section 495	55	▶ \$ _	
3	If the organization incurred a section 4955 tax, did it file	Form 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
<u>b</u>	If "Yes," describe in Part IV				
Pai	† I-C Complete if the organization is ex	empt under section 501(c	;), except section	n 501(c)(3).	
1	Enter the amount directly expended by the filing organiz	ation for section 527 exempt fund	ction		
	activities			▶ \$	
2	Enter the amount of the filing organization's funds contr	ibuted to other organizations for s	section		
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add lines 1 and 2	Enter here and on Form 1120-PC	DL,		
	line 17b			▶ \$_	
4	Did the filing organization file Form 1120-POL for this year				Yes No
5	Enter the names, addresses and employer identification				
	were made For each organization listed, enter the amo				
	contributions received that were promptly and directly d	elivered to a separate political org	ganization, such as a	ı separate segregated	t
	fund or a political action committee (PAC) If additional	space is needed, provide informa	tion in Part IV		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
			,	filing organization's	contributions received and promptly and directly
				unds If none, enter -0-	delivered to a separate
					political organization If
			ļ		none, enter -0-
			-	·	
			 		
			 		 -
 -	trivacy Act and Panonyork Poduction Act Notice and	the leaders diese for For 200			

Sc	thedule C (Form 990 or 990-EZ) 2009 CC	ONNECTICUT M	MARINE TRAD	ES	51-01830	016 Page 2
P	art II-A . Complete if the organ	nization is exemp	t under section	501(c)(3) and	filed Form 5768 (el	
_	under section 501(h)					
	Check ▶ ☐ if the filing organiz					
В	Check ▶ ☐ if the filing organiz	ation checked box	A and "limited o	ontrol" provisi	ons apply.	
		obbying Expendit			(a) Filing	(b) Affiliated
_	(The term "expenditures				organization's totals	group totals
•	1a Total lobbying expenditures to influence	• •		<u> </u>		
	b Total lobbying expenditures to influence		ct lobbying)	<u> </u>		
	c Total lobbying expenditures (add lines 1	a and 1b)		<u> </u>		
	d Other exempt purpose expenditures	<u> </u>		 .		
	e Total exempt purpose expenditures (add	•				
	f Lobbying nontaxable amount Enter the	amount from the follow	ring table in both			
	columns	1				·····
	If the amount on line 1e, column (a) or (b) is:	The lobbying nonta				
	Not over \$500,000	20% of the amount o	-			
	Over \$500,000 but not over \$1,000,000		of the excess over \$500,0			
	Over \$1,000,000 but not over \$1,500,000		of the excess over \$1,000			
	Over \$1,500,000 but not over \$17,000,000		the excess over \$1,500,0	500		
-	Over \$17,000,000	\$1,000,000		<u></u>		,.
	g Grassroots nontaxable amount (enter 2h Subtract line 1g from line 1a. If zero or l					
	i Subtract line 1f from line 1c If zero or le	•				
	j If there is an amount other than zero on	•	did the organization	L. file Form 4720 rer	oorting .	
	section 4911 tax for this year?	Citates into 111 of into 11	, did the organization	me i omi 4720 iej	porting	☐Yes ☐ No
_	, , , , , , , , , , , , , , , , , , ,					
	40		ng Period Under			
	(Some organizations t		, ,		•	the five
	columns b	elow. See the ins	tructions for line	es 2a through	2f on page 4.)	
_	Lo	bbying Expenditu	res During 4-Ye	ar Averaging	Period	
	Calendar year (or fiscal year					
	beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
_						
	2a Lobbying non-taxable amount					
_	b Lobbying ceiling amount					
	(150% of line 2a, column(e))					
	c Total lobbying expenditures					
	d Grassroots nontaxable amount					
	e Grassroots ceiling amount					
_	(150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)). (a) Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? i Other activities? If "Yes," describe in Part IV j Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912

d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	_ No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		X
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1 1	127,676
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
а	Current year	2a	38,475
b	Carryover from last year	2b	
C	Total	2c	38,475
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	33,195
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	5,280
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2009 CONNECTICUT MARINE TRADES

51-0183016

Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 **2009**

Open to Public Inspection

	of the organization		Employer	identification number
	ONNECTICUT MARINE TRADES SSOCIATION, INC.		51-01	183016
	art I Organizations Maintaining Donor Advised Fur	nds or Other Similar Funds or A		
-	the organization answered "Yes" to Form 990, F	Part IV, line 6.		
		(a) Donor advised funds	(b) I	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised		
	funds are the organization's property, subject to the organization's exclusive			☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in			
	used only for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other		
_	purpose conferring impermissible private benefit?	1604 74 5	000 5	Yes No
	art II Conservation Easements. Complete if the organization	•	n 990, F	² aπ IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check			
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically imp		d area
	Protection of natural habitat	Preservation of certified historic s	tructure	
•	Preservation of open space	aration contribution in the form of a conso		
2	Complete lines 2a through 2d if the organization held a qualified conseine easement on the last day of the tax year.	valion contribution in the form of a conse	rvation	
	table of the last day of the tax year.		[Held at the End of the Tax Year
9	Total number of conservation easements		2a	rield at the Lild of the Tax Tear
h	Total acreage restricted by conservation easements		2b	
	Number of conservation easements on a certified historic structure inclination	uded in (a)	2c	
d		` '	2d	
3	Number of conservation easements modified, transferred, released, ex			
•	the taxable year ▶			
4	Number of states where property subject to conservation easement is	ocated ▶		
5	Does the organization have a written policy regarding the periodic moni			
	violations, and enforcement of the conservation easements it holds?	3,p =,		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ing conservation easements during the year	ear	
	>			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing of	conservation easements during the year		
	▶ \$			
8	Does each conservation easement reported on line 2(d) above satisfy t	the requirements of section		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			Yes No
9	In Part XIV, describe how the organization reports conservation easem	·		
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that d	escribes	
_	the organization's accounting for conservation easements	111-4-1-1-1	Š	A 4 .
PE	art III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" to		Similar A	Assets.
4-				
та	If the organization elected, as permitted under SFAS 116, not to report art, historical treasures, or other similar assets held for public exhibition			
	provide, in Part XIV, the text of the footnote to its financial statements t		public sei	ivice,
h	If the organization elected, as permitted under SFAS 116, to report in it		vorks of a	+
	historical treasures, or other similar assets held for public exhibition, ed			·
	provide the following amounts relating to these items:	recentor, or research in furtherance of pur	nic scrvice	ē,
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X			*
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial dain, and	vide the	*
_	following amounts required to be reported under SFAS 116 relating to t	* '	THE UIC	
а	Barrana and data from 000 Bart Mill to a 4			\$
	Assets included in Form 990, Part X		•	\$ \$
	A SOUR MINIMAGE IN LOUIS CONTRACTOR			*

		UT MARINE I		-	·	83016	Page 2
	rt III Organizations Maintaining						ets (continued)
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records,	check any of the foll	owing that a	re a signıfica	ant use of its	
а	Public exhibition	d 🗌 Lo	an or exchange prog	grams			
b	Scholarly research	e 🗌 Ot	her				_
C	Preservation for future generations						_
4	Provide a description of the organization's coll Part XIV	lections and explain h	ow they further the o	organization'	s exempt pu	rpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of a be maintained as par	art, historical treasur t of the organization	res, or other	sımılar ?		Yes No
Pa	rt IV Escrow and Custodial Arra IV, line 9, or reported an am				nswered	"Yes" to For	m 990, Part
	Is the organization ari agent, trustee, custodia				ts not		
	included on Form 990, Part X?	n or other micrimodia.	, 101 00111111011011010	TOTAL GOOD	13 1101		☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part XIV a	and complete the follo	wing table				
-			9 123.0				Amount
С	Beginning balance					1c	
	Additions during the year					1d	
	Distributions during the year					1e	_
f						1f	· · · · · · · · · · · · · · · · · · ·
	Did the organization include an amount on For	rm 990 Part X line 2	12			<u> </u>	Yes No
	If "Yes," explain the arrangement in Part XIV	550, T art X, IIIIC 2	•				Tes No
	Endowment Funds. Comple	ete if organizatio	n answered "Ye	s" to Forr	n 990. Pa	rt IV. line 10	<u> </u>
		(a) Current year	(b) Pnor year		years back	(d) Three years	
1a	Beginning of year balance	,,,				· · · · · · · · · · · · · · · · · · ·	111111111111
	Contributions						
	Net investment earnings, gains,						
·	and losses						İ
d	Grants or scholarships						
	Other expenditures for facilities					***************************************	
Ŭ	and programs						
f	Administrative expenses						
g	End of year balance				•••••		·····
2	Provide the estimated percentage of the year	end balance held as	.1 _			L., .	1
a	Board designated or quasi-endowment	%					
	Permanent endowment > %	"					
	Term endowment ▶ %						
	Are there endowment funds not in the possess	sion of the organization	on that are held and	administere	d for the		
-	organization by	Sign of the organization	and are treid allu	administere:	G FOT LIFE		Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
h	If "Yes" to 3a(II), are the related organizations	listed as required on	Schedule R2				3b
4	Describe in Part XIV the intended uses of the						
Pa	art VI Investments—Land, Buildi			990 Par	X line 1	0	
	Description of investment	(a) Cost or other ba				cumulated	(d) Book value
	·	(investment)	basis (d			eciation	(-)··
12	Land			58,694			58,694
	Buildings			03,061		122,768	80,293
	Leasehold improvements			,		,	
	Equipment			18,872		15,215	3,657
	Other						5,551
	I. Add lines 1a through 1e (Column (d) must ed	ual Form 990. Part X	. column (B), line 10)(c))		•	142,644
			(=),	171			

Schedule D (F	form 990) 2009 CONNECTICUT MARINE		51-0183016	Page 3
Part VII	Investments—Other Securities. See Form	m 990, Part X, line 12.		
	(a) Description of security or category	(b) Book value	(c) Method of valuation	1
	(including name of secunty)		Cost or end-of-year market	value
Financial deriv	vatives			
Closely-held e	equity interests			
Other		- <u>-</u>		
			<u> </u>	
	. -			<u> </u>
	. – – – – – – – – – – .			<u>-</u> -
	n (b) must equal Form 990, Part X, col (B) line 12)	_ ▶		••••
Part VIII	Investments—Program Related. See For			
	(a) Description of investment type	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market	value
				· · · · · · · · · · · · · · · · · · ·
	·			
				
				······································
	nn (b) must equal Form 990, Part X, col. (B) line 13)	>		
Total. (Colum	Other Assets. See Form 990, Part X, line	15.		
		15.	(1	o) Book value
	Other Assets. See Form 990, Part X, line	15.	(1	o) Book value
	Other Assets. See Form 990, Part X, line	15.		o) Book value
	Other Assets. See Form 990, Part X, line	15.	(1	o) Book value
	Other Assets. See Form 990, Part X, line	15.	(1	o) Book value
	Other Assets. See Form 990, Part X, line	15.	(1	o) Book value
	Other Assets. See Form 990, Part X, line	15.		o) Book value
	Other Assets. See Form 990, Part X, line	15.		o) Book value
	Other Assets. See Form 990, Part X, line	15.	(1	o) Book value
	Other Assets. See Form 990, Part X, line	15.		o) Book value
Part IX	Other Assets. See Form 990, Part X, line (a) Descript	15.		o) Book value
Part IX	Other Assets. See Form 990, Part X, line (a) Descript in (b) must equal Form 990, Part X, col. (B) line 15)	9 15. Boon		b) Book value
Part IX	Other Assets. See Form 990, Part X, line (a) Descript in (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, I	15. don		b) Book value
Part IX Total. (Colum Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability	9 15. Boon		b) Book value
Part IX	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability	15. don		o) Book value
Part IX Total. (Colum Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability	15. don		o) Book value
Part IX Total. (Colum Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability	15. don		b) Book value
Part IX Total. (Colum Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability	15. don		b) Book value
Part IX Total. (Colum Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability	15. don		b) Book value
Part IX Total. (Colum Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability	15. don		b) Book value
Part IX Total. (Colum Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability	15. don		b) Book value
Part IX Total. (Colum Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability	15. don		b) Book value
Part IX Total. (Colum Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability	15. don		b) Book value
Part IX Total. (Colum Part X	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability	15. don		b) Book value
Part IX Total. (Colum Part X 1 Federal incom	Other Assets. See Form 990, Part X, line (a) Description (b) must equal Form 990, Part X, col. (B) line 15) Other Liabilities. See Form 990, Part X, I (a) Description of liability	15. don		b) Book value

	dule D (Form 990) 2009 CONNECTICUT MARINE TRADES	51-018301		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 t	o Audited Financial Stater	nents	3
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1_	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statem		turn	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	1	
С	Recoveries of prior year grants	2c	1	
d	Other (Describe in Part XIV)	2d	1	
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		Ť	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
		4b	1	
	Add lines 4a and 4b	40	4 _C	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
	rt XIII Reconciliation of Expenses per Audited Financial States	ments With Expenses per		L
1	Total expenses and losses per audited financial statements	THE THIR EXPONESS POL	1	<u></u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	1	
	Other losses	2c	1	
d	Other (Describe in Part XIV)	2d	1	
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	ſ I	 	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b	1	
		_ <u> </u>	4	
5	Add lines 4a and 4b		40	
	Add lines 4a and 4b Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)		4c	· , · , · .
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		4c 5	
Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) At XIV Supplemental Information	lines 1a and 4 Part IV lines 1b		
Pa Comp	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) At XIV Supplemental Information Delete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,			
Pa Comp and 2	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) At XIV Supplemental Information Delete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, b, Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII,			
Pa Comp and 2	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) At XIV Supplemental Information Delete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,			
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Pa Comp and 2	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) At XIV Supplemental Information Delete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, b, Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII,			

Schedule D (Fo	orm 990) 200	9 CONNECTICUT	MARINE	TRADES	51-0183016	Page 5
Part XIV	Supplem	9 CONNECTICUT ental Information (co	ntinued)			
•						
				·		

SCHEDULE Q

(Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

CONNECTICUT MARINE TRADES ASSOCIATION, INC.

Employer identification number 51-0183016

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

ANY PERSON, FIRM, PARTNERSHIP, OR CORPORATION MAY APPLY FOR MEMBERSHIP IN

THE ASSOCIATION BY SUBMITTING A WRITTEN APPLICATION TO THE BOARD OF

DIRECTORS PROVIDED SUCH PERSON ALSO SUBMITS PAYMENT OF ONE YEAR'S DUES AND

IS SPONSORED BY A MEMBER IN GOOD STANDING.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
MEMBERSHIP ELECTS OFFICERS AND DIRECTORS AT THE ANNUAL MEETING.

FORM 990, PART VI, LINE 7B - DECISIONS SUBJECT TO APPROVAL OF MEMBERS

THE MEMBERSHIP IS RESPONSIBLE FOR TRANSACTING SUCH OTHER BUSINESS AS MAY BE

BROUGHT BEFORE IT AT THE ANNUAL OR AT REGULAR MEETINGS.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE CPA PREPARING THE RETURN SUBMITS A DRAFT COPY OF THE RETURN TO BOARD
MEMBERS FOR REVIEW AND APPROVAL PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
THE BOARD OF DIRECTORS REVIEWS CONFLICTS OF INTEREST DISCLOSED THROUGH
ANNUAL DISCLOSURE FORMS. IF AT ANY OTHER TIME DURING THE YEAR A CONFLICT OF
INTEREST IS NOTED, THE INTERESTED PARTY IS TO BRING IT TO THE ATTENTION OF
THE BOARD OF DIRECTORS. INTERESTED PARTIES ARE TO ABSTAIN FROM VOTING ON
TRANSACTIONS IN WHICH THEY HAVE AN INTEREST.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

Name of the organization

CONNECTICUT MARINE TRADES

Employer identification number 51-0183016

THE BOARD OF DIRECTORS DETERMINES COMPENSATION OF THE EXECUTIVE DIRECTOR
BASED UPON PERFORMANCE AS WELL AS SALARY DATA OF COMPARABLE ORGANIZATIONS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

COMPENSATION OF OTHER EMPLOYEES IS SET BY THE EXECUTIVE DIRECTOR AND IS

BASED UPON PERFORMANCE AND SALARY DATA OF COMPARABLE ORGANIZATIONS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE GOVERNING DOCUMENTS AND POLICIES OF THE ORGANIZATION ARE AVAILABLE TO
THE PUBLIC UPON REQUEST.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

► See separate instructions. CONNECTICUT MARINE TRADES Name(s) shown on return

► Attach to your tax return. Identifying number

	ASSOCIA	TION, INC.				<u> 51-</u>	<u>018</u>	3016
	ess or activity to which this form relates							
	DIRECT DEPRECIATI			470				
ra	-	•	erty Under Section		ı complete D	ort I		
1			ty, complete Part V	belore you	i complete P	art i.		250,000
2	Maximum amount See the instruct Total cost of section 179 property	-					2	230,000
3	Threshold cost of section 179 property	•	•	tione\			3	800,000
4	Reduction in limitation Subtract lir	•	•	uons)			4	000,000
5	Dollar limitation for tax year Subtract lin		,	nn senarately s	ee instructions		5	
6	(a) Description			st (business use		Elected cost		
			(17, 21		(5)		-	
7	Listed property Enter the amount	from line 29	_		7			
8	Total elected cost of section 179 p		ts in column (c), lines 6 a	nd 7	L I		8	
9	Tentative deduction Enter the sm	• •	,				9	
0	Carryover of disallowed deduction						10	
1	Business income limitation. Enter			zero) or line	5 (see instruction	ns)	11	
2	Section 179 expense deduction A				•	,	12	
3	Carryover of disallowed deduction	to 2010 Add lines 9	and 10, less line 12	•	13			
lote	Do not use Part II or Part III below	for listed property 1	nstead, use Part V					
Pa	rt II Special Depreciati	on Allowance a	nd Other Depreciat	ion (Do no	t include list	ed prop	erty.)	(See instr.)
4	Special depreciation allowance for	qualified property (c	ther than listed property)	placed in ser	vice			
	during the tax year (see instruction	ıs)					14	
5	Property subject to section 168(f)(1) election					15	
6	Other depreciation (including ACR						16	8,997
Pa	rt III MACRS Depreciat	ion (Do not incl	ude listed property.)	(See instr	uctions.)			
			Section A					
7	MACRS deductions for assets place	ced in service in tax	years beginning before 20	009			17	216
8	If you are electing to group any assets p						l	
	Section B—A		rvice During 2009 Tax Y	ear Using the	General Depre	ciation S	ystem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Met	hod	(g) Depreciation deduction
9a	3-year property							
b	5-year property							
С	7-year property			ļ				
d	10-year property			ļ				
е	15-year property		<u>-</u>					
f	20-year property					ļ		
g	25-year property			25 yrs		S/L		<u> </u>
h	Residential rental			27 5 yrs	MM	S/L		
	property			27 5 yrs	MM	S/L		
į	Nonresidential real			39 yrs	MM	S/L		
	property		' B' 2000 T		MM	S/L		
		Sets Placed in Serv	ice During 2009 Tax Yea	ir Using the A	Alternative Depi	T		n 1
	Class life			40		S/L		
	12-year		·	12 yrs		S/L		
	40-year rt IV Summary (See ins	tructions \		40 yrs	<u>MM</u>	S/L		
								
21	Listed property. Enter amount from	•	inno 10 and 20 in activities	(a) and !	24 Eptentii		21	
22	Total. Add amounts from line 12, I and on the appropriate lines of you						22	0 212
3	For assets shown above and place	•	•		<u> </u>		22	9,213
	nortion of the basis attributable to	•	no ounem year, emer me		,,			

. . . .

Form 8868 (1	tev 4-2009)		Page 2
If you are	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box		▶ X
	implete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8	3868	_
	filing for an Automatic 3-Month Extension, complete only Part I (on page 1)		
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no	copie	s needed).
Type or	Name of Exempt Organization	mploye	er identification number
print	CONNECTICUT MARINE TRADES		
File by the	ASSOCIATION, INC. 5	1-0	183016
extended	Number, street, and room or suite no. If a P.O. box, see instructions	or IRS	use only
due date for filing the	20 PLAINS ROAD		
retum See	City, town or post office, state, and ZIP code. For a foreign address, see instructions		
instructions	ESSEX CT 06426		
Check type	f return to be filed (File a separate application for each return)		
X Form 9	90		Form 6069
Form 9	90-BL Form 990-T (sec 401(a) or 408(a) trust) Form 4720		Form 8870
Form 9			
	t complete Part II if you were not already granted an automatic 3-month extension on a previously filed	Form	8868.
	s are in the care of V CT MARINE TRADES ASSOCIATION		
	e No ▶ 860-767-1267 FAX No ▶		
If the org	anization does not have an office or place of business in the United States, check this box		▶ 📙
If this is f	or a Group Return, enter the organization's four digit Group Exemption Number (GEN)	3	
for the whole	group, check this box if it is for part of the group, check this box and	attach	a
	ames and EINs of all members the extension is for		
4 I reque	st an additional 3-month extension of time until 11/15/10		
	endar year 2009, or other tax year beginning, and ending		
	ix year is for less than 12 months, check reason 🄛 Initial return 🔛 Final return 🔛 Change in a	ccount	ing penod
	detail why you need the extension		
	TIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PR	EPA	RE A COMPLETE
AND	ACCURATE RETURN.		
8a If this a	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		
less ar	y nonrefundable credits. See instructions	8a	\$
b if this a	pplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and		
estima	ed tax payments made. Include any prior year overpayment allowed as a credit and any	<u></u>	
	paid previously with Form 8868.	8b	\$
	e Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit		
with F	D coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$
	Signature and Verification		
	of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my, and complete, and that I am authorized to prepare this form	knowle	dge and belief,
Signature >	Title > CPA		Date > 08/16/10
			Form 8868 (Rev 4-2009)

Form **8868** (Rev April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Internal Revenu	e Service				
 If you are 	filing for an Automatic 3-Month Extension, complete only Part I and check this box				▶ X
If you are	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this fo	orm)	•	••	_
Do not comp	ete Part II unless you have already been granted an automatic 3-month extension on a previously filed	Form 88	68		
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies neede			-	
A corporation	required to file Form 990-T and requesting an automatic 6-month extension—check this box and compl	ete			-
Part I only					
All other corpo	prations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an ϵ	xtension	of		
time to file inc	ome tax returns.				
	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension		file		
	ıms noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form				
electronically i	f (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8	870, gro	up		
	omposite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2		of Form		
8868. For mor	e details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Chanties & Nor	profits.			
Type or	Name of Exempt Organization	Emplo	yer iden	tification nun	nber
print	CONNECTICUT MARINE TRADES				
File by the	ASSOCIATION, INC.	51-0	01830)16	
iue date for îlıng your	Number, street, and room or suite no. If a P.O. box, see instructions 20 PLAINS ROAD				
etum. See	City, town or post office, state, and ZIP code. For a foreign address, see instructions				
nstructions.	ESSEX CT 06426				
Check type of	return to be filed (file a separate application for each return):		•		
X Form 99	Form 990-T (corporation)			Form 4720	
Form 99			П	Form 5227	
Form 99			\Box	Form 6069	
Form 99	D-PF Form 1041-A		П	Form 8870	
Telephone If the organ If this is for	· · · · · · · · · · · · · · · · · · ·	If this is attach			> []
list with the na	ames and EINs of all members the extension will cover				
	an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time				
	$3/15/10^{\circ}$, to file the exempt organization return for the organization named above. The extension	IS			
	panization's return for				
	alendar year 2009 or		•		
▶ ∐ ta	x year beginning, and ending				
2 If this tax	year is for less than 12 months, check reason.	in accour	nting pen	oď	
3a If this app	lication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax.				
less any r	onrefundable credits. See instructions.	3a	\$ 1	110NY	
b if this app	dication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax				
payments	made Include any pnor year overpayment allowed as a credit	3b	\$		
c Balance [Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,				
deposit wi	th FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment			/	
	See instructions	3c	\$ 1/	<u>(2) 11 c</u>	
-	are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 88	79-EO	,		
r payment inst			<u>-</u>	0000	
or Privacy Act	and Paperwork Reduction Act Notice, see Instructions.		Fo	ım 8868 (Rev	/. 4 - 2009)