

# 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.

Open to Public Inspection

**A** For the **2010** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>THE COMMUNITY FOUNDATION OF EASTERN CONNECTICUT, INC.</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>147 STATE STREET, P.O. BOX 769</b> City or town, state or country, and ZIP + 4 <b>NEW LONDON, CT 06320</b> <b>F</b> Name and address of principal officer: <b>ALICE FITZPATRICK</b> <b>147 STATE STREET, NEW LONDON, CT 06320</b>	<b>D</b> Employer identification number <b>06-1080097</b> <b>E</b> Telephone number <b>(860) 442-3572</b> <b>G</b> Gross receipts \$ <b>8,287,553.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.CFSECT.ORG</b>		
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ <b>COMMU</b> <b>L</b> Year of formation: <b>1982</b> <b>M</b> State of legal domicile: <b>CT</b>		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>PROMOTE LOCAL PHILANTHROPY, ALLOWING US TO SUPPORT THROUGH GRANTS VARIOUS ORGANIZATIONS AND</b>	
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 20
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 19
<b>5</b>	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b> 9
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b> 75
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0.
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b> 2,976,824. <b>9</b> 7,731,981.
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b> 0. <b>10</b> 0.
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b> 87,633. <b>11</b> 533,122.
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b> 22,475. <b>12</b> 22,450.
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b> 3,086,932. <b>13</b> 8,287,553.
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b> 3,099,459. <b>14</b> 2,309,238.
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b> 0. <b>15</b> 0.
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b> 310,542. <b>16a</b> 357,570.
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b> 0. <b>16b</b> 0.
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶	<b>16b</b> 0.
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>17</b> 249,092. <b>18</b> 274,765.
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b> 3,659,093. <b>19</b> 2,941,573.
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b> <572,161.> <b>20</b> 5,345,980.
<b>20</b>	Total assets (Part X, line 16)	<b>20</b> 32,446,421. <b>21</b> 40,775,683.
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b> 571,156. <b>22</b> 522,630.
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b> 31,875,265. <b>23</b> 40,253,053.

**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.

<b>Sign Here</b>	▶ Signature of officer		Date	
	▶ <b>ALICE FITZPATRICK, PRESIDENT</b>			
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	Firm's name ▶ <b>BLUM, SHAPIRO &amp; COMPANY, P.C., CPA'S</b>	Firm's EIN ▶		
	Firm's address ▶ <b>29 S. MAIN STREET, P.O. BOX 272000</b>	Phone no. <b>860 561-4000</b>		
	<b>WEST HARTFORD, CT 06127-2000</b>			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: PROMOTE LOCAL PHILANTHROPY, ALLOWING US TO SUPPORT THROUGH GRANTS VARIOUS ORGANIZATIONS AND PROVIDE SCHOLARSHIPS IN OUR FOURTY-TWO TOWN SERVICE AREA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 25,136. including grants of \$ 78,164. ) (Revenue \$ ) WOMEN & GIRLS

ONE OF THE FOUNDATION'S LONG STANDING INITIATIVES, IS ITS WOMEN & GIRLS FUND. RELATED GRANTS SUPPORT ISSUES SUCH AS PHYSICAL ABUSE, TEEN PREGNANCY, AMONG OTHER ISSUES FACING YOUNG GIRLS AND WOMEN.

4b (Code: ) (Expenses \$ 163,381. including grants of \$ 1,729,050. ) (Revenue \$ ) GENERAL GRANTS:

PROVIDE SUPPORT TO VARIOUS 501C(3) ORGANIZATIONS IN OUR FOURTY-TWO TOWN SERVICE AREA. FOCUS ON SOCIAL NEEDS, EDUCATION AND CULTURE. GRANTS ARE AWARDED ON A COMPETITIVE BASIS, THROUGH A VOLUNTEER COMMITTEE.

4c (Code: ) (Expenses \$ 62,839. including grants of \$ 279,650. ) (Revenue \$ ) SCHOLARSHIP AWARDS:

TUITION ASSISTANCE FOR STUDENTS WHO ARE JUST ENTERING COLLEGE AND THOSE WHO ARE ALREADY ENROLLED. SCHOLARSHIPS ARE ALSO AWARDED ON A COMPETITIVE BASIS, THROUGH A VOLUNTEER COMMITTEE.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,057,882. including grants of \$ ) (Revenue \$ 533,122. )

4e Total program service expenses 2,309,238.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

THE COMMUNITY FOUNDATION OF EASTERN  
CONNECTICUT, INC.

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</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)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?	X	
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**Part VI 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.

Check if Schedule O contains a response to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
			20
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
			19
<b>2</b>	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?		X
<b>3</b>	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?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</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**

- 17** List the states with which a copy of this Form 990 is required to be filed **CT**
- 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     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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: **ALICE FITZPATRICK - (860) 442-3572**  
**147 STATE STREET, NEW LONDON, CT 06320**

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

Check if Schedule O contains a response to any question in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN POCHAL TREASURER	1.00	X		X				0.	0.	0.
LAUREL BUTLER BOARD CHAIR	1.00	X		X				0.	0.	0.
PAUL NUNES VICE CHAIR	1.00	X		X				0.	0.	0.
VALERIE GRIMM SECRETARY	1.00	X		X				0.	0.	0.
FREDERIC ANDERSON TRUSTEE	1.00	X						0.	0.	0.
RHEO BROUILLARD TRUSTEE	1.00	X						0.	0.	0.
JOHN BUTLER TRUSTEE	1.00	X						0.	0.	0.
BRIAN CAREY TRUSTEE	1.00	X						0.	0.	0.
SAM CHILDS TRUSTEE	1.00	X						0.	0.	0.
RUTH CROCKER TRUSTEE	1.00	X						0.	0.	0.
JOHN DUGGAN TRUSTEE	1.00	X						0.	0.	0.
ROSETTA JONES TRUSTEE	1.00	X						0.	0.	0.
JOHN LAMATTINA TRUSTEE	1.00	X						0.	0.	0.
WILLIAM A. LIEBER TRUSTEE	1.00	X						0.	0.	0.
MARY SEIDNER TRUSTEE	1.00	X						0.	0.	0.
LEE ELLEN TERRY TRUSTEE	1.00	X						0.	0.	0.
DOREEN THOMAS TRUSTEE	1.00	X						0.	0.	0.

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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CLAIRE WARREN TRUSTEE	1.00	X						0.	0.	0.
ARACELIS VAZQUEZ TRUSTEE	1.00	X						0.	0.	0.
ALICE FITZPATRICK PRESIDENT	40.00	X		X		X		142,320.	0.	16,516.
<b>1b Sub-total</b>								142,320.	0.	16,516.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								142,320.	0.	16,516.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 1

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
BROWN BROTHERS HARRIMAN & CO. 140 BROADWAY, NEW YORK, NY 10005-1101	INVESTMENT MANAGER	121,047.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 1

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Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7731981.			
	g	Noncash contributions included in lines 1a-1f: \$		825,077.			
	h	<b>Total.</b> Add lines 1a-1f		7731981.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	<b>Total.</b> Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		533,122.	533,122.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real	22,450.			
			(ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)		22,450.			
	d	Net rental income or (loss)		22,450.		22,450.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses				
		c	Net income or (loss) from fundraising events				
9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses				
		c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	a					
		b	Less: cost of goods sold				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code					
11 a		a					
		b					
		c					
		d	All other revenue				
		e	<b>Total.</b> Add lines 11a-11d				
12	<b>Total revenue.</b> See instructions.		8287553.	533,122.	0.	22,450.	

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**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 (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	2,029,588.	2,029,588.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	279,650.	279,650.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	293,776.		293,776.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	40,275.		40,275.	
10 Payroll taxes .....	23,519.		23,519.	
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	4,171.		4,171.	
c Accounting .....	32,600.		32,600.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....				
12 Advertising and promotion .....	20,306.		20,306.	
13 Office expenses .....	26,413.		26,413.	
14 Information technology .....	7,320.		7,320.	
15 Royalties .....				
16 Occupancy .....	12,518.		12,518.	
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....				
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	22,940.		22,940.	
23 Insurance .....				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a <b>INVESTMENT FEES</b> .....	131,301.		131,301.	
b .....				
c .....				
d .....				
e .....				
f All other expenses .....	17,196.		17,196.	
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	2,941,573.	2,309,238.	632,335.	0.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>		
	<b>2</b> Savings and temporary cash investments .....	1,494,536.	<b>2</b>	1,010,222.	
	<b>3</b> Pledges and grants receivable, net .....	113,397.	<b>3</b>	80,489.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	9,359.	<b>9</b>	10,567.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 506,243.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 181,208.			
	<b>11</b> Investments - publicly traded securities .....	25,581,222.	<b>11</b>	33,967,195.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	4,926,295.	<b>12</b>	5,382,175.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>		
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	32,446,421.	<b>16</b>	40,775,683.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	41,035.	<b>17</b>	32,588.	
	<b>18</b> Grants payable .....	497,403.	<b>18</b>	458,333.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	32,718.	<b>25</b>	31,709.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	571,156.	<b>26</b>	522,630.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	26,880,487.	<b>27</b>	34,830,479.	
	<b>28</b> Temporarily restricted net assets .....	1,639,900.	<b>28</b>	1,714,609.	
	<b>29</b> Permanently restricted net assets .....	3,354,878.	<b>29</b>	3,707,965.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	31,875,265.	<b>33</b>	40,253,053.	
<b>34</b> Total liabilities and net assets/fund balances .....	32,446,421.	<b>34</b>	40,775,683.		

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**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,287,553.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,941,573.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,345,980.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	31,875,265.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	3,031,808.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	40,253,053.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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.		

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**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2,781,756.	4,438,550.	7,011,411.	2,976,824.	3,827,619.	21,036,160.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2,781,756.	4,438,550.	7,011,411.	2,976,824.	3,827,619.	21,036,160.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						5,012,556.
<b>6 Public support.</b> Subtract line 5 from line 4.						16,023,604.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....	2,781,756.	4,438,550.	7,011,411.	2,976,824.	3,827,619.	21,036,160.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,249,407.	1,158,640.	353,988.	110,108.	555,572.	3,427,715.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	8,453.					8,453.
<b>11 Total support.</b> Add lines 7 through 10						24,472,328.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	25,646.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	65.48	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	73.39	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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

**2010**

Open to Public Inspection

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

Employer identification number  
**06-1080097**

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) 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 legal control? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be 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? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes       No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes       No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(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 gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	31,875,265.	27,189,699.	34,356,701.		
b Contributions	7,731,981.	2,976,824.	7,051,301.		
c Net investment earnings, gains, and losses	3,456,079.	5,235,197.	<11,825,579.>		
d Grants or scholarships	2,309,238.	3,099,459.	1,917,838.		
e Other expenditures for facilities and programs					
f Administrative expenses	501,034.	426,996.	474,886.		
g End of year balance	40,253,053.	31,875,265.	27,189,699.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment  87.00 %
  - b Permanent endowment  9.00 %
  - c Term endowment  4.00 %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                                 | No                                  |
|---|-------------------------------------|-------------------------------------|
| (i) unrelated organizations   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| (ii) related organizations  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/>            | <input type="checkbox"/>            |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		410,957.	108,540.	302,417.
c Leasehold improvements				
d Equipment		95,286.	72,668.	22,618.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				325,035.

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

Schedule D (Form 990) 2010

06-1080097 Page **3**

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other		
(A) BENEFICIAL INT IN		
(B) PERPETUAL TRUST	3,707,965.	END-OF-YEAR MARKET VALUE
(C) CONT REC FROM REMAINDER		
(D) TRUST	1,634,120.	END-OF-YEAR MARKET VALUE
(E) CHARITABLE GIFT ANNUITY	40,090.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	<b>5,382,175.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) LIABILITY UNDER CHARITABLE GIFT	
(3) ANNUITY	31,709.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	<b>31,709.</b>

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

032053  
12-20-10

THE COMMUNITY FOUNDATION OF EASTERN  
CONNECTICUT, INC.

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,287,553.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,941,573.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	5,345,980.
4	Net unrealized gains (losses) on investments	4	2,574,919.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	456,889.
9	Total adjustments (net). Add lines 4 through 8	9	3,031,808.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	8,377,788.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	11,319,361.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,574,919.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	456,889.
e	Add lines 2a through 2d	2e	3,031,808.
3	Subtract line 2e from line 1	3	8,287,553.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,287,553.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	0.
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	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	0.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART XII, LINE 2D:**

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$103,801

CHANGE IN VALUE OF PERPETUAL TRUST \$353,088

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization **THE COMMUNITY FOUNDATION OF EASTERN CONNECTICUT, INC.** Employer identification number **06-1080097**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OPPORTUNITIES INDUSTRIALIZATION CENTER - 106 TRUMAN STREET - NEW LONDON, CT 06320	23-7066023	501(C)(3)	10,000.	0.			CERTIFIED NURSING ASSISTANCE PROGRAM
ALLIANCE FOR LIVING 154 BROAD STREET NEW LONDON, CT 06320	06-1245514	501(C)(3)	15,000.	0.			HOUSING STABILITY PLAN
BIG BROTHERS / BIG SISTERS OF S.E. CT - 1595 HARTFORD TURNPIKE - RT 85 - OAKDALE, CT 06370	06-0812978	501(C)(3)	14,117.	0.			MENTORING AND AGENCY ENDOWMENT DISTRIBUTION
ACTION AID 1420 K STREET, NW, SUITE 900 WASHINGTON, DC 20005	52-2277575	501(C)(3)	10,000.	0.			POVERTY AND HUNGER ELIMINATION PROGRAMS
BERMULTINATIONAL LIMITED 1403 NORTHCREST DRIVE SILVER SPRINGS, MD 20904	52-1078346	501(C)(3)	6,000.	0.			LEADERSHIP AND DIVERSITY TRAINING
CHILDREN'S MUSEUM OF SOUTHEASTERN CT - 409 MAIN STREET - NIANATIC, CT 06357	11-2113076	501(C)(3)	12,100.	0.			CHILDREN'S MUSEUM OPERATIONS

- 2** Enter total number of section 501(c)(3) and government organizations
- 3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

THE COMMUNITY FOUNDATION OF EASTERN  
CONNECTICUT, INC.

Schedule I (Form 990)

06-1080097

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY LIGHTS YOUTH THEATRE 630 NINTH AVENUE, SUITE 1411 NEW YORK, NY 10036	13-3619299	501(C)(3)	10,000.	0.			THEATRE PRODUCTIONS
CHILD & FAMILY AGENCY OF SOUTHEASTERN CT - 255 HEMPSTEAD STREET - NEW LONDON, CT 06320	23-7212022	501(C)(3)	258,500.	0.			CHILD LEARNING PROGRAMS
COMMON SENSE EMS SUPPLY COMPANY LLC - PO BOX 535 - OLD SAYBROOK, CT 06475	10-0001427		9,184.	0.			MEDICAL EQUIPMENT
CONNECTICUT ADOPTION & FAMILY SERVICES - TWO UNION PLAZA SUITE 300 - NEW LONDON, CT 06320	06-1289319	501(C)(3)	8,000.	0.			PROJECT CONNECTICUT'S CHILD
CONNECTICUT LEGAL SERVICES, INC. 62 WASHINGTON STREET MIDDLETOWN, CT 06457	06-0955461	501(C)(3)	22,500.	0.			HOMELESS BENEFITS PROJECT
DEMOCRACY SOUTH 304B 49TH STREET VIRGINIA BEACH, VA 23451	56-1934350	501(C)(3)	10,000.	0.			ANONYMOUS CONTRIBUTION
DOCTORS WITHOUT BORDERS USA PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	21,000.	0.			MEDICAL SERVICES
DR WILLIAM HENDERSON INCLUSION ELEMENTARY SCHOOL - 1669 DORCHESTER AVENUE - DORCHESTER, MA 02122		GOVERNMENT	20,000.	0.			CHALLENGES PROGRAM
DROP-IN LEARNING CENTER 45 BROAD ST, ANNEX NEW LONDON, CT 06320	06-0869262	501(C)(3)	15,000.	0.			TUTORIAL SUMMER ENRICHMENT PROGRAM

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Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF EASTERN  
CONNECTICUT, INC.

Schedule I (Form 990)

06-1080097

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTERN CONNECTICUT BALLET, INC. 435 BOSTON POST RD EAST LYME, CT 06333	22-3147794	501(C)(3)	8,600.	0.			NUTCRACKER ASSEMBLIES AND DESIGNATED GRANT
EASTERN CONNECTICUT SYMPHONY ORCHESTRA - 289 STATE STREET - NEW LONDON, CT 06320	06-6068892	501(C)(3)	10,300.	0.			YOUNG PEOPLE'S CONCERT AND YOUNG ARTISTS COMPETITION
FLORENCE GRISWOLD MUSEUM 96 LYME STREET OLD LYME, CT 06371	06-6062157	501(C)(3)	22,000.	0.			FREE ADMISSION FOR CHILDREN TO MUSEUM
FRESH NEW LONDON / TSNE - GEMMA E. MORAN FOOD CENTER - 374 BROAD STREET - NEW LONDON, CT 06320	04-2261109	501(C)(3)	15,000.	0.			COMMUNITY GARDEN CENTER PROJECT
GARDE ARTS CENTER 325 STATE STREET NEW LONDON, CT 06320	06-1143582	501(C)(3)	24,000.	0.			PACE PROGRAM 2011
GRIFFIS ART CENTER, INC. 18 BRISTOL STREET, NO 1 NEW LONDON, CT 06320	06-1281243	501(C)(3)	10,100.	0.			AGENCY ENDOWMENT DISTRIBUTION
HAITIAN MINISTRIES 199 BROADWAY NORWICH, CT 06360	04-3787762	501(C)(3)	25,000.	0.			POVERTY ASSISTANCE
HABITAT FOR HUMANITY OF SOUTHEASTERN CT - 377 BROAD STREET - NEW LONDON, CT 06320	06-1214680	501(C)(3)	10,000.	0.			AFFORDABLE HOUSING
HIGH HOPES THERAPEUTIC RIDING, INC. - 36 TOWN WOODS ROAD - OLD LYME, CT 06371	06-0987749	501(C)(3)	10,250.	0.			SCHOLARSHIPS

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Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF EASTERN  
CONNECTICUT, INC.

Schedule I (Form 990)

06-1080097

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HYGIENIC ART, INC. 79-83 BANK STREET NEW LONDON, CT 06320	06-1207314	501(C)(3)	14,500.	0.			"DO THE WRITE THING"
JEWISH ALLIANCE FOR LAW AND SOCIAL ACTION - 18 TREMONT STREET, SUITE 320 - BOSTON, MA 02108	01-0563874	501(C)(3)	15,000.	0.			ANONYMOUS CONTRIBUTION
JEWISH FEDERATION OF EASTERN CT 28 CHANNING STREET, PO BOX 1468 NEW LONDON, CT 06320	23-7121362	501(C)(3)	22,500.	0.			CASE MANAGEMENT SOCIAL SERVICES AND AGING IN PLACE
JUDY DWORIN PERFORMANCE PROJECT, INC. - 233 PEARL STREET - HARTFORD, CT 06106	22-3064328	501(C)(3)	6,500.	0.			MOVING MATTERS
KENTE CULTURAL CENTER 219 BANK STREET, SUITE 16 NEW LONDON, CT 06320	06-1541163	501(C)(3)	6,500.	0.			CHESTER KITCHINGS AND BUSCETTO FAMILY & FRIENDS FUND CONTRIBUTIONS
KENYON REVIEW - NEFF COTTAGE 102 W WIGGIN STREET GAMBIER, OH 43022	31-1443804	501(C)(3)	7,500.	0.			YOUNG WRITERS SUMMER PROGRAM
LEHMAN COLLEGE FOUNDATION INSTITUTE FOR LITERACY STUDIES - 250 BEDFORD PARK BLVD WEST - BRONX, NY 10468	13-3150922	501(C)(3)	10,000.	0.			YOUTH WRITERS' INITIATIVE
LIFE SUPPORT SYSTEMS 59 ALLIED DRIVE DEDHAM, MA 02026	04-2895142		6,250.	0.			MEDICAL EQUIPMENT PURCHASES
LITERACY VOLUNTEERS OF EASTERN CT 106 TRUMAN STREET NEW LONDON, CT 06320	51-0234814	501(C)(3)	18,902.	0.			TUTORIAL SATELLITES AND DESIGNATED GRANT

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Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF EASTERN  
CONNECTICUT, INC.

Schedule I (Form 990)

06-1080097

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LYMAN ALLYN ART MUSEUM 625 WILLIAMS STREET NEW LONDON, CT 06320	06-0646663	501(C)(3)	18,698.	0.			ART EDUCATION, COMMUNITY OUTREACH, AND AGENCY DISTRIBUTION
LYME ART ASSOCIATION 90 LYME STREET, PO BOX 222 OLD LYME, CT 06371	06-0932073	501(C)(3)	7,000.	0.			AGENCY ENDOWMENT DISTRIBUTION
LYME LAND CONSERVATION TRUST PO BOX 1002 LYME, CT 06371	06-6085183	501(C)(3)	10,000.	0.			BEN GAHAGAN DONATION
MARTIN HOUSE INC. PO BOX 857 NORWICH, CT 06360	06-1064857	501(C)(3)	6,000.	0.			FOOD EXPENSES
MITCHELL COLLEGE 437 PEQUOT AVENUE NEW LONDON, CT 06320	06-0662150	501(C)(3)	15,500.	0.			ANNUAL SCHOLARSHIP FUNDING
MERCY CORPS PO BOX 2669 PORTLAND, OR 97208	91-1148123	501(C)(3)	10,000.	0.			GREENBERG DONATION
MYSTIC AREA SHELTER AND HOSPITALITY - MASH - 119 HIGH STREET - MYSTIC, CT 06355	06-1536185	501(C)(3)	18,470.	0.			CONTRIBUTION FROM WAYNE BOETTNER, NANCY WELLS, AND SPONSORSHIPS
MYSITC ARTS CENTER 9 WATER STREET MYSTIC, CT 06355	06-6000563	501(C)(3)	8,900.	0.			EDUCATION OUTREACH AND AGENCY ENDOWMENT DISTRIBUTION
NAOMI BERRIE DIABETES CENTER 1150 ST. NICHOLAS AVENUE NEW YORK, NY 10032	13-5598093	501(C)(3)	50,000.	0.			GREENBERG DONATION

LHA

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF EASTERN  
CONNECTICUT, INC.

Schedule I (Form 990)

06-1080097

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MYSTIC SEAPORT MUSEUM 75 GREENMANVILLE AVENUE MYSTIC, CT 06355	06-0653120	501(C)(3)	10,000.	0.			MAP SPOT
NEW LONDON COMMUNITY BOATING 55 BAY SHORE DRIVE PO BOX 269 NEW LONDON, CT 062320	06-1602670	501(C)(3)	11,700.	0.			SUMMER SAILING PROGRAM AND SCHOLARSHIPS
NEW LONDON PUBLIC SCHOOLS 134 WILLIAMS STREET NEW LONDON, CT 06320		GOVERNMENT	15,250.	0.			COMMUNITY ARTS EDUCATION AND SCHOLARSHIPS
NEW LONDON COUNTY HISTORICAL SOCIETY - 11 BRINMAN STREET - NEW LONDON, CT 06320	06-0646753	501(C)(3)	30,056.	0.			RENOVATION, NEW LONDON AND THE ARTS PROGRAM, AND AGENCY ENDOWMENT DISTRIBUTION
NEW LONDON HOMELESS HOSPITALITY, INC. - 19 JAY STREET, PO BOX 1651 - NEW LONDON, CT 06320	20-5606908	501(C)(3)	40,250.	0.			DAYTIME HOSPITALITY CENTER AND CONSULTANT
NEW LONDON MAIN STREET 165 STATE STREET, SUITE 101 NEW LONDON, CT 06320	06-1519618	501(C)(3)	10,000.	0.			FESTIVAL SUPPORT AND BUCETTO FAMILY & FRIENDS FUND CONTRIBUTION
OTIS LIBRARY 261 MAIN STREET NORWICH, CT 06360	06-0669124	501(C)(3)	7,000.	0.			FUND DISTRIBUTION
NEW LONDON YOUTH AFFAIRS - NEW LONDON RECREATION DEPARTMENT - 120 BROAD STREET - NEW LONDON, CT 06320	06-6001880	501(C)(3)	21,000.	0.			BUSCETTO FAMILY AND FRIENDS CONTRIBUTION AND AFTER SCHOOL PROGRAM
NEW LONDON YOUTH ORGANIZATION, INC. - 100 GARFIELD AVENUE, PO BOX 1485 - NEW LONDON, CT 06320	06-1583075	501(C)(3)	7,500.	0.			YOUTH ORGANIZATION AND KIDS CAFE

LHA

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF EASTERN  
CONNECTICUT, INC.

Schedule I (Form 990)

06-1080097

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK STEM CELL FOUNDATION 1995 BROADWAY, SUITE 1201 NEW YORK, NY 10023	20-2905531	501(C)(3)	15,000.	0.			GREENBERG FUND CONTRIBUTION
NORWICH PUBLIC SCHOOLS 90 TOWN STREET NORWICH, CT 06360		GOVERNMENT	10,000.	0.			KELLY MIDDLE SCHOOL TECHNOLOGY
ONEXONE 1447 CLOVERFIELD BOULEVARD, SUITE 2 SANTA MONICA, CA 90404	26-1939025	501(C)(3)	10,000.	0.			GREENBERG DONATION
OXFAM AMERICA 226 CAUSEWAY STREET, 5TH FLOOR BOSTON, MA 02114	23-7069110	501(C)(3)	11,000.	0.			EARTHQUAKE RELIEF
PARTNERS IN HEALTH PO BOX 845578 BOSTON, MA 02284	04-3567502	501(C)(3)	15,000.	0.			GREENBERG DONATION
PUBLIC POLICY INSTITUTE 30 WINTER STREET 10TH FLOOR BOSTON, MA 02018	20-1903398	501(C)(3)	40,000.	0.			ANONYMOUS CONTRIBUTION
QUINEBAUG VALLEY COMMUNITY COLLEGE 742 UPPER MAPLE STREET DANIELSON, CT 06239	23-7137794	501(C)(3)	12,000.	0.			VETERINARY ASSISTANCE PROGRAM
RIVERFRONT CHILDREN'S CENTER 476 THAMES STREET GROTON, CT 06340	06-0732017	501(C)(3)	10,000.	0.			TUITION ASSISTANCE AND LET'S READ TOGETHER WITH A TWIST
SAINT MARY STAR OF THE SEA 10 HUNTINGTON STREET NEW LONDON, CT 06320	06-0646846	501(C)(3)	11,594.	0.			ANONYMOUS DONATION

LHA

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF EASTERN  
CONNECTICUT, INC.

Schedule I (Form 990)

06-1080097

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVE OCEAN BEACH, INC. PO BOX 147 NEW LONDON, CT 06320	06-1559090	501(C)(3)	6,000.	0.			BUSCETTO FAMILY & FRIENDS FUND CONTRIBUTION
SEA RESEARCH FOUNDATION - MYSTIC MARINELIFE AQUARIUM - 55 COOGAN BLVD - MYSTIC, CT 06355	06-1480300	501(C)(3)	7,000.	0.			LONG ISLAND SOUND OUTREACH PROGRAM
STONINGTON EDUCATION FUND PO BOX 1922 PAWCATUCK, CT 06379	06-1421749	501(C)(3)	9,500.	0.			BLUE MONDAY CONCERT SERIES AND KEN KITCHINGS COMMUNITY ARTS CONTRIBUTION
STONINGTON FREE LIBRARY 20 HIGH STREET, PO BOX 232 STONINGTON, CT 06378	06-0665194	501(C)(3)	7,500.	0.			DESIGNATED GRANT FACING CHANCE PROGRAM
THAMES RIVER COMMUNITY SERVICE, INC. - ONE THAMES RIVER PLACE - NORWICH, CT 06360	22-3096914	501(C)(3)	8,423.	0.			CHILDRENS ACTIVITIES PROGRAMS
THAMES VALLEY COUNCIL FOR COMMUNITY ACTION - ONE SYLVANDALE ROAD - JEWETT CITY, CT 06351	06-0806128	501(C)(3)	9,800.	0.			FENCE PURCHASE
UNITED WAY OF SOUTHEASTERN CT PO BOX 375 GALES FERRY, CT 06335	06-0771393	501(C)(3)	17,500.	0.			NEEDS ASSESSMENT SPONSORSHIP AND AGENCY ENDOWMENT DISTRIBUTION
THE CIESLA FOUNDATION 3721 JENIFER STREET NW WASHINGTON, DC 20015	13-3098494	501(C)(3)	10,000.	0.			GENERAL ASSISTANCE
THE MADEIRA SCHOOL 8328 GEORGETOWN PIKE MCLEAN, VA 22102	54-0505925	501(C)(3)	26,000.	0.			GREENBERG DONATION

LHA

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF EASTERN  
CONNECTICUT, INC.

Schedule I (Form 990)

06-1080097

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISITING NURSE ASSOCIATION OF SE CT - 403 NORTH FRONTAGE RD - WATERFORD, CT 06385	06-0646616	501(C)(3)	41,850.	0.			MEDICAL SOCIAL SERVICES, MATTHEWS FAMILY FUND CONTRIBUTION, DESIGNATED GRANT, AND HOME HEALTH
WINDOWS-ON-OUR-WATERS 58 HIGH MEADOW LANE MYSTIC, CT 06355	95-4845039	501(C)(3)	5,145.	0.			ENVIRONMENTAL EDUCATION PROGRAMS
WATERFORD PUBLIC LIBRARY 49 ROPE FERRY RD WATERFORD, CT 06385	06-0707059	501(C)(3)	12,000.	0.			DESIGNATED GRANTS
WRITER'S BLOCK INK 446 COLEMAN STREET NEW LONDON, CT 06320	26-0581472	501(C)(3)	10,000.	0.			SPRING, SUMMER, AND FALL PROGRAMS
WOMEN'S CENTER OF SOUTHEASTERN CT 16 JAY STREET NEW LONDON, CT 06320	06-0950718	501(C)(3)	6,500.	0.			TEEN DATING VIOLENCE PREVENTION PROGRAM
TOWN OF WATERFORD 15 ROPE FERRY ROAD WATERFORD, CT 06385		GOVERNMENT	10,000.	0.			CHILDREN'S PLAYGROUND PROJECT
UNITED COMMUNITY AND FAMILY SERVICES - 47 TOWN STREET - NORWICH, CT 06360	06-0653142	501(C)(3)	6,885.	0.			HEALTH SERVICES

LHA

Schedule I (Form 990)

THE COMMUNITY FOUNDATION OF EASTERN  
CONNECTICUT, INC.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	170	279,650.	0.		

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: ALL GRANTEES TAX EXEMPT STATUS IS VERIFIED THROUGH IRS PUBLICATION 78 OR THROUGH GUIDESTAR. ALL COMPETITIVE GRANTS AND SCHOLARSHIPS ARE SELECTED BY A VOLUNTEER COMMITTEE AND ALSO SUBMITTED TO THE BOARD. GRANTEES ARE REQUIRED TO SUBMIT A REPORT AS TO HOW THE FUNDS WERE SPENT BEFORE BEING CONSIDERED FOR ADDITIONAL FUNDING. ALL GRANT APPLICATIONS ARE KEPT ON FILE FOR A PERIOD OF SEVEN YEARS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: VISITING NURSE ASSOCIATION OF SE CT

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: MEDICAL SOCIAL SERVICES, MATTHEWS  
FAMILY FUND CONTRIBUTION, DESIGNATED GRANT, AND HOME HEALTH CARE VISITS

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public Inspection

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

Employer identification number  
**06-1080097**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? .....	<b>4a</b>	X
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <b>a</b> The organization? .....	<b>5a</b>	X
<b>b</b> Any related organization? .....	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <b>a</b> The organization? .....	<b>6a</b>	X
<b>b</b> Any related organization? .....	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2010

THE COMMUNITY FOUNDATION OF EASTERN  
CONNECTICUT, INC.

06-1080097

Schedule J (Form 990) 2010

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ALICE FITZPATRICK	(i)	142,320.	0.	0.	0.	16,516.	158,836.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

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

Employer identification number  
**06-1080097**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art .....				
2 Art - Historical treasures .....				
3 Art - Fractional interests .....				
4 Books and publications .....				
5 Clothing and household goods .....				
6 Cars and other vehicles .....				
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	17	825,077.	MEAN VALUE - GIFT DA
10 Securities - Closely held stock .....				
11 Securities - Partnership, LLC, or trust interests .....				
12 Securities - Miscellaneous .....				
13 Qualified conservation contribution - Historic structures .....				
14 Qualified conservation contribution - Other .....				
15 Real estate - Residential .....				
16 Real estate - Commercial .....				
17 Real estate - Other .....				
18 Collectibles .....				
19 Food inventory .....				
20 Drugs and medical supplies .....				
21 Taxidermy .....				
22 Historical artifacts .....				
23 Scientific specimens .....				
24 Archeological artifacts .....				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, LINE 32B: STATE STREET BANK RECEIVES STOCK GIFTS ON BEHALF OF THE ORGANIZATION, WHICH THE CFO SELLS AND STATE STREET PROCESSES.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization <b>THE COMMUNITY FOUNDATION OF EASTERN CONNECTICUT, INC.</b>	Employer identification number <b>06-1080097</b>
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FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:

COMMUNITY FOUNDATION

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PROVIDE SCHOLARSHIPS IN OUR FOURTY-TWO TOWN SERVICE AREA.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS FIRST REVIEWED BY THE  
AUDIT COMMITTEE AND THEN PRESENTED TO THE FULL BOARD FOR RATIFICATION.

FORM 990, PART VI, SECTION B, LINE 12C: ALL TRUSTEES, COMMITTEE MEMBERS  
AND STAFF ARE REQUIRED ANNUALLY TO SIGN AND DISCLOSE A CONFLICT OF INTEREST  
STATEMENT, WHICH IS THEN REVIEWED BY THE PRESIDENT AND CFO.

FORM 990, PART VI, SECTION B, LINE 15: CEO COMPENSATION IS REVIEWED BY THE  
FULL BOARD. THE CFO PROVIDES COMPARABLE SALARY RANGES COLLECTED BY THE  
COUNCIL ON FOUNDATIONS, ALONG WITH COMPS OF SIMILAR LOCAL ORGANIZATIONS  
FROM THEIR 990'S AND DATA COLLECTED AT THE STATE LEVEL.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE VIA WEBSITE  
OR UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	2,574,919.
CHANGE IN VALUE OF PERPETUAL TRUST	353,088.
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENTS	103,801.
<b>TOTAL TO FORM 990, PART XI, LINE 5</b>	<b>3,031,808.</b>

Name of the organization <b>THE COMMUNITY FOUNDATION OF EASTERN CONNECTICUT, INC.</b>	Employer identification number <b>06-1080097</b>
--	---

THERE HAS BEEN NO CHANGE FROM THE PRIOR YEAR.

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

▶ **File a separate application for each return.**

- 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 form).

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

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

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

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

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

<b>Type or print</b>	Name of exempt organization <b>THE COMMUNITY FOUNDATION OF EASTERN CONNECTICUT, INC.</b>	Employer identification number <b>06-1080097</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>147 STATE STREET, P.O. BOX 769</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW LONDON, CT 06320</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

**ALICE FITZPATRICK**

- The books are in the care of ▶ **147 STATE STREET - NEW LONDON, CT 06320**  
 Telephone No. ▶ **(860) 442-3572** FAX No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2010** or  
 ▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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

LHA **For Paperwork Reduction Act Notice, see Instructions.**