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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

Open to Public Inspection

A 10			ıı ycu	, or tax year beginnin		l ending 03-31-200		D 5	
		pplicable Pleas		C Name of organization THAMES VALLEY COUNC	IL FOR COMMUNITY AC	TION INC		D Employer	identification number
Add	Iress ch	nange use l label		Doing Business As				06-0806 E Telephone	
☐ Nar	ne char		tor .See	Doing business As				·	
┌ Init	ıal retur	rn Spec	ific	Number and street (or F	O box if mail is not de	elivered to street addre	ss) Room/:	(860) 42 suite	
┌ Ter	mınatıo	Insti on tions		ONE SYLVANDALE RÒAD				G Gross rece	eipts \$ 26,471,054
┌ Am	ended r	return		City or town, state or co	ountry, and ZIP + 4				
_		n pending		JEWETT CITY, CT 0635					
י יי	nication								
				ie and address of Prin i monahan	cipal Officer			s this a group retu ffiliates?	ırn for ┌ Yes
		0	NESY	'LVANDALE ROAD			l a	illiates?	j tes je no
				CITY,CT 06351			Н(Ь) А	re all affiliates inclu	uded?
I Ta	x-exem	npt status 🖊	501(c)	(3) 4 (insert no)	4947(a)(1) or 527		1		st See instructions)
J W	eb site	e: ► www.tvco	a org				H(c) (Group Exemption	Number ►
K Typ	e of org	ganization 🔽 Co	orporati	on trust association	other ►		L Year	of Formation 1965	M State of legal domicile CT
Da	T	Summar.							
FG	1t I			e organization's mission	on or most significa	nt activities			
Governance		•	IZAT	ON PROVIDES A VA	-		RAMSTO	DISADVANTAG	ED CITIZENS IN THE
)Yell	2	Check this b	ox	f the organization disc	continued its operat	tions or disposed o	f more th	an 25% of its ass	ets
Ĭ			•	nembers of the govern					23
Activities &			_	dent voting members					23
€				iployees (Part V, line			.,		
Ř				lunteers (estimate if r				6	1,890
ď				ed business revenue				7:	567,933
		_		ness taxable income f	•			71	
	_				•			Prior Year	Current Year
	8	Contribution	ns and	grants (Part VIII, lın	ne 1 h)			19,759,718	+
횰	9			evenue (Part VIII, lir			3,344,103		
		•							
Š.	10	Investment	ıncon	ne (Part VIII, column		7d)		7,245	
Revenue	10 11			ne (Part VIII, column art VIII, column (A), l	(A), lines 3, 4, and	•			16,777
Rayer		O ther rever	nue (Pa	,	(A), lines 3, 4, and lines 5, 6d, 8c, 9c, :	10c, and 11e)	e	7,245 3,538	16,777 6,177
Rever	11	Other rever Total reven 12)	nue (Pa	art VIII, column (A), l ld lines 8 through 11	(A), lines 3, 4, and lines 5, 6d, 8c, 9c, 3 (must equal Part VI	10c, and 11e)	e	7,245 3,538 23,114,604	16,777 6,177 26,454,732
Haver	11	Other rever Total reven 12) Grants and	ue (Pa	art VIII, column (A), l ld lines 8 through 11 r amounts paid (Part I	(A), lines 3, 4, and lines 5, 6d, 8c, 9c, 3 (must equal Part VI	10c, and 11e) III, column (A), line s 1-3)	e	7,245 3,538	16,777 6,177 26,454,732
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	11 12 13 14 15	Other rever Total reven 12) Grants and Benefits par Salaries, ot 10) Professiona	ue —ac sımıla d to o her co	art VIII, column (A), l ld lines 8 through 11 r amounts paid (Part I) r for members (Part I) mpensation, employe	(A), lines 3, 4, and lines 5, 6d, 8c, 9c, 3 (must equal Part VI IX, column (A), lines 4, column (A), line 4 e benefits (Part IX, column (A), line 11e	s 1-3) column (A), line line s 1-3) column (A), lines 5		7,245 3,538 23,114,604 4,866,232	16,777 6,177 26,454,732 7,605,871
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Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission SINCE 1965 THAMES VALLEY COUNCIL FOR COMMI MEETING BASIC NEEDS SUCH AS FOOD, HOUSING CARE, EDUCATION, EMPLOYMENT, TRAINING AND	AND ENERGY ASSISTANCE, AND LEA		
2	Did the organization undertake any signi the prior Form 990 or 990-EZ? If "Yes," describe these new services on		the year which were not listed on	┌ Yes ┌ No
3	Did the organization cease conducting o		how it conducts any program	
•	services?		· · · · · · · · · ·	Γ Yes Γ No
4	Describe the exempt purpose achievement Section 501(c)(3) and (4) organizations others, the total expenses, and revenue,	and 4947(a)(1) trusts are red	quired to report the amount of grants	• •
4a	(Code) (Expenses \$ CHILDREN'S PROGRAMS CLASSROOM AND HOM CLIENTS), SLIDING SCALE FEE DAY CARE FOR I AND BREASTFEEDING WOMEN AND THEIR CHILI	NFANTS - AGE 10 (625 CLIENTS), N	TRAINING SERVICES FOR FAMILIES AND THE JTRITION EDUCATION AND FOOD SUPPLEMEN	
4b	(Code) (Expenses \$ ELDERLY SERVICES COMMUNITY VOLUNTEER E PROVISION OF MEAL SERVICE TO ELDERS AT CO WITHIN WINDHAM, TOLLAND AND NEW LONDON	NGREGATE SITES (2,564 RECIPIENT	G IN WINDHAM, TOLLAND AND NEW LONDON	
4c	(Code) (Expenses \$ ENERGY ASSISTANCE PROGRAMS VARIOUS PRO LOW INCOME AND/OR WHICH CONTAIN AN ELD		RGENCY FUEL/UTILITY ASSISTANCE PAYMENT) 'S FOR HOUSEHOLDS THAT ARE
	(Code) (Expenses \$	4,014,629 including gran	its of \$) (Revenue \$	234,114)
4d	Other program services (Describe in S	•		
	· · · · · · · · · · · · · · · · · · ·	ncluding grants of \$) (Revenue \$)
4e	Total program service expenses \$	23,690,233 Mustequ	ıal Part IX, Lıne 25, column (B).	

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)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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? If "Yes," complete Schedule D, Part IV	9		Νο
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νo
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
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? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			163	110
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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>	32		Νο
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Νο
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		Νο
	Part VI 📆			

Pa	t V Statements Regarding Other IRS Filings and Tax Compliano	e				
					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	128			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments t	o ven	dors and reportable		.,	
-	gaming (gambling) winnings to prize winners?	 i		1c	Yes	
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	494			
b	If at least one is reported in 2a, did the organization file all required federal employs Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this	nent t	ax returns?	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more durin return?			3a	Yes	
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sch	edule i	0	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a s			- 50	163	
Ta	over, a financial account in a foreign country (such as a bank account, securities ac account)?	-	•	4a		No
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 , <i>Re Financial Accounts</i> .	eport o	f Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time duri	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemp	t Entit	ty Regarding Prohibited			
	Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement the were not tax deductible?	nat su	ch contributions or gifts	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization provide goods or services in exchange for any quid pro quo commore $^{\circ}$	trıbutı	ion of \$75 or	7a	_	No
b	If "Yes," did the organization notify the donor of the value of the goods or services ${\sf p}$	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal prope	rty for	which it was required to	_		
	file Form 8282?	I .		7c		No_
a	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 benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a pers	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization f	ile a F	orm 1098-C as			
	required?			7h		N o
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds a supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the			8		
	year?				<u> </u>	<u> </u>
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?	•		9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person	٠, د		9b		
10	Section 501(c)(7) organizations. Enter		1			
	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					
а	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	n lieu d	of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. (Governing Bo	ody and Mana	gement		

					Yes	No		
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe the circumstances,					
1a	Enter the number of voting members of the governing body	1a	23					
Ь	Enter the number of voting members that are independent	1b	23					
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	' '	2		No			
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?.							
4	Did the organization make any significant changes to its organizational documents stilled? $\ \ . \ \ \ $	he prior Form 990 was	4		No			
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
Ь	Are any decisions of the governing body subject to approval by members, stockhold	ers, o	rother persons?	7b		Νo		
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the					
а	the governing body?			8a	Yes			
Ь	each committee with authority to act on behalf of the governing body?			8b	Yes			
9a	Does the organization have local chapters, branches, or affiliates?			9a		Νο		
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o			9b				
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the		3	10	Yes			
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A the organization's mailing address? If "Yes." provide the names and addresses in Sc			11		No		

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13		Νο
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		Νο
	Describe the process in Schedule O			
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?	16a		Νο
Ь	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?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CT
- Section 6104 requires an organization to make its Form 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
- 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. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization

BRIAN VANASSE CFO ONE SYLVANDALE ROAD JEWETT CITY, CT 06351 (860) 425-6513

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

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

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

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

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

The check this box in the organization and i	·	Posit	(C) chec	:k al				(E)	(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
							-				

Software ID: Software Version:

EIN: 06-0806128

Name: THAMES VALLEY COUNCIL FOR COMMUNITY ACTION

Form 990, Part VII - Section Aaa	<u> </u>	<u> </u>								
		Posit	(C tion (hat a	ched		I			(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
AARON DANIELS JR , CHAIRPERSON	1 00	Х						0	0	0
AUDREY LEONE , FIRST VICE CHAIRPERSON	1 00	Х						0	0	0
ELEANOR M PHILLIPS , SECOND VICE CHAIRPERSON	1 00	Х						0	0	0
DOUGLAS MONAGHAN , SECRETARY	1 00	Х						0	0	0
ANTHONY MADEIRA , TREASURER	1 00	X						0	0	0
OLIVE BUDDINGTON , BOARD MEMBER	1 00	x						0	0	0
STEVEN KELLEY , BOARD MEMBER	1 00	Х						0	0	0
FAY SHERMAN , BOARD MEMBER	1 00	Х						0	0	0
KATHLEEN MCCARTY , BOARD MEMBER	1 00	×						0	0	0
LEANNE THEODORE , BOARD MEMBER	1 00	Х						0	0	0
JOSEPH JASKIEWICZ , BOARD MEMBER	1 00	Х						0	0	0
GAYLE JONES , BOARD MEMBER	1 00	Х						0	0	0
ELLSWORTH GREENFIELD , BOARD MEMBER	1 00	Х						0	0	0
ROSE-ANN GIRARD , BOARD MEMBER	1 00	Х						0	0	0
KAREN GATTISON , BOARD MEMBER	1 00	X						0	0	0
VICKI ANDERSON , BOARD MEMBER	1 00	Х						0	0	0
SHARON STACKPOLE , BOARD MEMBER	1 00	×						0	0	0
TAMMY STEENDAM , BOARD MEMBER	1 00	Х						0	0	0
HEIDI AUTIO , BOARD MEMBER	1 00	Х						0	0	0
FRANCO CRISTOFARO , BOARD MEMBER	1 00	Х						0	0	0
EUNICE WALLER , BOARD MEMBER	1 00	X						0	0	0
STEPHANIE SOBOTKA , BOARD MEMBER	1 00	Х						0	0	0
DEBBIE KIEVITS , BOARD MEMBER	1 00	Х						0	0	0
DEBORAH MONAHAN , EXECUTIVE DIRECTOR	35 00			х		х		140,138	0	28,222
Brian Vanasse , CFO	35 00			Х		Х		99,734	0	25,878

Part VII Continued

	(B) Average hours per week	(C) Position (check all that apply)							(E)	(F)
(A) Name and Title		Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							Н			
							Н			
							Н			
							Н			
							\vdash			
1b Total							►	239,872	2 0	54,100
2 Total number of individuals (including	thoso in 1	2) who i	-0.001	v o d	mai	ro thar	o d 1	00 000 in reportabl	•	

2 Total number of individuals (including those in 1a) 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? If "Yes," complete Schedule I for such individual	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule I for such person	5		No

Section B. Independent Contractors

from the organization .

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
CARELOT Children's Center 233 Boston Post Rd HAMPTON, CT 06247	early childhood education provider	179,439
EASTCONN 376 Hartford Turnpike WATERFORD, CT 06385	early childhood education provider	116,503
2 Total number of independent contractors (including those in 1) who received more tha	 n \$100,000 in compensation	2

Page **9**

Statement of Revenue

				(A) Total Revenue	(B) Related or	(C) Unrelated	(D) Revenue
				rotar Kevenue	Exempt Function	Business	Excluded from
					Revenue	Revenue	Tax under IRC 512, 513, or 514
la in	1a	Federated campaigns 1a					
智	ь	Membership dues					
Contributions, gifts, grants and other similar amounts	С	Fundraising events					
ઈ. #.	d	1c Related organizations1d					
% <u>E</u>	e	Government grants (contributions) 1e	23,445,940				
등등	f	All other contributions, gifts, grants, and	237,515				
돌	•	similar amounts not included above					
nt o	g	Noncash contributions included in					
ခြင်း မြောင်း	١.	lines 1a-1f \$		22.602.455			
	h	Total (Add lines 1a-1f)	· · · · ·	23,683,455			
œ.			Business Code				
nue.	2a	PROGRAM CONTRIBUTIONS	900,099	2,186,567	2,186,567		
æ	Ь	CATERING ACTIVITIES	722,320	542,931		542,931	
92	C	Software sales	443,120	18,825		18,825	
<u>2</u>	d						
Ē	e f	A II abban na ann na ann an					
Program Serwce Revenue	•	All other program service revenue					
ΔŤ	g	Total. Add lines 2a-2f					
	3	► \$ 2,748,323 Investment income (including dividence)	dends, interest				
		other similar amounts)		16,777			16,777
	4	Income from investment of tax-exempt be	ond proceeds				
			▶				
	5	Royalties					
	6a	(1) Real Gross Rents 22,499	(II) Personal				
	ь	Less rental 16,322					
	c	expenses Rental income 6,177					
	d	or (loss) Net rental income or (loss)		6,177		6,177	
			▶	·		,	
	7a	(1) Securities Gross amount	(II) O ther				
	-	from sales of assets other					
	ь	than inventory Less cost or					
	"	other basis and sales expenses					
	с	Gain or (loss)					
	d	Net gain or (loss)	>				
	8a	Gross income from fundraising					
		events (not including					
ще		\$ of contributions reported on line					
₹ >		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
æ		\$15,000					
Other Revenue	ь	Less direct expensesb					
ᅙ	С	Net income or (loss) from fundrais	ng events				
	9a	Gross income from gaming	-				
		activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
		a					
	b c	Less direct expensesb Net income or (loss) from gaming a	activities				
		· · ·	► ►				
	10a	Gross sales of inventory, less returns and allowances					
		a a					
	ь	Less cost of goods sold b					
	с	Net income or (loss) from sales of					
		Miscellaneous Revenue	Business Code]
	11a						
	Ь						
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		26.17.			
	12	Total Revenue. Add lines 1h, 2g, 3 8c,	, 4, 5, 6d, 7d,	26,454,732	2,186,567	567,933	16,777
		9c, 10c, and 11e	. ▶				

Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgall other organizations must complete column (A) but are not re).
Do ı	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	Grants and other assistance to individuals in the U.S. See Part IV, line 22	7,605,871	7,605,871		
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	245,272	122,636	122,636	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	8,503,983	8,101,664		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	433,215	407,222	25,993	
9	Other employee benefits	1,478,038	1,389,356	88,682	
10	Payroll taxes	1,119,418	1,052,253	67,165	
11	Fees for services (non-employees)				
а	Management				
b	Legal	13,650		13,650	
c	Accounting	78,545		78,545	
d	Lobbying				
е	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	675		675	
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	856,210	770,589	85,621	
17	Travel	391,473	371,899	19,574	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings	20,791	20,791		
20	Interest	281,439		281,439	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	447,103	·	44,710	
23 24	Insurance	191,833	182,241	9,592	
	total expenses shown on line 25 below)				
a	materials & supplies	2,099,312	1,994,346	104,966	
b	CONTRACTUAL SERVICES	823,767	659,016	164,751	
C C	other expenses	580,101	413,960	166,141	
d -	Equipment rental & main	152,091	126,236	25,855	
e •	PRINTING & PUBLICATIONS	69,760	69,760		
f 25	All other expenses	25 222 5 :=	22.662.25	4 700 04	-
25	Total functional expenses. Add lines 1 through 24f	25,392,547	23,690,233	1,702,314	0
26	Joint Costs. Check 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				

	Part X	Balance	Sheet
--	--------	---------	-------

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			614,427	1	1,398,074
	2	Savings and temporary cash investments			75,072	2	75,810
	3	Pledges and grants receivable, net			1,902,031	3	2,390,556
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustee other related parties Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under s persons described in section 4958(c)(3)(B) Complete Part II of				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
2	9	Prepaid expenses and deferred charges			113,235	9	187,406
Assets	10a	Land, buildings, and equipment cost basis	_{10a}	11,267,855			
*	b	Less accumulated depreciation Complete Part VI of Schedule D	10b	3,375,457		10c	7,892,398
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11 Complete P Schedule D	art VII d	of		12	
	13	Investments—program-related See Part IV, line 11 Complete F of Schedule D .	Part VIII			13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D	263,935	15	362,168		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			9,219,751	16	12,306,412
	17	Accounts payable and accrued expenses .			1,444,721	17	1,480,780
	18	Grants payable		18			
	19	Deferred revenue	426,002	19	678,807		
	20	Tax-exempt bond liabilities	4,069,447	20	6,383,637		
ēS.	21	Escrow account liability Complete Part IV of Schedule D		21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ä		persons Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties	1,101,328	23	555,294		
	24	Unsecured notes and loans payable		24			
	25	Other liabilities Complete Part X of Schedule D	37,925	25	2,745		
	26	Total liabilities. Add lines 17 through 25			7,079,423	26	9,101,263
ces		Organizations that follow SFAS 117, check here ► ✓ and comp through 29, and lines 33 and 34.	olete lin	es 27			
Balance	27	Unrestricted net assets			1,525,071	27	2,480,571
Ba	28	Temporarily restricted net assets			615,257	28	724,578
Fund	29	Permanently restricted net assets		29			
교		Organizations that do not follow SFAS 117, check here ► ┌ ar	nd comp	let e			
٥		lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32	
Net	33	Total net assets or fund balances			2,140,328	33	3,205,149
	34	Total liabilities and net assets/fund balances			9,219,751	34	12,306,412
Pa	rt XI	Financial Statements and Reporting					

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3Ь	Yes	_

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As Filed Data -

DLN: 93493039001200

Employer identification number

OMB No 1545-0047

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

ГНАМ	ES VALL	EY COUNCIL FO	OR COMMUNITY AC	CTION INC								
								06	-0806128	3		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo	ns) (See	Instruct	ions)		
The o	organi	zation is not	a private found	ation because it is (Please	check onl	y one org	anızatıon))		-		
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	170(b)(1)((A)(i).			
2	Γ	A school de	escribed in Sect	t ion 170(b)(1)(A)(ii). (Attac	h Schedu	le E)						
3	Γ	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)										
4	Г	A medical i	research organı	zation operated in conjunction	on with a h	nospital de	escribed ii	n Section :	170(b)(1)	(A)(iii). E	nter the	
		hospital's name, city, and state										
5	Г	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Г			overnment or governmental	unıt descr	ibed in Se	ction 170	(b)(1)(A)	(v).			
7	~	An organiza	ation that norma	ally receives a substantial p	art of its s	support fro	m a gove	rnmental u	 ınıt or fron	n the gene	ral public	
				(1)(A)(vi) (Complete Pari			-			_	·	
8	Г	A communi	ity trust describ	ped in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	Г	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from co	ontributior	ıs, membe	rship fees	, and gross	
				ated to its exempt functions								
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	k) from bu	sinesses	
				on after June 30, 1975 See						•		
10	Г		=	and operated exclusively to					-	ee instruc	tions)	
11	Г	An organiza	ation organized	and operated exclusively for	r the bene	fit of, to p	erform the	functions	of, or to c	arry out t	he purposes of	
	·	one or more	e publicly suppo	orted organizations describe	d in section	on 509(a)	1) or section 509(a)(2) See Section 509(a)(3). Check					
				type of supporting organization								
	_	•	• •		Type III		-		d			
e	ı	•		rtify that the organization is agers and other than one or			•				•	
		section 50		agers and other than one or	more publ	icly suppl	onteu orga	ilizations (Jeschbeu	III Section	1309(a)(1)01	
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,	
		check this									Г	
g		Since Augu following pe		as the organization accepted	d any gift o	or contribi	ution from	any of the	!			
				r indirectly controls, either a	alone or to	gether wit	th persons	describe	d ın (ıı)		Yes No	
			•	ng body of the the supported		_				11g		
				erson described in (i) above	_					11g(
			•	ty of a person described in (oove?				11g(
h		` '		nation about the organizatio	, , ,		supports					
			J	,		•						
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) A mount of	
		oorted		(described on lines 1-9	organiz	atıon ın		nızatıon		ation in	support?	
	0 rgar	nization		above or IRC section		listed in		i) of your		rganized		
				(See Instructions))	your go	-	supp	oort?	in the	US?		
	document? Yes No Yes No Yes No		1									
					1 62	140	Yes	140	Yes	No		
								 				
								-			 	
								-			 	
								-			 	
							1	1			1	

Total

Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you check	keu tile box oi	1 lille 5, 7, 01	o or Part 1.)				
	ıblic Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and	10 154 760	10 200 000	10 554 616	10 750 710		33 300 E00	00 140 501
	membership fees received (Do not	18,154,760	18,290,888	18,554,616	19,759,718		23,388,599	98,148,581
_	include any "unusual grants ") Tax revenues levied for the organization's						+	
2	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 line 1-3	18,154,760	18,290,888	18,554,616	19,759,718		23,388,599	98,148,581
5	The portion of total contribution by each							
_	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							98,148,581
_	4							
	otal Support							
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007		2008	(f) Total
7	A mounts from line 4	18,154,760	20,005	18,554,616	19,759,718		23,388,599	98,148,581
8	Gross income from interest, dividends,							
	payments received on securities loans,	13,282	20,005	56,233	31,188		39,276	159,984
	rents, royalties and income from similar sources							
9	Net income from unrelated business		+					
9	activities, whether or not the business is	8,978						8,978
	regularly carried on	,						,
10	Other income Do not include gain or loss							
	from the sale of capital assets (Explain in		4,790	3,742				8,532
	Part IV)							
11	Total Support (Add lines 7 through 10)							98,326,075
12	Gross receipts from related activities, etc	(See instruction:	s)			12		10,825,552
13	First Five Years. If the Form 990 is for the o	organization's fir	st. second, third	d. fourth, or fifth	tax vear as a 5	01(c)	(3)	
	organization, check this box and stop here	g	,,	.,	,	(-)		▶ ┌
	· ·							·
Co	omputation of Public Support Perce	entage						
14	Public Support Percentage for 2008 (line 6	column (f) dıvıdı	ed by line 11 co	lumn (f))		14		99.820 %
15	Public Support Percentage for 2007 Schedu	ule A. Part IV-A	line 26f			15		99.830 %
					1.4/20/		<u> </u>	99.830 %
тоа	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as				1/3% or more,	спеск	this box	▶ ▽
h	33 1/3% Test - 2007. If the organization did		-		5 is 33 1/3% o	r more	chackth	•
	box and stop here. The organization qualifie			,	13 13 33 1/3 70 0	1111016	, check thi	° ▶□
17a	10% Facts and Circumstances Test - 2008. I				3.16a.or16b a	nd lin	e 14 ıs 10	
	more, and if the organization meets the "fac	-						
	organization meets the "facts and circumst							▶ □
ь	10% Facts and Circumstances Test - 2007. I							ıs 10% or
	more, and if the organization meets the "fac	ts and circumsta	ances" test, che	eck this box and	stop here. Exp	laın ın	Part IV ho	
	the organization meets the "facts and circu							► □
18	Private Foundation. If the organization did i	not check the bo	x on line 13, 16	a, 16b, 17a or :	17b, check this	box a	nd see	. -
	instructions							▶ ┌

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	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 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts 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 30 June, 1975		+				
С	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	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Employer identification number Name of the organization THAMES VALLEY COUNCIL FOR COMMUNITY ACTION INC 06-0806128

Pa	organizations Maintaining Donor Active organization answered "Yes" to Form 99		her Similar Funds	or Ac	counts. Compl	ete if the
	organization and read to remiss	(a) Donor advis	ed funds	(b) Fund	ds and other acco	unts
L	Total number at end of year					
2	Aggregate Contributions to (during year)					
3	Aggregate Grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	•		vised	☐ Yes	☐ No
5	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?	_		be	☐ Yes	┌ No
Pa	rt II Conservation Easements. Complete	ıf the organızatıon an	swered "Yes" to For	m 990,	Part IV, line 7.	
L	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat	on or pleasure)	at apply) reservation of an histo reservation of certified	•		ea
	Preservation of open space					
2	Complete lines 2a-2d if the organization held a quali on the last day of the tax year	fied conservation contri	oution in the form of a	conserva	ation easement	
					Held at the End o	f the Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easement	S		2b		
c	Number of conservation easements on a certified hi	storic structure included	l ın (a)	2c		
d	Number of conservation easements included in (c) a	acquired after 8/17/06		2d		

- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during
- Number of states where property subject to conservation easement is located
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶\$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section □ Yes 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?
- 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.

- 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
- 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

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

- 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
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

3	Organizations Maintaining Collections of A	AIL, IIIS		cai iicasu		i oiiiiiiai Ass	000 (0	on contact
-	Using the organization's accession and other records, check items (check all that apply)	any of th	ne fol	owing that ar	e a sıgnıfıcant u	se of its collection	n	
а	Public exhibition	d	Γ	Loan or exc	hange programs			
b	Scholarly research	e	Γ	Other				
с	Preservation for future generations							
4	Provide a description of the organization's collections and ex Part XIV	cplain hov	w the	y further the o	organization's ex	empt purpose in		
5	During the year, did the organization solicit or receive donati assets to be sold to raise funds rather than to be maintained						Yes	┌ No
Par	Trust, Escrow and Custodial Arrangement Part IV, line 9, or reported an amount on Form				ınızatıon answ	ered "Yes" to F	orm 9	90,
1a	Is the organization an agent, trustee, custodian or other inte included on Form 990, Part X?	rmediary	for c	ontributions (or other assets 1		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following $% \left(1\right) =\left(1\right) \left(1\right)$	table						
						A mo	unt	
с	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?				Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV							
Pai	TEX Endowment Funds. Complete if the organiza							
_	(a)Current Year	(b)Prior `	rear (c) I w	o Years Back (d)	Three Years Back (e)Four Y	ears Back
1a	Beginning of year balance							
b	Contributions							
С.	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year end balance he	eld as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	Term endowment ▶							
c 3a	Are there endowment funds not in the possession of the orga	ınızatıon	that a	are held and a	idministered for	the		
	Are there endowment funds not in the possession of the organization by	inization	that a	are held and a	idministered for		Yes	No
	Are there endowment funds not in the possession of the orga	inization	that a	are held and a	idministered for	3a(i)		No
3a	A re there endowment funds not in the possession of the organization by (i) unrelated organizations				idministered for	3a(i)		No
3a b	A re there endowment funds not in the possession of the organization by (i) unrelated organizations	 ured on S	 Sched		idministered for	3a(i)		No
3a b 4	Are there endowment funds not in the possession of the organization by (i) unrelated organizations	 ured on S	Sched ent fu	 ule R?		3a(i)		No
3a b 4	A re there endowment funds not in the possession of the organization by (i) unrelated organizations	 ured on S	Sched ent fu See F	ule R?	art X, line 10.	3a(i)		No
3a b 4	Are there endowment funds not in the possession of the organization by (i) unrelated organizations	 ured on S	Schedent fu	 ule R?		3a(i)		No Dok value
b 4 Par	Are there endowment funds not in the possession of the organization by (i) unrelated organizations	 ured on S	Schedent fu	ule R?	art X, line 10.	3a(i) 3b		pok value
b 4 Par	Are there endowment funds not in the possession of the organization by (i) unrelated organizations	 ured on S	Schedent fu	ule R?	art X, line 10. (b)Cost or other basis (other)	3a(i) 3b		pok value
3a b 4 Par 1a L b E	Are there endowment funds not in the possession of the organization by (i) unrelated organizations	 ured on S	Schedent fu	ule R?	art X, line 10. (b)Cost or other basis (other) 225,500	3a(ii) 3b (c) Depreciation		pok value
b 4 Par 1a L b E c L	Are there endowment funds not in the possession of the organization by (i) unrelated organizations	 ured on S	Schedent fu	ule R?	art X, line 10. (b)Cost or other basis (other) 225,500	3a(ii) 3b (c) Depreciation		225,500 5,362,985
3a b 4 Par 1a L b E c L d E	Are there endowment funds not in the possession of the organization by (i) unrelated organizations	 ured on S	Schedent fu	ule R?	art X, line 10. (b)Cost or other basis (other) 225,500 7,143,157	3a(ii) 3a(iii) 3b (c) Depreciation		

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2.
(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
O ther		
-		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Sec	e Form 990 Part X line	13
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, III		(h) Paak valua
(a) Descrip	otion	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
DUE TO FUNDING SOURCES	2,745	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	2,745	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	26,454,732
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	25,392,547
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,062,185
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	2,636
9	Total adjustments (net) Add lines 4 - 8	9	2,636
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	1,064,821
Par	XIII Reconciliation of Revenue per Audited Financial Statements With Revenue	per R	deturn
1	Total revenue, gains, and other support per audited financial		26,670,704
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	_	
Ь	Donated services and use of facilities	<u>'</u>	
с	Recoveries of prior year grants	-	
d	Other (Describe in Part XIV)	┪	215.073
e	Add lines 2a through 2d	2e 3	215,972
3 4	Subtract line 2e from line 1	3	26,454,732
4 a	Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	C
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	26,454,732
	Reconciliation of Expenses per Audited Financial Statements With Expense		
1	Total expenses and losses per audited financial statements	1	25,605,883
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	4	
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d 16,32	2	
e	Add lines 2a through 2d	2e	213,336
3	Subtract line 2e from line 1	3	25,392,547
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а			
b	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIV)		
С	Other (Describe in Part XIV)	4c	<u> </u>
5	Other (Describe in Part XIV)	4c 5	0 25,392,547
5 Par	Other (Describe in Part XIV)	5	25,392,547

Ident if ier	Return Reference	Explanation
		Part XI Line 8 - Gain on interest rate swap of \$2,636 Part XII Line 1d - Gain on swap of \$2,636 and rent expense net on 990 of \$16,322 Part XIII Line 1d - Rent expense net on 990 of \$16,322

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THAMES VALLEY COUNCIL FOR COMMUNITY ACTION INC

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

OMB No 1545-0047

2008

DLN: 93493039001200

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Inspect ion

Employer identification number

							06-0806128	
Part	I General Infor	mation on Gra	nts and Assistance	e				
th	ne selection criteria use	ed to award the gra	nts or assistance?			gibility for the grants or a		√ Yes
Part :	Form 990, Part Part IV and Sch		ny recipient that rece tional space is	eived more than \$5,0	000. Check this box	tes. Complete if the of the office of the of	ceived more than \$5,	
1(a)	Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
	nter total number of se rganizations					•		
							<u> </u>	·
For Pape	erwork Reduction Act No	tice, see the Instruc	tions for Form 990.		Cat No 50055	P	Sc	hedule I (Form 990) 2008

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Emergency fuel and utility assistance payments for households that are low income and/or which contain an elderly or disabled member	6733	7,067,496			
Rental assistance payments for households that are low income, or one-time rental and mortgage payment assistance for household threatened by eviction	1112	538,375			

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

Ident if ier	Return Reference	Explanation

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DLN: 93493039001200

OMB No 1545-0047

2008

Open to Public Inspection

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

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

Compensation Information

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

Name of the organization **Employer identification number** THAMES VALLEY COUNCIL FOR COMMUNITY ACTION INC 06-0806128 **Questions Regarding Compensation**

				Yes	Νo
1a	Check the appropiate box(es) if the organization provide 990, Part VII, Section A, line 1a Complete Part III to p	•			
	First class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a writte provision of all the expenses described above? If "No,"		1b		
2	Did the organization require substantiation prior to reim officers, directors, trustees, and the CEO/Executive Dir	3 1	2		
3	Indicate which, if any, of the following the organization u organization's CEO/Executive Director Check all that a	·			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	A pproval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part	VII, Section A, line 1a			
а	Receive a severance payment or change of control paym	nent?	4a		Νo
b	Participate in, or receive payment from, a supplemental	nonqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-based	d compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provid	e the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must comple	ete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line compensation contingent on the revenues of	1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
Ь	Any related organization?		5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A, line compensation contingent on the net earnings of	1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
ь	Any related organization?		6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in form 990, Part VII, Section A, line payments not described in lines 5 and 6? If "Yes," desc		7		Νo
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in Re- in Part III		8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
DEBORAH MONAHAN (I)					28,222	168,360	
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii))						
(i)							
(ii))						
(i)							
(ii))						
(i)							
(ii))						
(i)							
(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
-		
	•	

DLN: 93493039001200

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O.

Open to Public **Inspection** Employer identification number

THA	AMES VALLEY COUNCIL FOR COM	:							06-0806	5128	ion num	J.C.			
P	art I Bond Issues (Required	d for 2008)								1					
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	Issued	(e) Issue	e Price	(f) Des	cription of P	urpose	(g) Defeased		Beha	On alf of suer	
											Yes	No	Yes	No	
A	STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY			04-01-	2001	2,	745,000	taftville facility - construction of a qualifying child care facility			х		x		
В	STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY			01-01-	2003	1,	075,000	Windham Facility - acquisition of qualifying child care facility			х		х		
c	STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY			01-01-	2003		705,000		vernon facility - acquisition of qualifying child care facility			х		x	
D	STATE OF CONNECTICUT HEALTH AND EDUCATIONAL FACILITIES AUTHORITY			10-01-	2008	2,	465,000	NEW LONDON FACILITY - RENOVATIONS OF A QUALIFYING CHILD CARE FACILITY		RENOVATIONS OF A			х		Х
Pa	art II Proceeds (Optional for 2008)					_									
				A B		В	С		D	D		E			
1	Total Proceeds of Issue														
	Gross Proceeds in Reserve Funds														
3	Proceeds in Refunding or Defeasa	ance Escrows													
4	Other Unspent Proceeds														
5	Issuance Costs from Proceeds														
6	Working Capital Expenditures fror														
7	Capital Expenditures from Procee	eds ————————————————————————————————————													
8	Year of Substantial Completion														
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No	
9	Were the bonds issued as part of														
10	Were the bonds issued as part of		ssue?												
11	Has the final allocation of proceed	ds been made?													
12	Does the organization maintain action final allocation of proceeds?	Does the organization maintain adequate books and records to support the final allocation of proceeds?													
Pa	rt IIII Private Business Use	(Optional for 2008)													
					<u> </u>		В			D			E		
1	Was the organization a partner in which owned property financed by		mber of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	Ye	5	No	
2	A re there any lease arrangements which may result in private busine	s with respect to the fin	anced property												
_						a				_		,_			

Schedule K	(Form 990)	2008		
Part III	Private I	Business	Use	(Continued)

			A	E	3	(С	I	D		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Pai	rt IV Arbitrage (Optional for 2008)										
		ı	<u> </u>	E	3	(<u> </u>	ı	<u> </u>		E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
ь	Name of provider										
С	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?		1	1		1		1	1	1	1

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DLN: 93493039001200

SCHEDULE 0

Department of the Treasury
Internal Revenue Service

(Form 990)

Supplemental Information to Form 990

ion for

Open to Public Inspection

OMB No 1545-0047

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

Name of the organization
THAMES VALLEY COUNCIL FOR COMMUNITY ACTION INC

06-0806128

ldentifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	OTHER PROGRAMS INCLUDING HOUSING AND SHELTER SERVICES FOR FAMILIES (245 CLIENTS), SECTION 8 PROGRAM MANAGEMENT (892 CLIENTS), EVICTION PREVENTION (ONE-TIME RENTAL AND MORTGAGE PAYMENT ASSISTANCE) / LANDLORD-TENANT MEDIATION SERVICES (220 CLIENTS), SUPPORTIVE SERVICES AND PERMANENT HOUSING FOR THE HOMELESS AND DISABLED POPULATION (50 CLIENTS), EMPLOYMENT TRAINING, OTHER COMMUNITY SERVICES Expenses \$ 4014629 including grants of \$ 0 Revenue \$ 234114

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Form 990 is reviewed and approved by management and the audit committee

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		ALL BOARD OF TRUSTEES MEMBERS SIGN THE CONFLICT OF INTEREST CONFIRMATION ANNUALLY

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Executive Director compensation is determined by the Board of Trustees annually

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Governing documents, conflict of interest policy and financial statements are available upon request

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

DLN: 93493039001200

OMB No 1545-0047

2008

Open to Public Inspection

Schedule R (Form 990) 2008

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

THAMES VALLEY COUNCIL FOR COMMUNITY ACTION INC

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 ► See separate instructions.

Related Organizations and Unrelated Partnerships

06-0806128 **Identification of Disregarded Entities** Part I (A) Name, address, and EIN of disregarded entity (B) (D) (E) Legal domicile (state Total income Direct controlling Primary activity End-of-year assets or foreign country) entity TVCCA CATERING TO YOU LLC Provides catering services for ONE SYLVANDALE ROAD various programs of TVCCA CT 542,931 56,782 N/A JEWETT CITY, CT 06351 and to outside 02-0619974 TVCCA Information Systems LLC Sells internally developed ONE SYLVANDALE ROAD O N/A energy software to other CT 18,825 1eWETT CITY, CT 06351 nonprofit organizations 06-0806128 **Identification of Related Tax-Exempt Organizations** (A)
Name, address, and EIN of related organization (B) (D) Legal domicile (state Public charity status Direct controlling Exempt Code section Primary activity or foreign country) (if section 501(c)(3)) entity

Cat No 50135Y

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	incom	(E) lominant le(related, lestment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

Part V Transactions with Related Organi	zations
---	---------

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 D	uring the tax year, did the orgranization engage in any of the following transactior	ns with one or more related organizations listed in Parts II	-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled ent	tity		1a		
b	Gift, grant, or capital contribution to other organization(s)			1b		
c	Gıft, grant, or capıtal contribution from other organization(s)			1c		
d	Loans or loan guarantees to or for other organization(s)			1d		
e	Loans or loan guarantees by other organization(s)			1e		
f	Sale of assets to other organization(s)			1f		
g	Purchase of assets from other organization(s)			1g		
h	Exchange of assets			1h		
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		
j	Lease of facilities, equipment, or other assets from other organization(s)			1j		
k	Performance of services or membership or fundraising solicitations for other org	ganization(s)		1k		
I	Performance of services or membership or fundraising solicitations by other organizations	anızatıon(s)		11		
m	Sharing of facilities, equipment, mailing lists, or other assets			1m		
n	Sharing of paid employees			1n		
0	Reimbursement paid to other organization for expenses			10		
р	Reimbursement paid by other organization for expenses			1р		
q	O ther transfer of cash or property to other organization(s)			1q		
r	O ther transfer of cash or property from other organization(s)			1r		
2	If the answer to any of the above is "Yes," see the instructions for information o	n who must complete this line, including covered relations	hips and transaction thresholds			
	(A)	(B)	(c)			
	Name of other organization(s)	Transaction type(a-r)	Amount Involved			
(1)						
			1			
(2)			ı			
(3)			ı			
(4)			ı			
/= `						
(5)			ı			
/e\						
(6)			ı			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_															
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1		r J
			Yes	No		Yes	No		Yes	No														
			•	•		•		Cabadul	D / Form															