

CLIENT'S COPY

BLUM, SHAPIRO & COMPANY, P.C.  
29 SOUTH MAIN STREET  
WEST HARTFORD, CT 06107-2419  
PO BOX 272000, WEST HARTFORD, CT 06127-2000

THE COMMUNITY FOUNDATION OF SOUTHEASTERN  
CONNECTICUT, INC.  
147 STATE STREET, P.O. BOX 769  
NEW LONDON, CT 06320

THE COMMUNITY FOUNDATION OF SOUTHEASTERN CONNECTICUT, INC.:

ENCLOSED IS THE ORGANIZATION'S 2008 EXEMPT ORGANIZATION  
RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL ON OR BEFORE AUGUST 17, 2009.

MAIL TO - DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

MAIL FORM PCUREG-01 WITH YOUR CHECK FOR \$50 TO:  
PUBLIC CHARITIES UNIT  
C/O OFFICE OF THE ATTORNEY GENERAL  
55 ELM STREET  
PO BOX 120  
HARTFORD, CT 06141-0120

WE HAVE ENCLOSED MAILING ENVELOPES FOR YOUR CONVENIENCE IN  
FILING THE RETURN.

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED  
RECEIPT FOR PROOF OF TIMELY FILING.

WE HAVE PROVIDED YOU TAX ADVICE IN CONNECTION WITH THE  
PREPARATION OF YOUR U.S. FEDERAL TAX RETURN AND ASSOCIATED  
TAX PLANNING SERVICES WE HAVE FURNISHED. THIS ADVICE IS NOT  
INTENDED OR WRITTEN TO BE USED BY ANY TAXPAYER FOR THE  
PURPOSE OF AVOIDING PENALTIES THAT MAY BE IMPOSED ON THE  
TAXPAYER BY THE INTERNAL REVENUE SERVICE, AND IT CANNOT BE  
USED BY ANY TAXPAYER FOR SUCH PURPOSE.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. PLEASE  
CONTACT US IF YOU HAVE ANY QUESTIONS CONCERNING THE TAX  
RETURN.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST  
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

BLUM, SHAPIRO & COMPANY, P.C.

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

OMB No. 1545-0047

**2008**Open to Public  
Inspection

<b>A For the 2008 calendar year, or tax year beginning</b>		<b>and ending</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C Name of organization</b> <b>THE COMMUNITY FOUNDATION OF SOUTHEASTERN CONNECTICUT, INC.</b>	
		<b>D Employer identification number</b> <b>06-1080097</b>	
		<b>E Telephone number</b> <b>(860) 442-3572</b>	
		<b>G Gross receipts \$</b> <b>7,375,289.</b>	
		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶	
<b>F Name and address of principal officer:</b> <b>ALICE FITZPATRICK</b> <b>147 STATE STREET, NEW LONDON, CT 06320</b>			
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J Website:</b> ▶ <b>WWW.CFSECT.ORG</b>			
<b>K Type of organization:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ <b>COMMU</b> <b>L Year of formation:</b> <b>1982</b> <b>M State of legal domicile:</b> <b>CT</b>			

<b>Part I Summary</b>				
<b>Activities &amp; Governance</b>	<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 assets.			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>14</b>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>	
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	<b>7</b>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>60</b>	
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	<b>0.</b>	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> <b>4,438,550.</b>	<b>Current Year</b> <b>7,011,411.</b>
		<b>9</b> Program service revenue (Part VIII, line 2g)		
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		<b>1,131,040.</b>	<b>323,988.</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<b>43,356.</b>	<b>39,890.</b>	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		<b>5,612,946.</b>	<b>7,375,289.</b>	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<b>1,816,783.</b>	<b>1,917,838.</b>	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)				
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		<b>294,055.</b>	<b>313,287.</b>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)				
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶		<b>286,807.</b>	<b>290,856.</b>	
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>2,397,645.</b>	<b>2,521,981.</b>	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,215,301.</b>	<b>4,853,308.</b>	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12			
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b> <b>35,535,240.</b>	<b>End of Year</b> <b>27,371,936.</b>	
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,178,539.</b>	<b>182,237.</b>	
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>34,356,701.</b>	<b>27,189,699.</b>	

<b>Part II Signature Block</b>			
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's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4	Preparer's identifying number (see instructions)	
	<b>BLUM, SHAPIRO &amp; COMPANY, P.C., CPA'S</b> <b>29 S. MAIN STREET, P.O. BOX 272000</b> <b>WEST HARTFORD, CT 06127-2000</b>	<b>EIN</b> ▶ <b>860 561-4000</b>	

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

THE COMMUNITY FOUNDATION OF SOUTHEASTERN  
CONNECTICUT, INC.

Form 990 (2008)

06-1080097 Page 2

**Part III Statement of Program Service Accomplishments** (see instructions)

**1** Briefly describe the organization's mission:  
PROMOTE LOCAL PHILANTHROPY, ALLOWING US TO SUPPORT THROUGH GRANTS  
VARIOUS ORGANIZATIONS AND PROVIDE SCHOLARSHIPS IN OUR ELEVEN 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

If "Yes", describe these new services on Schedule O.

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

If "Yes", describe these changes on Schedule O.

**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 \$ 165,008. including grants of \$ 1,226,821. ) (Revenue \$ 0. )

**GENERAL GRANTS:**

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

**4b** (Code: ) (Expenses \$ 63,465. including grants of \$ 261,350. ) (Revenue \$ 0. )

**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.

**4c** (Code: ) (Expenses \$ 25,385. including grants of \$ 174,518. ) (Revenue \$ 0. )

**SPECIAL INITIATIVES:**

CURRENTLY, THE FOUNDATION HAS THREE SPECIAL INITIATIVES WHICH IT  
SUPPORTS. LET'S READ - GRANTS WHICH TARGET CHILDREN LITERACY ISSUES.  
WOMEN & GIRLS - GRANTS TO SUPPORT ISSUES SUCH AS ABUSE, TEEN PREGNANCY  
AND OTHER ISSUES FACING WOMEN. PAWS - GRANTS ASSOCIATED WITH THE CARE  
AND PROTECTION OF ANIMALS AND WILDLIFE.

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 1,663,980. including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$ 1,917,838. (Must equal Part IX, Line 25, column (B).)

Form 990 (2008)

**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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any 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 hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(iii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		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 U.S.? <i>If "Yes," complete Schedule F, Part I</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, Part II</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, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a 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 questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a <b>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 Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Form 990 (2008)

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

Form 990 (2008)

06-1080097 Page **4**

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

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<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>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<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>		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>36</b> <b>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>		<b>X</b>
<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>		<b>X</b>

Form **990** (2008)

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

Form 990 (2008)

06-1080097 Page 5

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	<b>1a</b> 7		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>1c</b> 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>2a</b> 7		
<b>b</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 this return. (see instructions)		<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			<b>3a</b> X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			<b>3b</b>
<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)?			<b>4a</b> X
<b>b</b> If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<b>5a</b> X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b> X
<b>c</b> If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			<b>5c</b>
<b>6a</b> Did the organization solicit any contributions that were not tax deductible?			<b>6a</b> X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			<b>6b</b>
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?			<b>7a</b> X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?			<b>7b</b>
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			<b>7c</b> X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<b>7e</b> X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<b>7f</b> X
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			<b>7g</b> X
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			<b>7h</b> X
<b>8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			<b>8</b> X
<b>9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?			<b>9a</b> X
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?			<b>9b</b> X
<b>10 Section 501(c)(7) organizations.</b> Enter: N/A			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter: N/A			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			<b>12a</b>
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	<b>12b</b>		

Form 990 (2008)



**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body	14	
1b Enter the number of voting members that are independent	14	
2 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
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		X
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?		
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	X	
11 Is there any officer, director or 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**

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a The organization's CEO, Executive Director, or top management official?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
16a 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 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**

THE COMMUNITY FOUNDATION OF SOUTHEASTERN  
CONNECTICUT, INC.

Form 990 (2008)

06-1080097 Page 7

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(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			
LAUREL BUTLER BOARD CHAIR	1.00	X		X				0.	0.	0.
JOHN BUTLER VICE CHAIR	1.00	X		X				0.	0.	0.
BRIAN CAREY TRUSTEE	1.00	X						0.	0.	0.
MARY DANGREMOND TRUSTEE	1.00	X						0.	0.	0.
JAMES F. ENGLISH JR TRUSTEE	1.00	X						0.	0.	0.
ROSE JONES TRUSTEE	1.00	X						0.	0.	0.
WILLIAM A. LIEBER TRUSTEE	1.00	X						0.	0.	0.
ELLEN MCGUIRE TRUSTEE	1.00	X						0.	0.	0.
SUSAN POCHAL TRUSTEE	1.00	X						0.	0.	0.
MARY SEIDNER TRUSTEE	1.00	X						0.	0.	0.
DOREEN THOMAS TRUSTEE	1.00	X						0.	0.	0.
MERRYLYN WEAVER SECRETARY	1.00	X		X				0.	0.	0.
ARACELIS VAZQUEZ TRUSTEE	1.00	X						0.	0.	0.
DAVID ZUCKERBRAUN TREASURER	1.00	X		X				0.	0.	0.
ALICE FITZPATRICK PRESIDENT	40.00			X				133,750.	0.	22,274.

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

Form 990 (2008)

**06-1080097** Page **8**

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

(A) Name and title	(B) Average hours per week	(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			
<b>1b Total</b>								<b>133,750.</b>	<b>0.</b>	<b>22,274.</b>

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
<b>3</b> 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>		<b>X</b>
<b>4</b> 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>	<b>X</b>	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		<b>X</b>

**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

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **0**

Form **990** (2008)

THE COMMUNITY FOUNDATION OF SOUTHEASTERN  
CONNECTICUT, INC.

Form 990 (2008)

06-1080097 Page 9

**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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	24,390.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	6987021.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....			7,011,411.			
<b>Program Service Revenue</b>	<b>2 a</b> .....	Business Code					
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			323,988.	323,988.		
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross Rents .....	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses .....						
	<b>c</b> Rental income or (loss) .....						
	<b>d</b> Net rental income or (loss) .....			30,000.	30,000.		
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....						
	<b>c</b> Gain or (loss) .....						
	<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events .....						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
<b>b</b> Less: cost of goods sold .....	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			Business Code				
<b>11 a</b> SPECIAL EVENTS .....		900099	10,126.	10,126.			
<b>b</b> COMMUNITY EVENTS .....		900099	-236.	-236.			
<b>c</b> .....							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			9,890.				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e .....			7,375,289.	363,878.	0.	0.	

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

Form 990 (2008)

06-1080097 Page **10**

**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).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	1,656,488.	1,656,488.		
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....	261,350.	261,350.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	247,787.		247,787.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....				
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
<b>9</b> Other employee benefits .....	45,562.		45,562.	
<b>10</b> Payroll taxes .....	19,938.		19,938.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....				
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....				
<b>g</b> Other .....	863.		863.	
<b>12</b> Advertising and promotion .....	2,123.		2,123.	
<b>13</b> Office expenses .....	8,291.		8,291.	
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....				
<b>17</b> Travel .....	3,413.		3,413.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
<b>19</b> Conferences, conventions, and meetings .....				
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	23,065.		23,065.	
<b>23</b> Insurance .....	4,690.		4,690.	
<b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b> INVESTMENT FEES	129,257.		129,257.	
<b>b</b> 25TH ANNIVERSARY EVENT	39,145.		39,145.	
<b>c</b> PROFESSIONAL FEES	27,138.		27,138.	
<b>d</b> PUBLICATIONS/MAILINGS	11,635.		11,635.	
<b>e</b> COMPUTER AND SOFTWARE	9,747.		9,747.	
<b>f</b> All other expenses	31,489.		31,489.	
<b>25</b> Total functional expenses. Add lines 1 through 24f	2,521,981.	1,917,838.	604,143.	0.
<b>26</b> Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

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

Form 990 (2008)

06-1080097 Page 11

**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 .....	1,537,114.	<b>2</b>	2,291,872.
	<b>3</b> Pledges and grants receivable, net .....	113,132.	<b>3</b>	67,553.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		<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 .....		<b>9</b>	3,179.
	<b>10a</b> Land, buildings, and equipment: cost basis ...	467,159.		
	<b>b</b> Less: accumulated depreciation. Complete Part VI of Schedule D .....	138,682.		
		347,423.	<b>10c</b>	328,477.
	<b>11</b> Investments - publicly traded securities .....	27,350,249.	<b>11</b>	20,653,069.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	6,187,322.	<b>12</b>	4,027,786.
	<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</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	35,535,240.	<b>16</b>	27,371,936.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	39,577.	<b>17</b>	37,469.
	<b>18</b> Grants payable .....	105,577.	<b>18</b>	112,727.
	<b>19</b> Deferred revenue .....	1,000,000.	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow 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 .....		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	33,385.	<b>25</b>	32,041.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,178,539.	<b>26</b>	182,237.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	28,097,784.	<b>27</b>	23,138,990.
	<b>28</b> Temporarily restricted net assets .....	2,010,347.	<b>28</b>	1,212,587.
	<b>29</b> Permanently restricted net assets .....	4,248,570.	<b>29</b>	2,838,122.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>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 .....	34,356,701.	<b>33</b>	27,189,699.
	<b>34</b> Total liabilities and net assets/fund balances .....	35,535,240.	<b>34</b>	27,371,936.

**Part XI Financial Statements and Reporting**

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?	<b>2a</b>	X
<b>b</b> Were the organization's financial statements audited by an independent accountant?	<b>2b</b>	X
<b>c</b> If "Yes" to lines 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?	<b>2c</b>	X
<b>3a</b> 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?	<b>3a</b>	X
<b>b</b> If "Yes," did the organization undergo the required audit or audits?	<b>3b</b>	

Department of the Treasury  
Internal Revenue Service

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

OMB No. 1545-0047

2008

**Open to Public Inspection**

Employer identification number  
06-1080097

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

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

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

h Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008



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

Schedule A (Form 990 or 990-EZ) 2008

06-1080097 Page 2

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1346281.	1805037.	2781756.	4438550.	7011411.	17383035.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 - 3	1346281.	1805037.	2781756.	4438550.	7011411.	17383035.
5 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)						5093616.
6 <b>Public Support.</b> Subtract line 5 from line 4.						12289419.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1346281.	1805037.	2781756.	4438550.	7011411.	17383035.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	543,310.	461,923.	1249407.	1158640.	353,988.	3767268.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			8,453.			8,453.
11 <b>Total support.</b> Add lines 7 through 10						21158756.
12 Gross receipts from related activities, etc. (see instructions)					12	25,646.
13 <b>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**

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	58.08 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	59.26 %
16a <b>33 1/3% support test - 2008.</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 - 2007.</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"/>		
17a <b>10% -facts-and-circumstances test - 2008.</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 - 2007.</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"/>		
18 <b>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"/>		

Schedule A (Form 990 or 990-EZ) 2008



**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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 .....						
<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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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.)						
<b>14 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>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....	<b>18</b>	%
<b>19a 33 1/3% support tests - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>b 33 1/3% support tests - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....		

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

THE COMMUNITY FOUNDATION OF SOUTHEASTERN  
CONNECTICUT, INC.

Employer identification number

06-1080097

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

**General Rule**

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

**Special Rules**

- ☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions  
for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

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

Employer identification number

**06-1080097****Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ALVA GREENBERG 288 MIDDLESEX AVENUE CHESTER, CT 06412	\$ 160,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	KITCHINGS FOUNDATION P.O. BOX 309 ESSEX, CT 06426	\$ 183,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MR AND MRS LAURENCE P SMITH 17 BALDWIN DRIVE WATERFORD, CT 06385	\$ 1,590,994.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	PRISCILLA F HODGES 7 BAYVIEW AVENUE STONINGTON, CT 06378	\$ 402,050.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	DR CARL WIES SCHOLARSHIP FUND P.O. BOX 969 NEW LONDON, CT 06320	\$ 163,101.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	ESTATE OF EMEROY F DAVIDSON, MCGARRY, PRINCE, MCGARRY, P.C. 58 HUNTINGTON STREET NEW LONDON, CT 06320	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Employer identification number

**06-1080097****Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	ESTATE OF EDMUND O'BRIEN 261 WILLIAMS STREET NEW LONDON, CT 06320	\$ 3,239,726.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

THE COMMUNITY FOUNDATION OF SOUTHEASTERN  
CONNECTICUT, INC.

Employer identification number

06-1080097

**Part II** Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	SECURITIES - PUBLICLY TRADED	\$ 1,452,994.	01/28/08
4	SECURITIES - PUBLICLY TRADED	\$ 402,021.	07/16/08
5	SECURITIES - PUBLICLY TRADED	\$ 163,101.	02/11/08
		\$	
		\$	
		\$	

**Schedule D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

**THE COMMUNITY FOUNDATION OF SOUTHEASTERN  
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 .....	33	187
2 Aggregate contributions to (during year) .....	379,223.	6,632,188.
3 Aggregate grants from (during year) .....	506,337.	1,411,501.
4 Aggregate value at end of year .....	2,157,491.	20,981,499.

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? ☐ Yes ☒ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☒ 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a-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 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 .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► .....

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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, 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, 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 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 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 Trust, Escrow and Custodial Arrangements.** Complete if 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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 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	34356701.				
b Contributions	7,051,301.				
c Investment earnings or losses	-11825579.				
d Grants or scholarships	1,917,838.				
e Other expenditures for facilities and programs					
f Administrative expenses	474,886.				
g End of year balance	27189699.				

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ 85.10 %  
 b Permanent endowment ▶ 10.40 %  
 c Term endowment ▶ 4.50 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Investments - 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) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		467,159.	138,682.	328,477.
<b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				328,477.

Schedule D (Form 990) 2008





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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,375,289.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,521,981.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,853,308.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-12,020,310.
9	Total adjustments (net). Add lines 4-8	9	-12,020,310.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-7,167,002.

**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	-4,645,021.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-9,916,901.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-2,103,409.
e	Add lines 2a through 2d	2e	-12,020,310.
3	Subtract line 2e from line 1	3	7,375,289.
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 should equal Form 990, Part I, line 12.)	5	7,375,289.

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

1	Total expenses and losses per audited financial statements	1	2,521,981.
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	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	2,521,981.
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 should equal Form 990, Part I, line 18.)	5	2,521,981.

**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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

**PART XII, LINE 2D:**

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS (\$692,961)

CHANGE IN VALUE OF PERPETUAL TRUST (\$1,410,448)

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

# 2008

## Open To Public Inspection

Employer identification number  
06-1080097

<b>Part I</b>	<b>Fundraising Activities.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
---------------	---

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

- a** ☐ Mail solicitations  
**b** ☐ Email solicitations  
**c** ☐ Phone solicitations  
**d** ☐ In-person solicitations  
**e** ☐ Solicitation of non-government grants  
**f** ☐ Solicitation of government grants  
**g** ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☒ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

**Total** ▶

---

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

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

[illegible]

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

Schedule G (Form 990 or 990-EZ) 2008

THE COMMUNITY FOUNDATION OF SOUTHEASTERN  
CONNECTICUT, INC.

06-1080097 Page 2

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		GOLF TOURNAMENT (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts .....	24,390.			24,390.
	2 Less: Charitable contributions .....				
	3 Gross revenue (line 1 minus line 2) .....	24,390.			24,390.
Direct Expenses	4 Cash prizes .....				
	5 Non-cash prizes .....				
	6 Rent/facility costs .....				
	7 Other direct expenses .....	14,264.			14,264.
	8 Direct expense summary. Add lines 4 through 7 in column (d) .....				( 14,264. )
	9 Net income summary. Combine lines 3 and 8 in column (d) .....				10,126.

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

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

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

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

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

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

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

11 Does the organization operate gaming activities with nonmembers? .....

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? .....

	Yes	No
9a		
10a		
11		
12		

Schedule G (Form 990 or 990-EZ) 2008

**13** Indicate the percentage of gaming activity operated in:

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a****b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.**c** If "Yes," enter name and address:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

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

Description of services provided ► \_\_\_\_\_

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a****b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the U.S.**

► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.  
► Attach to Form 990.

Name of the organization

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

**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" on 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ☐

1 (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
OPPORTUNITIES INDUSTRIALIZATION CENTER - 106 TRUMAN STREET - NEW LONDON, CT 06320			10,000.	0.			EMPLOYABILITY SKILLS
ALLIANCE FOR LIVING 154 BROAD STREET NEW LONDON, CT 06320			12,787.	0.			SAFETY NET PROGRAM AND AGENCY ENDOWMENT DISTRIBUTION
APPLIED SUSTAINABLE AQUACULTURE, INC. - 65 FITCH AVENUE - NEW LONDON, CT 06320	56-2551577		10,000.	0.			MARINE ORNAMENTAL AQUACULTURE PROGRAM
BIG BROTHERS / BIG SISTERS OF S.E. CT - 1595 HARTFORD TURNPIKE - RT 85 - OAKDALE, CT 06370			14,632.	0.			CHILDREN OF PROMISE AND AGENCY ENDOWMENT DISTRIBUTION
CATHOLIC CHARITIES 331 MAIN STREET NORWICH, CT 06360			10,000.	0.			OUTREACH PROGRAM
CHILD AND FAMILY AGENCY OF SOUTHEASTERN CT - 255 HEMPSTEAD STREET - NEW LONDON, CT 06320			62,590.	0.			CHILD LEARNING PROGRAMS

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

**3** Enter total number of other organizations

77.  
77.

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

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

Schedule I (Form 990) 2008

THE COMMUNITY FOUNDATION OF SOUTHEASTERN  
CONNECTICUT, INC.

06-1080097

Page 2

Schedule I (Form 990) 2008

**Part II** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) 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	75	249,421.	0.		
ARTS, CULTURE	1	1,000.	0.		
EDUCATION	4	7,800.	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 1: 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:

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
 Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

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

Employer identification number  
**06-1080097**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHILDREN'S MUSEUM OF SOUTHEASTERN CT - 409 MAIN STREET - NIAHTIC, CT 06357			11,591.	0.			RENOVATIONS AND AGENCY ENDOWMENT DISTRIBUTION
CITY LIFE / VIDA URBANA PO BOX 300107 JAMAICA PLAIN, MA 02130			10,000.	0.			ANONYMOUS CONTRIBUTION
CITY OF NEW LONDON 181 STATE STREET NEW LONDON, CT 06320			19,500.	0.			BASH AT THE BEACH AND NEW LONDON PROUD CONTRIBUTIONS
COMMUNITY COALITION FOR CHILDREN C/O LEARN - PO BOX 447 - EAST LYME, CT 06333			7,500.	0.			OCTOBER 2008 PROGRAM
COMMUNITY FOUNDATION OF SOUTHEASTERN CT - 147 STATE STREET - NEW LONDON, CT 06320			47,023.	0.			INTERNAL
CONNECTICUT COLLEGE - OFFICE OF VOLUNTEERS - 270 MOHEGAN AVENUE - NEW LONDON, CT 06320			8,000.	0.			PROJECT 3RD GRADE READS BEST AND S.I.S.T.E.R FILMMAKERS PROJECT
CONNECTICUT HUMANITIES COUNCIL 37 BROAD STREET MIDDLETOWN, CT 06457			10,000.	0.			MOTHERREAD AND FATHERREAD SITES IN SOUTHEASTERN CONNECTICUT
COVENANT SHELTER OF NEW LONDON, INC. - 42 JAY STREET PO BOX 1653 - NEW LONDON, CT 06320			6,815.	0.			FIRE ESCAPE AND CONTRIBUTIONS

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**SCHEDULE I-1**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
 Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

**2008**  
**Open to Public Inspection**

Name of the organization

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

Employer identification number  
**06-1080097**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
DEMOCRACY SOUTH 304B 49TH STREET VIRGINIA BEACH, VA 23451	56-1934350		10,000.	0.			ANONYMOUS CONTRIBUTION
DENISON PEQUOTSEPOS NATURE CENTER PO BOX 122 MYSTIC, CT 06355			11,000.	0.			SAFETY IMPROVEMENTS
DROP IN LEARNING CENTER 45 BROAD STREET ANNEX NEW LONDON, CT 06320			10,000.	0.			TUTORIAL SUMMER ENRICHMENT PROGRAM
EASTERN CONNECTICUT BALLET, INC. 435 BOSTON POST ROAD EAST LYME, CT 06333			7,048.	0.			NUTCRACKER ASSEMBLIES AND DESIGNATED GRANT
EASTERN CONNECTICUT SYMPHONY ORCHESTRA - 289 STATE STREET - NEW LONDON, CT 06320			15,315.	0.			YOUNG PEOPLE'S CONCERT AND YOUNG ARTISTS COMPETITION
EUGENE O'NEILL THEATER CENTER 305 GREAT NECK ROAD WATERFORD, CT 06385			8,675.	0.			MONTE CRISTO COTTAGE FOR SCHOOLS
FLOCK THEATRE 66 UNION STREET NEW LONDON, CT 06320			7,000.	0.			MACBETH
FLORENCE GRISWOLD MUSEUM 96 LYME STREET OLD LYME, CT 06371			10,500.	0.			IMPRESSIONIST GIVERNY AND LIEBER FAMILY FUND CONTRIBUTION

**2** Enter total number of Section 501(c)(3) and government organizations

**3** Enter total number of other organizations



**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**

▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

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

Employer identification number

**06-1080097**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FRESH NEW LONDON / TSNE - GEMMA E. MORAN FOOD CENTER - 374 BROAD STREET - NEW LONDON, CT 06320			12,500.	0.			SERVICE LEARNING PROGRAMS
FRIENDS OF OSWEGATCHIE HILLS NATURE PRESERVE, INC. - PO BOX 163 - NIAHTIC, CT 06357			8,500.	0.			ENTRANCE ACCESSIBILITY OUTREACH WORKER, READING AND ART, AND HEALTHY WOMEN'S INITIATIVE PROGRAMS
FRONT PORCH FOUNDATION, INC. 78 WALDEN AVENUE NEW LONDON, CT 06320			24,000.	0.			PACE, PASSPORT TO LITERACY, AND JAZZREACH PROGRAMS
GARDE ARTS CENTER 325 STATE STREET NEW LONDON, CT 06320			27,230.	0.			PAINTER'S MARK AND AGENCY ENDOWMENT DISTRIBUTION
GRIFFIS ART CENTER, INC. 18 BRISTOL STREET, NO 1 NEW LONDON, CT 06320			41,214.	0.			DELTA SOCIETY PET PARTNER TEAM PROGRAM AND LIEBER FAMILY FUND CONTRIBUTION
HIGH HOPES THERAPEUTIC RIDING, INC. - PO BOX 254 - OLD LYME, CT 06371			10,750.	0.			JAZZREACH PROGRAM
JAZZREACH, INC. 55 WASHINGTON STREET, SUITE 509 BROOKLYN, NY 11201			9,000.	0.			ANONYMOUS CONTRIBUTION
JEWISH ALLIANCE FOR LAW AND SOCIAL ACTION - 19 TREMONT STREET, SUITE 320 - BOSTON, MA 02108	01-0563874		10,000.	0.			

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
 Attach to Form 990 to list additional information for  
 Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

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

Employer identification number

**06-1080097**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
JEWISH FEDERATION OF EASTERN CT 28 CHANNING STREET NEW LONDON, CT 06320			15,000.	0.			READING PARTNERS, AGING IN PLACE, AND ALVA GREENBERG FUND CONTRIBUTIONS
KENTE CULTURAL CENTER 219 BANK STREET, SUITE 16 NEW LONDON, CT 06320			13,000.	0.			SHOUT OUT AND READ, BASH AT THE BEACH, AND COMMUNITY EVENT PROGRAMS
KENYON REVIEW - NEFF COTTAGE 102 W. WIGGIN STREET GAMBIER, OH 43022			10,000.	0.			AUCTION ITEM
L&M OFFICE OF COMMUNITY HEALTH AND PARTNERSHIPS - 234 STATE STREET - NEW LONDON, CT 06320			10,134.	0.			B TRU 2 U CAMPAIGN
LAWRENCE & MEMORIAL HOSPITAL 365 MONTAUK AVENUE NEW LONDON, CT 06320			11,551.	0.			ANONYMOUS CONTRIBUTION FOR WHEELCHAIRS AND ANNUAL CONTRIBUTION
LYMAN ALLYN ART MUSEUM 625 WILLIAMS STREET NEW LONDON, CT 06320			28,067.	0.			EDUCATIONAL ACTIVITIES, LIEBER FAMILY FUND CONTRIBUTION, AND AGENCY ENDOWMENT DISTRIBUTION
MADONNA PLACE, INC. 240 MAIN STREET NORWICH, CT 06360			10,000.	0.			FATHERHOOD INITIATIVE PROGRAM
MARTIN HOUSE 401 WEST THAMES STREET NORWICH, CT 06360			5,500.	0.			ADULT EDUCATION PROGRAMS AND CONTRIBUTION FROM JOHN BUTLER

**2** Enter total number of Section 501(c)(3) and government organizations

**3** Enter total number of other organizations

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
 Attach to Form 990 to list additional information for  
 Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

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

Employer identification number

**06-1080097**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MITCHELL COLLEGE 437 PEQUOT AVENUE NEW LONDON, CT 06320			15,100.	0.			SCHOLARSHIPS
MYSTIC AREA SHELTER AND HOSPITALITY - MASH - 119 HIGH STREET - MYSTIC, CT 06355			8,642.	0.			DIRECT SERVICES AND CONTRIBUTION FROM WAYNE BOETTNER
MYSTIC ARTS CENTER 9 WATER STREET MYSTIC, CT 06355			5,415.	0.			VISUAL THINKING CURRICULUM AND AGENCY ENDOWMENT DISTRIBUTION
MYSTIC SEAPORT MUSEUM 75 GREENMANVILLE AVENUE MYSTIC, CT 06355			16,000.	0.			HUDSON BAY INUIT AND CAPTAIN GEORGE COMER
NEW LONDON COMMUNITY BOATING 55 BAY SHORE DRIVE PO BOX 269 NEW LONDON, CT 06320			12,200.	0.			SCHOLARSHIPS AND KITCHINGS FOUNDATION CONTRIBUTION
NEW LONDON COMMUNITY MEAL CENTER 12 MONTAUK AVENUE NEW LONDON, CT 06320			11,300.	0.			FOOD AND SUPPLIES AND CONTRIBUTIONS
NEW LONDON COUNTY HISTORICAL SOCIETY - 11 BLINMAN STREET - NEW LONDON, CT 06320			11,942.	0.			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			43,250.	0.			DROP IN CENTER, KITCHINGS GRANT, AND LIEBER FAMILY FUND CONTRIBUTIONS

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▲ Attach to Form 990 to list additional information for  
Part II and Part III, Schedule I (Form 990).**

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

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

Employer identification number  
**06-1080097**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 LONDON MAIN STREET 165 STATE STREET, SUITE 101 NEW LONDON, CT 06320			10,500.	0.			SUMMERTIME FESTIVAL AND BASH AT THE BEACH PROGRAMS
NEW LONDON PUBLIC SCHOOLS 134 WILLIAMS STREET NEW LONDON, CT 06320			20,600.	0.			ENVIRONMENTAL EDUCATIONS COALITION AND NEW LONDON HIGH SCHOOL GIRLS VOLLEYBALL PROGRAM
NEW LONDON YOUTH AFFAIRS - NEW LONDON RECREATION DEPARTMENT - 120 BROAD STREET - NEW LONDON, CT 06320			22,642.	0.			RECREATIONAL ALTERNATIVES TO DRUGS, KITCHINGS FOUNDATION CONTRIBUTIONS, AND TEEN PREGNANCY
NIANTIC MAIN STREET 277 MAIN STREET PO BOX 634 NIANTIC, CT 06357			25,205.	0.			HANDICAP ACCESSIBILITY RENOVATIONS AND PAULINE LORD CONTRIBUTIONS
NOANK BAPTIST CHURCH 18 CATHEDRAL HEIGHTS NOANK, CT 06340			6,835.	0.			JOHN BUTLER CONTRIBUTION AND AGENCY ENDOWMENT DISTRIBUTION
NORTH STONINGTON SCHOOLS 297 NORWICH WESTERLY ROAD NORTH STONINGTON, CT 06359			7,500.	0.			WHOLE SCHOOL LITERACY CLIMATE PROGRAM
PAWCATUCK NEIGHBORHOOD CENTER 27 CHASE STREET PAWCATUCK, CT 06379			7,000.	0.			EMERGENCY ASSISTANCE AND EMPOWERING WOMEN TO RE-ENTER THE WORKFORCE PROGRAMS
PLANNED PARENTHOOD OF CONNECTICUT 345 WHITNEY AVENUE NEW HAVEN, CT 06511			20,000.	0.			HEALTHY FAMILIES PROGRAM

**2** Enter total number of Section 501(c)(3) and government organizations

**3** Enter total number of other organizations

**SCHEDULE I-1**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
 Attach to Form 990 to list additional information for  
 Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

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

Employer identification number

**06-1080097**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
READ TO GROW 53 SCHOOL GROUND ROAD BRANFORD, CT 06405			7,500.	0.			BOOKS FOR BABIES PROGRAM AND ALVA GREENBERG FUND CONTRIBUTION
RIVERFRONT CHILDREN'S CENTER 476 THAMES STREET GROTON, CT 06340			12,866.	0.			TUITION ASSISTANCE, LETS READ TOGETHER, AND THREE STEPS FORWARD PROGRAMS
SALT MARSH OPERA COMPANY PO BOX 227 STONINGTON, CT 06378			6,100.	0.			FITCH PERFORMANCE AND INTERNSHIP PROGRAM AND CONTRIBUTION FROM LIEBER FAMILY FUND
SHILOH DEVELOPMENT CORPORATION 3 GARVIN STREET NEW LONDON, CT 06320			16,672.	0.			STAR CONTRIBUTION PROGRAM FROM BASH AT THE BEACH AND AGENCY ENDOWMENT DISTRIBUTION
SOUTHEASTERN REGIONAL ACTION COUNCIL - 620 NORWICH NL TURNPIKE - UNCASVILLE, CT 06382			6,130.	0.			PREVENTION RESOURCE LIBRARY PROGRAM
SPECIAL OLYMPICS - CONNECTICUT 401 WEST THAMES STREET, SUITE 107 NORWICH, CT 06360			5,100.	0.			TRACK AND FIELD EVENT AND CONTRIBUTION FROM JIM SMITH
STONINGTON COMMUNITY CENTER PO BOX 286 STONINGTON, CT 06378			8,500.	0.			STAGE LIGHTING
TERRA FIRMA FARM, INC. 330 AL HARVEY ROAD STONINGTON, CT 06378			6,000.	0.			BOARD DEVELOPMENT AND CONSULTING WORK

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

832241 12-17-08

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

Schedule I-1 (Form 990) 2008

**SCHEDULE I-1**  
**(Form 990)**  
Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
 Attach to Form 990 to list additional information for  
 Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047  
 2008  
 Open to Public  
 Inspection

Name of the organization

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

Employer identification number  
**06-1080097**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THAMES RIVER FAMILY PROGRAM ONE THAMES RIVER PLAZA NORWICH, CT 06360			11,500.	0.			EMPLOYMENT/CAREER TRAINING, YOUTH PROGRAMS, AND JOHN BUTLER CONTRIBUTIONS
THAMES VALLEY COUNCIL FOR COMMUNITY ACTION - ONE SYLVANDALE ROAD - JEWETT CITY, CT 06351			10,000.	0.			MOVEABLE FEAST PROGRAM
THE MADEIRA SCHOOL - GREENWAY 8328 GEORGETOWN PIKE MCLEAN, VA 22102			10,000.	0.			ALVA GREENBERG FUND CONTRIBUTION
THE RECTORY FUND PO BOX 58 POMFRET, CT 06258			10,000.	0.			CONTRIBUTION FROM ALVA GREENBERG FUND
UNITED CHURCH OF STONINGTON/BOROUGH CLOCK FUND II - 12 ROOSEVELT AVENUE - STONINGTON, CT 06378			18,300.	0.			OPERATIONS PROJECT WARM UP, AGENCY ENDOWMENT DISTRIBUTION, AND CONTRIBUTIONS FROM JIM SMITH
UNITED WAY OF SOUTHEASTERN CT PO BOX 375 GALES FERRY, CT 06335			24,468.	0.			ELECTROISHER BOAT AND TRAILER FOOTCARE CLINIC, HOME HEALTHCARE VISITS, AND CONTRIBUTIONS FROM JIM SMITH
UNIVERSITY OF CONNECTICUT FOUNDATION - 2390 ALUMNI DRIVE - STORRS, CT 06269			80,000.	0.			
VISITING NURSE ASSOCIATION OF SE CT - 403 NORTH FRONTAGE ROAD - WATERFORD, CT 06385			31,755.	0.			

2 Enter total number of Section 501(c)(3) and government organizations  
 3 Enter total number of other organizations

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)  
 Attach to Form 990 to list additional information for  
 Part II and Part III, Schedule I (Form 990).

OMB No. 1545-0047

2008

Open to Public  
Inspection

Name of the organization

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

Employer identification number

**06-1080097**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
VOICE & FUTURE FUND 26 WEST STREET, 3RD FLOOR BOSTON, MA 02111			10,000.	0.			BOSTON WORKERS ALLIANCE PROGRAM
WARM SHELTER 56 SPRUCE STREET WESTERLY, RI 02891			6,000.	0.			HOMELESS SHELTER AND CONTRIBUTIONS FROM JOHN BUTLER
WATERFORD PUBLIC LIBRARY 49 ROPE FERRY ROAD WATERFORD, CT 06385			13,355.	0.			DESIGNATED GRANT
WHEELER LIBRARY 101 MAIN STREET, PO BOX 217 NORTH STONINGTON, CT 06359			6,000.	0.			COMPUTERS DOMESTIC VIOLENCE PARENTING, DOMESTIC VIOLENCE SUPPORT GROUPS FOR THE ELDERLY, YOUTH
WOMEN'S CENTER OF SOUTHEASTERN CT 16 JAY STREET NEW LONDON, CT 06320			16,000.	0.			CREATIVE ARTS PROGRAM AND KITCHINGS FOUNDATION CONTRIBUTIONS
WRITER'S BLOCK INK 300 STATE STREET NEW LONDON, CT 06320			13,500.	0.			OUT OF SCHOOL TIME PROGRAMS AND CONTRIBUTION FROM JIM SMITH
YMCA OF SOUTHEASTERN CT INC. - COASTLINE BRANCH - 337 MAIN STREET - NORWICH, CT 06360			6,935.	0.			

2 Enter total number of Section 501(c)(3) and government organizations

3 Enter total number of other organizations

**Part IV** Supplemental Information

NEW LONDON YOUTH AFFAIRS - NEW LONDON RECREATION DEPARTMENT

(H) PURPOSE OF GRANT OR ASSISTANCE: RECREATIONAL ALTERNATIVES TO DRUGS,  
KITCHINGS FOUNDATION CONTRIBUTIONS, AND TEEN PREGNANCY PREVENTION  
PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT: WOMEN'S CENTER OF SOUTHEASTERN CT

(H) PURPOSE OF GRANT OR ASSISTANCE: DOMESTIC VIOLENCE PARENTING,  
DOMESTIC VIOLENCE SUPPORT GROUPS FOR THE ELDERLY, YOUTH OUTREACH  
PROGRAMS, AND CONTRIBUTION FROM JIM SMITH



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees

▶ **Attach to Form 990. To be completed by organizations that  
answered "Yes" to Form 990, Part IV, line 23.**

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

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

Employer identification number  
**06-1080097**

**Part I Questions Regarding Compensation**

**1a** 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If line 1a is 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 .....

**2** 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? .....

**3** 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 checked="" type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment? ..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? ..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? ..... **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.**

**5** 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:

- a** The organization? ..... **5a**
- b** Any related organization? ..... **5b**
- If "Yes," to line 5a or 5b, describe in Part III.

**6** 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:

- a** The organization? ..... **6a**
- b** Any related organization? ..... **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

**7** 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 .....

**8** 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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X

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

Schedule J (Form 990) 2008

## Part II Officers, Directors, Trustees, Key Employees, and Highest

**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.

[illegible]

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**NonCash Contributions**

► To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

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

Employer identification number  
**06-1080097**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	13	2,077,642	MEAN VALUE - GIFT DATE
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 Acknowledgment

29

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? .....

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2008

**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 O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF SOUTHEASTERN CONNECTICUT, INC.

Employer identification number  
06-1080097

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 ELEVEN TOWN SERVICE AREA.

FORM 990, PART VI, SECTION A, LINE 10: 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 2C:

THE REVIEW PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

[illegible]