

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.

OMB No. 1545-0047

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning

and ending

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**THE COMMUNITY FOUNDATION OF SOUTHEASTERN CONNECTICUT, INC.**

Number and street (or P.O. box if mail is not delivered to street address)

147 STATE STREET, P.O. BOX 769

Room/suite

City or town, state or country, and ZIP + 4

NEW LONDON, CT 06320**D** Employer identification number**06-1080097****E** Telephone number**(860) 442-3572****F** Accounting method:☐ Cash ☒ Accrual
☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number **N/A****M** Check ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: **WWW.CFSECT.ORG****J** Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **2,525,495.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	1,805,037.	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 1,805,037. noncash \$)	1d	1,805,037.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	2,990.	
	5	Dividends and interest from securities	5	416,351.	
	6a	Gross rents SEE STATEMENT 1	6a	21,500.	
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	21,500.	
7	Other investment income (describe)	7			
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	244,702.	8a
	b	Less: cost or other basis and sales expenses	243,965.	8b	
	c	Gain or (loss) (attach schedule)	737.	8c	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 2	8d	737.	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	34,915.	
	b	Less: direct expenses other than fundraising expenses	9b	14,570.	
	c	Net income or (loss) from special events (subtract line 9b from line 9a) SEE STATEMENT 3	9c	20,345.	
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
	Net Assets	11	Other revenue (from Part VII, line 103)	11	
12		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,266,960.	
13		Program services (from line 44, column (B))	13	1,242,240.	
14		Management and general (from line 44, column (C))	14	338,425.	
15		Fundraising (from line 44, column (D))	15	129,429.	
16		Payments to affiliates (attach schedule)	16		
17		Total expenses (add lines 16 and 44, column (A))	17	1,710,094.	
18		Excess or (deficit) for the year (subtract line 17 from line 12)	18	556,866.	
19		Net assets or fund balances at beginning of year (from line 73, column (A))	19	24,301,326.	
20		Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	1,225,141.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	26,083,333.		

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

Form 990 (2005)

**THE COMMUNITY FOUNDATION OF SOUTHEASTERN
CONNECTICUT, INC.**

Form 990 (2005)

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**Part II Statement of
Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) ... (cash \$ <u>1090700</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/>	22 1,090,700.	1,090,700.	STATEMENT 6	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 115,359.	47,500.		32,523.
26 Other salaries and wages	26 207,892.	66,661.	79,262.	61,969.
27 Pension plan contributions	27			
28 Other employee benefits	28 20,357.	7,125.	7,328.	5,904.
29 Payroll taxes	29 23,900.	8,365.	8,604.	6,931.
30 Professional fundraising fees	30			
31 Accounting fees	31 19,000.		19,000.	
32 Legal fees	32 9,385.		9,385.	
33 Supplies	33			
34 Telephone	34 2,276.		2,276.	
35 Postage and shipping	35 3,473.	1,181.	1,320.	972.
36 Occupancy	36			
37 Equipment rental and maintenance	37 2,549.		2,549.	
38 Printing and publications	38			
39 Travel	39			
40 Conferences, conventions, and meetings ...	40			
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 15,832.		15,832.	
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 5	43g 199,371.	20,708.	160,346.	18,317.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,710,094.	1,242,240.	338,425.	129,429.

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► TO TRANSFORM OUR REGION INTO A MORE VITAL, CARING COMMUNITY.		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)		
a	GRANTS & SCHOLARSHIPS TO VARIOUS CHARITABLE ORGANIZATIONS AND INDIVIDUALS WITHIN THE SOUTHEASTERN CONNECTICUT COMMUNITY	
(Grants and allocations \$ 1,242,239.) If this amount includes foreign grants, check here ► <input type="checkbox"/>		1,242,240.
b		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
c		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
d		
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
e	Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>		
f	Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	1,242,240.

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**THE COMMUNITY FOUNDATION OF SOUTHEASTERN
CONNECTICUT, INC.**

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	44,648.	45	86,330.
	46 Savings and temporary cash investments	1,856,201.	46	553,189.
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts		47c	
	48 a Pledges receivable	649,710.		
	b Less: allowance for doubtful accounts		48c	649,710.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	3,000.
	54 Investments - securities STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	17,351,605.	54	19,632,985.
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
56 Investments - other SEE STATEMENT 8	4,820,305.	56	4,961,854.	
57 a Land, buildings, and equipment: basis	400,430.			
b Less: accumulated depreciation	75,305.	57c	325,125.	
58 Other assets (describe ▶		58		
59 Total assets (must equal line 74). Add lines 45 through 58	24,437,498.	59	26,212,193.	
Liabilities	60 Accounts payable and accrued expenses	31,016.	60	36,252.
	61 Grants payable	52,976.	61	44,512.
	62 Deferred revenue	44,050.	62	9,000.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ▶ SEE STATEMENT 9)	8,130.	65	39,096.
66 Total liabilities. Add lines 60 through 65)	136,172.	66	128,860.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	19,471,616.	67	21,119,423.
	68 Temporarily restricted	233,999.	68	214,888.
	69 Permanently restricted	4,595,711.	69	4,749,022.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	24,301,326.	73	26,083,333.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	24,437,498.	74	26,212,193.

Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a Total revenue, gains, and other support per audited financial statements		a	3,492,101.
b Amounts included on line a but not on Part I, line 12:			
1 Net unrealized gains on investments	b1 1,080,657.		
2 Donated services and use of facilities	b2		
3 Recoveries of prior year grants	b3		
4 Other (specify): <u>SEE STATEMENT 10</u>	b4 144,484.		
Add lines b1 through b4		b	1,225,141.
c Subtract line b from line a		c	2,266,960.
d Amounts included on Part I, line 12, but not on line a :			
1 Investment expenses not included on Part I, line 6b	d1		
2 Other (specify):	d2		
Add lines d1 and d2		d	0.
e Total revenue (Part I, line 12). Add lines c and d		e	2,266,960.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
--	--

a	Total expenses and losses per audited financial statements	a	1,710,094.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	0.
c	Subtract line b from line a	c	1,710,094.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	1,710,094.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

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Yes	No
-----	----

19

75b

X

75¢

X

75d

X

Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Part VI Other Information *(See the instructions.)*

	Yes	No
--	-----	----

76

X

77

X

78a

X

N/A

78b

79

X

80a

X

N/A

	ex
--	----

empt

1812

0

81b

X

**THE COMMUNITY FOUNDATION OF SOUTHEASTERN
CONNECTICUT, INC.**

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Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c N/A	
d	Section 162(e) lobbying and political expenditures	85d N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	85g
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a N/A	
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A	
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a N/A	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b	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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed CT		
b	Number of employees employed in the pay period that includes March 12, 2005	90b 6	
91 a	The books are in care of ALICE FITZPATRICK Telephone no. (860) 442-3572 Located at 147 STATE STREET, NEW LONDON, CT ZIP + 4 06320		
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 N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country N/A	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 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	92 N/A	

Form **990** (2005)

**THE COMMUNITY FOUNDATION OF SOUTHEASTERN
CONNECTICUT, INC.**

Form 990 (2005)

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Part VII Analysis of Income-Producing Activities (See the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies ..					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments ..			14	2,990.	
96 Dividends and interest from securities			14	416,351.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			17	21,500.	
98 Net rental income or (loss) from personal property ..					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	737.	
101 Net income or (loss) from special events			01	20,345.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		461,923.	0.
105 Total (add line 104, columns (B), (D), and (E))					461,923.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ **No**

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ **No**

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	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.	
	Signature of officer _____	Date _____
Paid Preparer's Use Only	Type or print name and title. _____	
	Preparer's signature _____	Date _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 BLUM, SHAPIRO & COMPANY, P.C., CPA'S 29 S. MAIN STREET, P.O. BOX 272000 WEST HARTFORD, CT 06127-2000	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN _____ EIN 860 561-4000 Phone no. 860 561-4000

Form **990** (2005)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2005

Name of the organization **THE COMMUNITY FOUNDATION OF SOUTHEASTERN
CONNECTICUT, INC.**

Employer identification number
06 1080097

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ALLISON WOODS 147 STATE STREET, NEW LONDON, CT 063	DEV. DIRECTOR 30.00	61,500.	3,166.	
EDWARD WOZNIAK 147 STATE STREET, NEW LONDON, CT 063	CFO 40.00	60,000.	8,243.	
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

THE COMMUNITY FOUNDATION OF SOUTHEASTERN

Schedule A (Form 990 or 990-EZ) 2005 **CONNECTICUT, INC.**

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Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities 1 \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? _____	2a	X
b Lending of money or other extension of credit? _____	2b	X
c Furnishing of goods, services, or facilities? _____	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets? _____	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) SEE STATEMENT 12	3a	X
b Do you have a section 403(b) annuity plan for your employees? _____	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? _____	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? _____	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? _____	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **1** _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

523111
02-03-06

Schedule A (Form 990 or 990-EZ) 2005

THE COMMUNITY FOUNDATION OF SOUTHEASTERN

Schedule A (Form 990 or 990-EZ) 2005

CONNECTICUT, INC.

06-1080097

Page 3

Part IV-A

Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,346,281.	1,633,772.	1,323,534.	1,310,686.	5,614,273.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	543,310.	852,412.	476,525.	618,941.	2,491,188.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	1,889,591.	2,486,184.	1,800,059.	1,929,627.	8,105,461.
24 Line 23 minus line 17	1,889,591.	2,486,184.	1,800,059.	1,929,627.	8,105,461.
25 Enter 1% of line 23	18,896.	24,862.	18,001.	19,296.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 162,109.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 1,401,896.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 8,105,461.
d Add: Amounts from column (e) for lines: 18 2,491,188. 19 1,401,896.					26d 3,893,084.
e Public support (line 26c minus line 26d total)					26e 4,212,377.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 51.9696%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

NONE

Schedule A (Form 990 or 990-EZ) 2005

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2005

THE COMMUNITY FOUNDATION OF SOUTHEASTERN

Schedule A (Form 990 or 990-EZ) 2005 CONNECTICUT, INC.

06-1080097 Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated group. Check ☐ b ☐ if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is -		The lobbying nontaxable amount is -	
Not over \$500,000		20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000		\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
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 Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization _____

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets	
--	--

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

☐ Yes ☒ No

b. If "Yes," complete the following schedule:

N/A

[illegible]

Schedule B
(Form 990, 990-EZ, or
990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2005

Name of organization

THE COMMUNITY FOUNDATION OF SOUTHEASTERN
CONNECTICUT, INC.

Employer identification number

06-1080097

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test under Regulations sections 1.509(a)-3/1.170A-9(e) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2005)

Name of organization
**THE COMMUNITY FOUNDATION OF SOUTHEASTERN
 CONNECTICUT, INC.**

Employer identification number

06-1080097

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FRANK LOOMIS PALMER FUND 777 MAIN STREET HARTFORD, CT 06115	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	KITCHINGS FOUNDATION PO BOX 1310 NEW LONDON, CT 06320	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MR. AND MRS. PETER MATTHEWS PO BOX 327 STONINGTON, CT 06378	\$ 51,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MR. AND MRS. LAURENCE P. SMITH 17 BALDWIN DRIVE WATERFORD, CT 06385	\$ 244,081.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
COMMERCIAL - NEW LONDON, CT	1	21,500.
TOTAL TO FORM 990, PART I, LINE 6A		21,500.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	2
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS SECURITIES	244,702.	243,965.	0.	737.
TO FORM 990, PART I, LINE 8	244,702.	243,965.	0.	737.

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	3
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENT	34,915.		34,915.	14,570.	20,345.
TO FM 990, PART I, LINE 9	34,915.		34,915.	14,570.	20,345.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
UNREALIZED GAINS ON INVESTMENTS	1,079,530.
UNREALIZED GAIN - PERPETUAL TRUST	95,943.
UNREALIZED GAIN - SPLIT INTEREST AGREEMENTS	49,668.
TOTAL TO FORM 990, PART I, LINE 20	1,225,141.

FORM 990	OTHER EXPENSES			STATEMENT 5
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	4,977.		4,977.	
OFFICE SUPPLIES	4,461.	1,517.	1,695.	1,249.
BANK FEES	3,219.		3,219.	
PAYROLL PROCESSING FEES	1,005.	342.	382.	281.
DUES AND SUBSCRIPTIONS	866.	294.	572.	
INITIATIVES	7,582.	3,791.		3,791.
TRAINING AND EDUCATION EXPENSE	845.		845.	
UTILITIES	5,939.		5,939.	
PARKING EXPENSE	924.		924.	
REPAIRS AND MAINTENANCE	2,126.		2,126.	
COMPUTER AND SOFTWARE	7,582.	2,578.	2,881.	2,123.
DONOR DEVELOPMENT PUBLICATIONS/MAILING	4,807.			4,807.
	4,800.	1,632.	1,824.	1,344.
TRAVEL AND MEETINGS	6,003.	2,041.	2,281.	1,681.
TRUSTEE MEETINGS	352.		352.	
ANNUAL REPORT	12,162.	8,513.	608.	3,041.
REAL ESTATE TAXES	2,418.		2,418.	
INVESTMENT FEES	128,598.		128,598.	
MISCELLANEOUS EXPENSES	705.		705.	
TOTAL TO FM 990, LN 43	199,371.	20,708.	160,346.	18,317.

FORM 990	CASH GRANTS AND ALLOCATIONS			STATEMENT 6
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
CHARITABLE	EXEMPT ORGANIZATIONS		NONE	1090700.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				1090700.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	7
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
COMMON STOCKS	FMV	13,719,994.			13,719,994.
FIXED INCOME	FMV		4,268,799.		4,268,799.
MUTUAL FUNDS	FMV			1,644,192.	1,644,192.
TO FORM 990, LINE 54, COL B		13,719,994.	4,268,799.	1,644,192.	19,632,985.

FORM 990	OTHER INVESTMENTS	STATEMENT	8
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DESCRIPTION	VALUATION METHOD	AMOUNT
BENEFICIAL INT IN PERPETUAL TRUST	MARKET VALUE	3,740,250.
ASSETS OF POOLED INCOME FUND	MARKET VALUE	145,335.
CONT REC FROM REMAINDER TRUST	MARKET VALUE	1,056,387.
CHARITABLE GIFT ANNUITY	MARKET VALUE	19,882.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		4,961,854.

FORM 990	OTHER LIABILITIES	STATEMENT	9
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DESCRIPTION	AMOUNT
LIABILITY UNDER SPLIT INTEREST AGREEMENTS	39,096.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	39,096.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	10
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DESCRIPTION	AMOUNT
CHANGE IN SPLIT INTEREST AGREEMENT	48,541.
CHANGE IN VALUE OF PERPETUAL TRUST	95,943.
TOTAL TO FORM 990, PART IV-A	144,484.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ALICE FITZPATRICK 147 STATE STREET, P.O. BOX 769 NEW LONDON, CT 06320	PRESIDENT 40.00	100,275.	15,084.	0.
BRIDGET BAIRD 147 STATE STREET, P.O. BOX 769 NEW LONDON, CT 06320	BOARD CHAIR 0.00	0.	0.	0.
LAUREL BUTLER 147 STATE STREET, P.O. BOX 769 NEW LONDON, CT 06320	DIRECTOR 0.00	0.	0.	0.
ANNE CLEMENT 147 STATE STREET, P.O. BOX 769 NEW LONDON, CT 06320	DIRECTOR 0.00	0.	0.	0.
MARY DANGREMOND 147 STATE STREET, P.O. BOX 769 NEW LONDON, CT 06320	DIRECTOR 0.00	0.	0.	0.
ANTHONY ENDERS 147 STATE STREET, P.O. BOX 769 NEW LONDON, CT 06320	DIRECTOR 0.00	0.	0.	0.
JAMES ENGLISH, JR. 147 STATE STREET, P.O. BOX 769 NEW LONDON, CT 06320	DIRECTOR 0.00	0.	0.	0.
ROYDEN GRIMM 147 STATE STREET, P.O. BOX 769 NEW LONDON, CT 06320	DIRECTOR 0.00	0.	0.	0.
ROSE JONES 147 STATE STREET, P.O. BOX 769 NEW LONDON, CT 06320	DIRECTOR 0.00	0.	0.	0.
SAKINA KING 147 STATE STREET, P.O. BOX 769 NEW LONDON, CT 06320	DIRECTOR 0.00	0.	0.	0.
SANDY LIEBER 147 STATE STREET, P.O. BOX 769 NEW LONDON, CT 06320	DIRECTOR 0.00	0.	0.	0.

THE COMMUNITY FOUNDATION OF SOUTHEASTERN

06-1080097

ELLEN MCGUIRE 147 STATE STREET, P.O. BOX 769 NEW LONDON, CT 06320	DIRECTOR 0.00	0.	0.	0.
GRANVILLE MORRIS 147 STATE STREET, P.O. BOX 769 NEW LONDON, CT 06320	VICE CHAIR 0.00	0.	0.	0.
DYANNE RAFAL 147 STATE STREET, P.O. BOX 769 NEW LONDON, CT 06320	DIRECTOR 0.00	0.	0.	0.
KATE ROBINS 147 STATE STREET, P.O. BOX 769 NEW LONDON, CT 06320	DIRECTOR 0.00	0.	0.	0.
RUTH SAUNDERS 147 STATE STREET, P.O. BOX 769 NEW LONDON, CT 06320	SECRETARY 0.00	0.	0.	0.
DOREEN THOMAS 147 STATE STREET, P.O. BOX 769 NEW LONDON, CT 06320	DIRECTOR 0.00	0.	0.	0.
MERRYLYN WEAVER 147 STATE STREET, P.O. BOX 769 NEW LONDON, CT 06320	SECRETARY 0.00	0.	0.	0.
DAVID ZUCKERBRAUN 147 STATE STREET, P.O. BOX 769 NEW LONDON, CT 06320	TREASURER 0.00	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

100,275.	15,084.	0.
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SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT	12
PART III, LINE 3A			

APPLICATIONS ARE ACCEPTED AND REVIEWED BY A COMMITTEE WHICH ASSESSES THE
QUALIFICATIONS OF SCHOLARSHIP AND GRANT CANDIDATES

STATEMENT 13

The Community Foundation of Southeastern Connecticut, Inc.
ATTACHMENT TO FORM 990
December 31, 2005
EIN 06-1080097

PART II Line 42

PART IV Line 55

	Cost	Accumulated Depreciation	Depreciation Expense	Depreciation	
				Lives	Method
Property and Equipment					
Land and building	\$ 335,158	\$ 29,083	\$ 7,843	39	S/L
Furniture, fixtures and equipment	65,272	46,222	7,989	5-10	S/L
	<u>\$ 400,430</u>	<u>\$ 75,305</u>	<u>\$ 15,832</u>		

STATEMENT 14

The Community Foundation of Southeastern Connecticut, Inc.
ATTACHMENT TO FORM 990
December 31, 2005
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**PART V-A Compensation of Current Officers,
Directors, Trustees and Key Employees**

		Alice Fitzpatrick
COLUMN C - Compensation		
Current salary	\$	100,275
Total - Column C	\$	100,275
COLUMN D - Contributions to employee benefit plans and deferred compensation plans		
Employer paid medical insurance premiums	\$	10,984
Employer contributions to qualified retirement plans		4,100
Total - Column D	\$	15,084