

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.

A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE COMMUNITY FOUNDATION OF SOUTHEASTERN CONNECTICUT, INC.		D Employer identification number 06-1080097
		Doing Business As		E Telephone number (860) 442-3572
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 147 STATE STREET, P.O. BOX 769	G Gross receipts \$ 3,086,932.	
		City or town, state or country, and ZIP + 4 NEW LONDON, CT 06320		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer: ALICE FITZPATRICK 147 STATE STREET, NEW LONDON, CT 06320				
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.CFSECT.ORG				
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ COMMU				
L Year of formation: 1982				
M State of legal domicile: CT				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROMOTE LOCAL PHILANTHROPY, ALLOWING US TO SUPPORT THROUGH GRANTS VARIOUS ORGANIZATIONS AND			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3 15	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 14	
	5	Total number of employees (Part V, line 2a)	5 7	
	6	Total number of volunteers (estimate if necessary)	6 60	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
b	Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	7,011,411.	2,976,824.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	323,988.	87,633.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,890.	22,475.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,375,289.	3,086,932.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,917,838.	3,099,459.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	313,287.	310,542.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	290,856.	249,092.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,521,981.	3,659,093.	
19	Revenue less expenses. Subtract line 18 from line 12	4,853,308.	<572,161.>	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	27,371,936.	32,446,421.
	21	Total liabilities (Part X, line 26)	182,237.	571,156.
22	Net assets or fund balances. Subtract line 21 from line 20	27,189,699.	31,875,265.	

Part II Signature Block

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

Sign Here	Signature of officer	Date
	ALICE FITZPATRICK, PRESIDENT Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN ▶		Phone no. ▶ 860 561-4000
BLUM, SHAPIRO & COMPANY, P.C., CPA'S				
29 S. MAIN STREET, P.O. BOX 272000				
WEST HARTFORD, CT 06127-2000				

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

Part III Statement of Program Service Accomplishments

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 [X] 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 [X] 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 \$ 23,753. including grants of \$ 1,419,100.) (Revenue \$) SPECIAL INITIATIVES: THE COMMUNITY FOUNDATION'S MAJOR INITIATIVES INCLUDE: "LET'S READ" WHICH TARGETS CHILDREN'S LITERACY, "WOMEN & GIRLS" WHICH ADDRESSES ISSUES SUCH AS TEEN PREGNANCY, FEMALE MENTAL AND PHYSICAL ABUSE AND OTHER ISSUES THAT AFFECT WOMEN, "LOVE OUR LIBRARIES" TO PROVIDE CONTINUING SUPPORT FOR THE REGION'S THIRTEEN PUBLIC LIBRARIES, AND "PAWS" TO SUPPORT THE CARE AND PROTECTION OF ANIMALS AND WILDLIFE. GRANTS ARE AWARDED ON A COMPETITIVE BASIS, THROUGH A VOLUNTEER COMMITTEE.

4b (Code:) (Expenses \$ 154,395. including grants of \$ 1,166,280.) (Revenue \$) 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.

4c (Code:) (Expenses \$ 59,382. including grants of \$ 276,549.) (Revenue \$) SCHOLARSHIP AWARDS: TUITION ASSISTANCE FOR STUDENTS WHO ARE JUST ENTERING COLLEGE AND THOSE WHO ARE ALREADY ENROLLED. SCHOLARSHIPS ARE ALSO AWARDED ON A COMPETITIVE BASIS, THROUGH A VOLUNTEER COMMITTEE.

4d Other program services. (Describe in Schedule O.) (Expenses \$ 2,861,929. including grants of \$) (Revenue \$)

4e Total program service expenses \$ 3,099,459.

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, 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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

THE COMMUNITY FOUNDATION OF SOUTHEASTERN
CONNECTICUT, INC.

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <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 lines 24b through 24d and complete Schedule K. If "No," go to line 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 Section 501(c)(3) and 501(c)(4) organizations. 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 Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 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>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	1a 7		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 7		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
2a	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		
	2a 7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
	4a		
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.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
	8		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?		X
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
	9b		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a			15
b	Enter the number of voting members that are independent		
1b			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
b	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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	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?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	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	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

- List all of the organization's **current** key employees. See instructions for definition of "key employee."

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

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

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

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

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

(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			
ALICE FITZPATRICK PRESIDENT	40.00	X		X			134,745.	0.	16,904.	
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 TREASURER	1.00	X		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 TRUSTEE	1.00	X					0.	0.	0.	

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			
1b Total							134,745.	0.	16,904.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
RUSSELL INVESTMENTS 909 A STREET, TACOMA, WA 98402	INVESTMENT MANAGER	132,638.

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

THE COMMUNITY FOUNDATION OF SOUTHEASTERN CONNECTICUT, INC.

Form 990 (2009)

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	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	297,682.4			
	g Noncash contributions included in lines 1a-1f: \$		38,927.			
	h Total. Add lines 1a-1f		297,682.4			
	Program Service Revenue	Business Code				
2 a						
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		87,633.	87,633.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)		22,475.	22,475.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		308,693.2	110,108.	0.	0.	

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Form 990 (2009)

THE COMMUNITY FOUNDATION OF SOUTHEASTERN
CONNECTICUT, INC.

Form 990 (2009)

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,822,910.	2,822,910.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	276,549.	276,549.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	151,649.		151,649.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	115,833.		115,833.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	22,506.		22,506.	
10 Payroll taxes	20,554.		20,554.	
11 Fees for services (non-employees):				
a Management				
b Legal	80.		80.	
c Accounting	23,600.		23,600.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	10,367.		10,367.	
13 Office expenses	19,507.		19,507.	
14 Information technology	11,087.		11,087.	
15 Royalties				
16 Occupancy	12,651.		12,651.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,586.		19,586.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a INVESTMENT FEES	132,638.		132,638.	
b				
c				
d				
e				
f All other expenses	19,576.		19,576.	
25 Total functional expenses. Add lines 1 through 24f	3,659,093.	3,099,459.	559,634.	0.
26 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 (2009)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	2,291,872.	2	1,494,536.	
	3 Pledges and grants receivable, net	67,553.	3	113,397.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 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		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	3,179.	9	9,359.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 479,880.			
	b Less: accumulated depreciation	10b 158,268.	328,477.	10c 321,612.	
	11 Investments - publicly traded securities	20,653,069.	11	25,581,222.	
	12 Investments - other securities. See Part IV, line 11	4,027,786.	12	4,926,295.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	27,371,936.	16	32,446,421.		
Liabilities	17 Accounts payable and accrued expenses	37,469.	17	41,035.	
	18 Grants payable	112,727.	18	497,403.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	32,041.	25	32,718.	
	26 Total liabilities. Add lines 17 through 25	182,237.	26	571,156.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	23,138,990.	27	26,880,487.	
	28 Temporarily restricted net assets	1,212,587.	28	1,639,900.	
	29 Permanently restricted net assets	2,838,122.	29	3,354,878.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	27,189,699.	33	31,875,265.	
34 Total liabilities and net assets/fund balances	27,371,936.	34	32,446,421.		

Form 990 (2009)

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2009

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 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).**
- 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 Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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?

	Yes	No
(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 supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,805,037.	2,781,756.	4,438,550.	7,011,411.	2,976,824.	19,013,578.
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 Total. Add lines 1 through 3	1,805,037.	2,781,756.	4,438,550.	7,011,411.	2,976,824.	19,013,578.
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)						2,606,097.
6 Public support. Subtract line 5 from line 4.						16,407,481.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,805,037.	2,781,756.	4,438,550.	7,011,411.	2,976,824.	19,013,578.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	461,923.	1,249,407.	1,158,640.	353,988.	110,108.	3,334,066.
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 Total support. Add lines 7 through 10						22,356,097.
12 Gross receipts from related activities, etc. (see instructions)					12	25,646.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	73.39 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	58.08 %

16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2008. 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 **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2009. 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2008. 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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	41	243
2 Aggregate contributions to (during year)	763,341.	
3 Aggregate grants from (during year)	449,177.	2,418,472.
4 Aggregate value at end of year	2,840,447.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<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 a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	27,189,699.	34,356,701.			
b Contributions	2976824.	7051301.			
c Net investment earnings, gains, and losses	5235197.	<11,825,579.>			
d Grants or scholarships	3099459.	1917838.			
e Other expenditures for facilities and programs					
f Administrative expenses	426,996.	474,886.			
g End of year balance	31,875,265.	27,189,699.			

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

- a Board designated or quasi-endowment 84.00 %
- b Permanent endowment 11.00 %
- c Term endowment 5.00 %

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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		407,360.	90,697.	316,663.
c Leasehold improvements				
d Equipment		72,520.	67,571.	4,949.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				321,612.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Includes rows for Financial derivatives, Closely-held equity interests, and Total (4,926,295).

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Includes Total (Col (b) must equal Form 990, Part X, col (B) line 13.)

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

Table with 2 columns: (a) Description, (b) Book value. Includes Total (Column (b) must equal Form 990, Part X, col (B) line 15.)

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

Table with 2 columns: (a) Description of liability, (b) Amount. Includes Federal income taxes, LIABILITY UNDER CHARITABLE GIFT ANNUITY (32,718), and Total (32,718).

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,086,932.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,659,093.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<572,161.>
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	5,257,727.
9	Total adjustments (net). Add lines 4 through 8	9	5,257,727.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	4,685,566.

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	8,344,659.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	4,359,894.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	897,833.
e	Add lines 2a through 2d	2e	5,257,727.
3	Subtract line 2e from line 1	3	3,086,932.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,086,932.

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

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

Part XIV Supplemental Information

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

PART XII, LINE 2D:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS \$381,077

CHANGE IN VALUE OF PERPETUAL TRUST \$516,756

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

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

Employer identification number
06-1080097

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. 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	23-7066023	501(C)(3)	7,500.	0.			CULINARY ARTS TRAINING
ALLIANCE FOR LIVING 154 BROAD STREET NEW LONDON, CT 06320	06-1245514	501(C)(3)	9,000.	0.			HOUSING STABILITY PLAN
BIG BROTHERS / BIG SISTERS OF S.E. CT - 1595 HARTFORD TURNPIKE - RT 85 - OAKDALE, CT 06370	06-0812978	501(C)(3)	11,564.	0.			MENTORING AND AGENCY ENDOWMENT DISTRIBUTION
BILL MEMORIAL LIBRARY 240 MONUMENT STREET GROTON, CT 06340		501(C)(3)	100,000.	0.			25TH ANNIVERSARY GIFT
BOYS AND GIRLS CLUB OF SOUTHEASTERN CT - 30 CENTRAL AVENUE, PO BOX 1762 - GROTON, CT 06340	06-1509637	501(C)(3)	8,000.	0.			PROJECT LEARN
CATHOLIC CHARITIES 331 MAIN STREET NORWICH, CT 06360	06-0646609	501(C)(3)	5,000.	0.			EMERGENCY BASIC NEEDS ASSISTANCE

- 2** Enter total number of section 501(c)(3) and government organizations ▶ **92.**
- 3** Enter total number of other organizations ▶

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

Schedule I (Form 990) 2009

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

THE COMMUNITY FOUNDATION OF SOUTHEASTERN
CONNECTICUT, INC.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and 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	179	276,549.	0.		

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

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

PART II, LINE 1, COLUMN (H):

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

**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
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OMB No. 1545-0047

2009

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Name of the organization **THE COMMUNITY FOUNDATION OF SOUTHEASTERN
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**Employer identification number
06-1080097**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR LABOR EDUCATION AND RESEARCH - 3353 WASHINGTON STREET - JAMAICA PLAIN, MA 02130		501(C)(3)	10,000.	0.			BOSTON WORKERS ALLIANCE
CENTER FOR TALENTED YOUTH - JOHN HOPKINS UNIVERSITY - 5801 SMITH AVENUE - BALTIMORE, MD 21209		501(C)(3)	6,935.	0.			SUMMER PROGRAM
CHILD & FAMILY AGENCY OF SOUTHEASTERN CT - 255 HEMPSTEAD STREET - NEW LONDON, CT 06320	23-7212022	501(C)(3)	72,105.	0.			CHILD LEARNING PROGRAMS
CHILDREN FIRST OF SOUTHEASTERN CT C/O UNITED COMMUNITY AND FAMILY SVC - 47 TOWN STREET - NORWICH, CT 06360		501(C)(3)	5,000.	0.			PROMOTE IMPROVEMENT
CITY LIFE/VIDA URBANA PO BOX 300107 JAMAICA PLAIN, MA 02130		501(C)(3)	10,000.	0.			ANONYMOUS CONTRIBUTION
COMMUNITY COALITION FOR CHILDREN C/O LEARN - PO BOX 447 - EAST LYME, CT 06333	06-0883604	501(C)(3)	8,000.	0.			WORK SHOPS AND OCTOBER PROGRAM
CONNECTICUT ADOPTION & FAMILY SERVICES - TWO UNION PLAZA SUITE 300 - NEW LONDON, CT 06320	06-1289319	501(C)(3)	8,000.	0.			PROJECT CONNECTICUT'S CHILD
CONNECTICUT COLLEGE (OVCS) - OFFICE OF VOLUNTEERS - 270 MOHEGAN AVENUE - NEW LONDON, CT 06320		501(C)(3)	8,000.	0.			PROJECT 3RD GRADE READS BEST AND S.I.S.T.E.R FILMMAKERS PROJECT

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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(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
CONNECTICUT COMMUNITY CARE, INC. WEST SIDE COMPLEX, 372 WEST MAIN ST NORWICH, CT 06360		501(C)(3)	8,000.	0.			INDEPENDENT LIVING FUND
CONNECTICUT LEGAL SERVICES, INC. 62 WASHINGTON STREET MIDDLETOWN, CT 06457	06-0955461	501(C)(3)	15,000.	0.			HOMELESS BENEFITS PROJECT
CONNECTICUT STORYTELLING CENTER - DEPT OF EDUCATION - 270 MOHEGAN AVENUE, PO BOX 5295 - NEW LONDON, CT 06320	06-1467199	501(C)(3)	7,200.	0.			STORYTELLING RESIDENCIES AND LITTLE LISTENERS STORYTELLING TRAINING PROGRAM
DEMOCRACY SOUTH 304B 49TH STREET VIRGINIA BEACH, VA 23451	56-1934350	501(C)(3)	7,500.	0.			ANONYMOUS CONTRIBUTION
DENISON PEQUOTSEPOS NATURE CENTER PO BOX 122 MYSTIC, CT 06355	06-0884024	501(C)(3)	14,580.	0.			SCHOOL SCIENCE OFFERINGS AND AGENCY ENDOWMENT DISTRIBUTION
DORCHESTER HOUSE MULTI-SERVICE CENTER, INC. - 1452 DORCHESTER AVE - DORCHESTER, MA 02122		501(C)(3)	5,000.	0.			LOUIS BROWN PEACE INSTITUTE
DR. CARL WIES SCHOLARSHIP FUND - NL FIRE FIGHTERS LOCAL 1522 - PO BOX 969 - NEW LONDON, CT 06320		501(C)(3)	5,700.	0.			AGENCY ENDOWMENT DISTRIBUTION
DROP-IN LEARNING CENTER 45 BROAD ST, ANNEX NEW LONDON, CT 06320		501(C)(3)	14,000.	0.			TUTORIAL SUMMER ENRICHMENT PROGRAM

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
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Department of the Treasury
Internal Revenue Service

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(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
EAST LYME PUBLIC LIBRARY, INC. 39 SOCIETY ROAD NIANTIC, CT 06357		501(C)(3)	100,000.	0.			25TH ANNIVERSARY GIFT
EASTERN CONNECTICUT BALLET, INC. 435 BOSTON POST RD EAST LYME, CT 06333	22-3147794	501(C)(3)	8,751.	0.			NUTCRACKER ASSEMBLIES AND DESIGNATED GRANT
EASTERN CONNECTICUT SYMPHONY ORCHESTRA - 289 STATE STREET - NEW LONDON, CT 06320	06-6068892	501(C)(3)	20,163.	0.			YOUNG PEOPLE'S CONCERT AND YOUNG ARTISTS COMPETITION
EUGENE O'NEILL THEATER CENTER 305 GREAT NECK RD WATERFORD, CT 06385		501(C)(3)	10,000.	0.			YOUTH INITIATIVES
FLOCK THEATRE 66 UNION STREET NEW LONDON, CT 06320	06-1537478	501(C)(3)	7,000.	0.			MACBETH AND BILL'S BARDS
FLORENCE GRISWOLD MUSEUM 96 LYME STREET OLD LYME, CT 06371	06-6062157	501(C)(3)	18,000.	0.			THIS LANDSCAPE WAS MADE FOR YOU AND ME AND CHILDREN'S ADMISSION TO FEARIE VILLAGE EXHIBIT
FRESH NEW LONDON / TSNE - GEMMA E. MORAN FOOD CENTER - 374 BROAD STREET - NEW LONDON, CT 06320	04-2261109	501(C)(3)	10,000.	0.			COMMUNITY GARDEN CENTER PROJECT
FRONT PORCH FOUNDATION, INC. 78 WALDEN AVENUE NEW LONDON, CT 06360	20-1055285	501(C)(3)	24,000.	0.			SERVICE AREA EXPANSION, READING & ART PROGRAM, AND HEALTHY WOMEN'S INITIATIVE

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury
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(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
GARDE ARTS CENTER 325 STATE STREET NEW LONDON, CT 06320	06-1143582	501(C)(3)	31,002.	0.			PAGE, WOMEN IN JAZZ, AND DRUMLINE LIVE
GRIFFIS ART CENTER, INC. 18 BRISTOL STREET, NO 1 NEW LONDON, CT 06320		501(C)(3)	9,850.	0.			AGENCY ENDOWMENT DISTRIBUTION
GROTON PUBLIC LIBRARY 52 NEWTOWN ROAD GROTON, CT 06340		501(C)(3)	100,000.	0.			25TH ANNIVERSARY GIFT
H.O.P.E., INC. 187 WILLIAMS STREET NEW LONDON, CT 06320		501(C)(3)	5,000.	0.			HOUSE RENOVATION
HABITAT FOR HUMANITY OF SOUTHEASTERN CT - 377 BROAD STREET - NEW LONDON, CT 06320	06-1214680	501(C)(3)	10,000.	0.			AFFORDABLE HOUSING
HIGH HOPES THERAPEUTIC RIDING, INC. - 36 TOWN WOODS ROAD - OLD LYME, CT 06371	06-0987749	501(C)(3)	5,000.	0.			DELTA SOCIETY PET PARTNER
HOSPICE OF SOUTHEASTERN CT 227 DUNHAM STREET NORWICH, CT 06360	22-2667260	501(C)(3)	5,594.	0.			COMPLEMENTARY THERAPIES PROGRAM AND ALESSI FAMILY FUND CONTRIBUTION
HYGIENIC ART, INC. 79-83 BANK STREET NEW LONDON, CT 06320	06-1207314	501(C)(3)	7,500.	0.			"DO THE WRITE THING"

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERDISTRICT SCHOOL FOR ARTS AND COMMUNICATION - 190 GOV. WINTHROP BLVD - NEW LONDON, CT 06320		501(C)(3)	80,000.	0.			ALVA GREENBERG CHALLENGE GRANT
JEWISH ALLIANCE FOR LAW AND SOCIAL ACTION - 18 TREMONT STREET, SUITE 320 - BOSTON, MA 02108	01-0563874	501(C)(3)	7,500.	0.			ANONYMOUS CONTRIBUTION
JEWISH FEDERATION OF EASTERN CT 28 CHANNING STREET, PO BOX 1468 NEW LONDON, CT 06320	23-7121362	501(C)(3)	11,500.	0.			CASE MANAGEMENT SOCIAL SERVICES AND AGING IN PLACE
JUDY DWORIN PERFORMANCE PROJECT, INC. - 233 PEARL STREET - HARTFORD, CT 06106	22-3064328	501(C)(3)	5,000.	0.			WHAT I WANT TO SAY
KENTE CULTURAL CENTER 219 BANK STREET, SUITE 16 NEW LONDON, CT 06320	06-1541163	501(C)(3)	7,500.	0.			ART THERAPY CLASSES, CHAT AND CHEW, AND BUSCETTO FAMILY & FRIENDS FUND CONTRIBUTION
KENYON REVIEW - NEFF COTTAGE 102 W WIGGIN STREET GAMBIER, OH 43022		501(C)(3)	50,000.	0.			ALVA GREENBERG CONTRIBUTION
L&M OFFICE OF COMMUNITY HEALTH AND PARTNERSHIPS - 234 STATE STREET - NEW LONDON, CT 06320		501(C)(3)	11,899.	0.			CHILD SAFETY SEAT INSPECTION STATIONS, DESIGNATED GRANT, CIVIC, AND B TRU 2 U CAMPAIGN
LEDYARD PUBLIC LIBRARIES PO BOX 225 LEDYARD, CT 06339		501(C)(3)	100,000.	0.			25TH ANNIVERSARY GIFT

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

Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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(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
LIFEFAGS 18 NOTTINGHAM DRIVE OLD LYME, CT 06371	06-1610499	501(C)(3)	7,500.	0.			IN-SCHOOL SUSPENSION AND MENTOR/MENTEE PROGRAMS
LIGHTHOUSE VOC-ED CENTER, INC. 46 PLAZA COURT NOANK, CT 06340		501(C)(3)	5,000.	0.			SUMMER FRIENDS PROGRAM
LITERACY VOLUNTEERS OF EASTERN CT 106 TRUMAN STREET NEW LONDON, CT 06320	51-0234814	501(C)(3)	8,003.	0.			TUTORIAL SATELLITES AND DESIGNATED GRANT
LYMAN ALLYN ART MUSEUM 625 WILLIAMS STREET NEW LONDON, CT 06320	06-0646663	501(C)(3)	12,000.	0.			EDUCATION PROGRAM AND LIEBER FAMILY FUND CONTRIBUTION
LYME ART ASSOCIATION 90 LYME STREET, PO BOX 222 OLD LYME, CT 06371	06-0932073	501(C)(3)	7,679.	0.			AGENCY ENDOWMENT DISTRIBUTION
LYME PUBLIC LIBRARY 482 HAMBURG ROAD LYME, CT 06371		501(C)(3)	100,000.	0.			25TH ANNIVERSARY
MODONNA PLACE, INC. 240 MAIN STREET NORWICH, CT 06360	06-1205879	501(C)(3)	7,500.	0.			FATHERHOOD INITIATIVE
MITCHELL COLLEGE 437 PEQUOT AVENUE NEW LONDON, CT 06320	06-0662150	501(C)(3)	15,000.	0.			ANNUAL SCHOLARSHIP FUNDING

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)
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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MYSTIC & NOANK LIBRARY 40 LIBRARY STREET MYSTIC, CT 06355		501(C)(3)	101,478.	0.			DISPLAY RACKS, DESIGNATED GRANT, AND 25TH ANNIVERSARY GIFT
MYSTIC AREA SHELTER AND HOSPITALITY - MASH - 119 HIGH STREET - MYSTIC, CT 06355	06-1536185	501(C)(3)	8,500.	0.			CONTRIBUTION FROM WAYNE BOETTNER AND SPONSORSHIPS
MYSITC ARTS CENTER 9 WATER STREET MYSTIC, CT 06355	06-6000563	501(C)(3)	8,892.	0.			ARTS PROGRAMMING AND AGENCY ENDOWMENT DISTRIBUTION
MYSTIC BALLET PO BOX 429 MYSTIC, CT 06355	06-1478674	501(C)(3)	7,500.	0.			PERFORMANCE PROJECT
MYSTIC SEAPORT MUSEUM 75 GREENMANVILLE AVENUE MYSTIC, CT 06355	06-0653120	501(C)(3)	8,000.	0.			MAP SPOT
NEW LONDON ADULT AND CONTINUING EDUCATION - 3 SHAW'S COVE - NEW LONDON, CT 06320		501(C)(3)	16,000.	0.			COMMUNITY INTERNET INITIATIVE, LET'S READ AT HOME, AND TEEN PREGNANCY PROGRAM
NEW LONDON COMMUNITY MEAL CENTER 12 MONTAUK AVE NEW LONDON, CT 06320	22-2768679	501(C)(3)	22,000.	0.			ROOF AND KITCHINGS FOUNDATION CONTRIBUTION
NEW LONDON COUNTY HISTORICAL SOCIETY - 11 BRINMAN STREET - NEW LONDON, CT 06320		501(C)(3)	13,369.	0.			RENOVATION, NEW LONDON AND THE ARTS PROGRAM, AND AGENCY ENDOWMENT DISTRIBUTION

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

Schedule I-1 (Form 990) 2009

**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
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW LONDON HOMELESS HOSPITALITY, INC. - 19 JAY STREET, PO BOX 1651 - NEW LONDON, CT 06320	20-5606908	501(C)(3)	32,000.	0.			DAYTIME HOSPITALITY CENTER AND CONSULTANT
NEW LONDON LITTLE LEAGUE PO BOX 2126 NEW LONDON, CT 06320		501(C)(3)	6,300.	0.			BUSCETTO FAMILY & FRIENDS FUND CONTRIBUTION
NEW LONDON MAIN STREET 165 STATE STREET, SUITE 101 NEW LONDON, CT 06320	06-1519618	501(C)(3)	15,000.	0.			FESTIVAL SUPPORT AND BUCETTO FAMILY & FRIENDS FUND CONTRIBUTION
NEW LONDON ROTARY FOUNDATION PO BOX 654 NEW LONDON, CT 06320		501(C)(3)	12,000.	0.			CAMP ROTARY
NEW LONDON YOUTH AFFAIRS - NEW LONDON RECREATION DEPARTMENT - 120 BROAD STREET - NEW LONDON, CT 06320	06-6001880	501(C)(3)	14,000.	0.			KITCHINGS FOUNDATION CONTRIBUTION AND WORKFORCE READINESS
NEW LONDON YOUTH ORGANIZATION, INC. - 100 GARFIELD AVENUE, PO BOX 1485 - NEW LONDON, CT 06320	06-1583075	501(C)(3)	7,500.	0.			YOUTH ORGANIZATION AND KIDS CAFE
NFF/HF SE CT CHAPTER - WATERFORD HIGH SCHOOL - 20 ROPE FERRY ROAD - WATERFORD, CT 06385		501(C)(3)	5,000.	0.			KEN KITCHINGS DONOR ADVISED FUND CONTRIBUTION
OLD LYME PHOEBE GRIFFIN NOYES LIBRARY - 2 LIBRARY LANE - OLD LYME, CT 06371		501(C)(3)	100,000.	0.			25TH ANNIVERSARY GIFT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
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Department of the Treasury
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OTIS LIBRARY 261 MAIN STREET NORWICH, CT 06360		501(C)(3)	5,000.	0.			CONTRIBUTION TO THE CAMPAIGN FOR OTIS LIBRARY FROM THE ALESSI FAMILY FUND
PLANNED PARENTHOOD OF CONNECTICUT 345 WHITNEY AVENUE NEW HAVEN, CT 06511		501(C)(3)	7,000.	0.			STARS
PREVENT BLINDNESS TRI-STATE 984 SOUTHFORD ROAD MIDDLEBURY, CT 06762	06-0706741	501(C)(3)	5,000.	0.			HEALTHY EYES FOR CONNECTICUT KIDS
PROJECT HOPE 550 DUDLEY STREET ROXBURY, MA 02119		501(C)(3)	5,000.	0.			ANONYMOUS CONTRIBUTION
PUBLIC LIBRARY OF NEW LONDON 63 HUNTINGTON STREET NEW LONDON, CT 06320		501(C)(3)	101,787.	0.			DESIGNATED GRANTS AND 25TH ANNIVERSARY GIFT
READ TO GROW 53 SCHOOL GROUND ROAD BRANFORD, CT 06405	06-1572185	501(C)(3)	31,000.	0.			BOOKS FOR BABIES AND EVALUATION OF BOOKS FOR BABIES PROGRAM
RIVERFRONT CHILDREN'S CENTER 476 THAMES STREET GROTON, CT 06340		501(C)(3)	11,200.	0.			TUITION ASSISTANCE AND LET'S READ TOGETHER WITH A TWIST
SALEM FREE PUBLIC LIBRARY HARTFORD TURNPIKE SALEM, CT 06420		501(C)(3)	100,000.	0.			25TH ANNIVERSARY GIFT

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No. 1545-0047

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**Employer identification number
06-1080097**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAVE OCEAN BEACH, INC. PO BOX 147 NEW LONDON, CT 06320		501(C)(3)	6,000.	0.			BUSCETTO FAMILY & FRIENDS FUND CONTRIBUTION
SEA RESEARCH FOUNDATION - MYSTIC MARINELIFE AQUARIUM - 55 COOGAN BLVD - MYSTIC, CT 06355	06-1480300	501(C)(3)	8,000.	0.			WHERE THE CITY MEETS THE SEA
STONINGTON EDUCATION FUND PO BOX 1922 PAWCATUCK, CT 06379	06-1421749	501(C)(3)	7,500.	0.			BLUE MONDAY CONCERT SERIES AND KEN KITCHINGS COMMUNITY ARTS CONTRIBUTION
STONINGTON FREE LIBRARY 20 HIGH STREET, PO BOX 232 STONINGTON, CT 06378		501(C)(3)	104,753.	0.			DESIGNATED GRANT AND 25TH ANNIVERSARY GIFT
TERRA FIRMA FARM, INC. 330 AL HARVEY ROAD STONINGTON, CT 06378	33-1077116	501(C)(3)	5,000.	0.			HELPING HARVESTERS YOUTH FARM STAND
THAMES VALLEY COUNCIL FOR COMMUNITY ACTION - ONE SYLVANDALE ROAD - JEWETT CITY, CT 06351	06-0806128	501(C)(3)	9,500.	0.			A MOVEABLE FEAST AND SENIOR NUTRITION PROGRAM
UNITED WAY OF SOUTHEASTERN CT PO BOX 375 GALES FERRY, CT 06335	06-0771393	501(C)(3)	16,830.	0.			HEATING ASSISTANCE AND AGENCY ENDOWMENT DITRIBUTION
UNIVERSITY OF CONNECTICUT AT AVERY POINT - 1084 SHENNOCOSSETT ROAD - GROTON, CT 06340		501(C)(3)	5,862.	0.			RESIDENT SCHOLAR PROGRAM AND KIDS & BOOKS

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

Schedule I-1 (Form 990) 2009

**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
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

2009

**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 United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CONNECTICUT FOUNDATION - 2390 ALUMNI DRIVE - STORRS, CT 06269	06-6070722	501(C)(3)	16,000.	0.			EXTENDED DAY PILOT PROGRAM AND EXECUTIVE DIRECTOR TUITION REIMBURSEMENT
VISITING NURSE ASSOCIATION OF SE CT - 403 NORTH FRONTAGE RD - WATERFORD, CT 06385	06-0646616	501(C)(3)	31,552.	0.			MEDICAL SOCIAL SERVICES, MATTHEWS FAMILY FUND CONTRIBUTION, DESIGNATED GRANT, AND HOME HEALTH
VOLUNTOWN PEACE TRUST 3 LAUREL LANE FARMINGTON, CT 06032		501(C)(3)	5,000.	0.			WARM SHELTER AND COMMUNITY SOUP KITCHEN
WATERFORD PUBLIC LIBRARY 49 ROPE FERRY RD WATERFORD, CT 06385		501(C)(3)	113,729.	0.			DESIGNATED GRANTS AND 25TH ANNIVERSARY GIFT
WHEELER LIBRARY 101 MAIN STREET, PO BOX 217 NORTH STONINGTON, CT 06359		501(C)(3)	100,000.	0.			25TH ANNIVERSARY GIFT
WOMEN'S CENTER OF SOUTHEASTERN CT 16 JAY STREET NEW LONDON, CT 06320	06-0950718	501(C)(3)	7,400.	0.			PROFESSIONAL APPEARANCE PROJECT, DOMESTIC VIOLENCE AWARENESS, AND TEEN DATING VIOLENCE

Part IV Supplemental Information

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

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

(H) PURPOSE OF GRANT OR ASSISTANCE: PROFESSIONAL APPEARANCE PROJECT,
DOMESTIC VIOLENCE AWARENESS, AND TEEN DATING VIOLENCE PREVENTION PROGRAM

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2009

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

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

Employer identification number
06-1080097

Part I Questions Regarding Compensation

	Yes	No
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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
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?	2	
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 type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
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	X
b Any related organization?	5b	X
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	X
b Any related organization?	6b	X
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	7	X
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	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2009

THE COMMUNITY FOUNDATION OF SOUTHEASTERN
CONNECTICUT, INC.

06-1080097

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
ALICE FITZPATRICK	(i)	134,745.				16,904.	151,649.	
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **THE COMMUNITY FOUNDATION OF 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	8	38,927.	MEAN VALUE - GIFT DA
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

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

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

Schedule M (Form 990) 2009

Part II

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

SCHEDULE M, PART I, COLUMN (B): REPRESENTS THE NUMBER OF ACTUAL
CONTRIBUTIONS

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

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

COMMUNITY FOUNDATION

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

PROVIDE SCHOLARSHIPS IN OUR ELEVEN TOWN SERVICE AREA.

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

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

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

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

FORM 990, XI, LINE 2C

NO CHANGES IN THE CURRENT YEAR.