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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)

CCSU Pg 2 OMB No. 1545-0047 2008 Open to Public Inspection

860-223-2701

Yes

Form **990** (2008)

No

•	
Department of the Treasur Internal Revenue Service)

address, and ZIP + 4

May the IRS discuss this return with the preparer shown above? (see instructions)

BRITAIN

The organization may have to use a copy of this return to satisfy state reporting requirements. /08 6/30/09 7/01 and ending For the 2008 calendar year, or tax year beginning Please C Name of organization Check if applicable Employer identification number use IRS CCSU FOUNDATION INC Address change lahel or Doing Business As 23-7354328 print or Name change type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See PO BOX 612 860-832-1766 Specific Termination City or town, state or country, and ZIP + 4 42,169,174 G Gross receipts \$ Instruc-CT 06050 tions. NEW BRITAIN Amended return Name and address of principal officer: H(a) is this a group return fo Application pending NICHOLAS PETTINICO, affiliates? Yes H(b) Are all affiliates PO BOX 612 06050 NEW BRITAIN If "No," attach a list. (see instructions) 501(c) Tax-exempt status (insert no.) 4947(a)(1) or Website: ► N/A **H(c)** Group exemption number ▶ Type of organization | X | Corporation Other > 1974 M State of legal domicile Trust Association Year of formation Part I Summary Briefly describe the organization's mission or most significant activities: SUPPLEMENTING EDUCATION AT CENTRAL CONNECTICUT STATE UNIVERSITY (CCSU) Governance If the organization discontinued its operations or disposed of more than 25% of its assets. 2 Check this box 15 Number of voting members of the governing body (Part VI, line 1a) ANDREA MON Activities & C 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of employees (Part V, line 2a) 5 50 6 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 7a 7ь b Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year 2,141,492 Contributions and grants (Part VIII, line 1h) 2,136, 724 186,011 200,056 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A) lines 3 A and AF 265,193 391,102 Other revenue (Part VIII, column (A), lines 5, 60, 8c, 90 587 928 732,650 Total revenue—add lines 8 through 11 (must equal Part VIII, Grants and similar amounts paid (PartyX) column(A)) liftes (13) 486,455 Benefits paid to or for members (Part\) (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column QA) Aine 43,123 b Total fundraising expenses (Part IX, column (D), line 25) 694,896 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 847. 946 075,421 181,351 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 512 551, 507 19 Revenue less expenses. Subtract line 18 from line 12 Assets or Balances Beginning of Year End of Year 946,072 21 20 Total assets (Part X, line 16) 132, 165,169 509 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 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. of preparer (other than efficer) is based on all information of which preparer has any kn Sign Here Signature of officer Date 3/23/10 Edward R. Young Type or print name and title Preparer's identifying number Check if Preparer's (see instructions) Paid signature 3/22/10 P00029313 employed Preparer's 06-0970672 MUGFORD & co. EIN Firm's name (or yours Use Only 18 VINE STREET if self-employed), Phone

06052-1431

Part III Statement of Progra	am Service Ad	complishments	(see instructi	ons)		
1 Briefly describe the organization's mi						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SUPPLEMENTING EDUCA	ATION AT C	CENTRAL CON	NECTICUT	STATE U	NIVERSITY	(CCSU)
••			•			
2 Did the organization undertake any s	significant program	services durana the ve	ar which were not	t listed on		
the prior Form 990 or 990-EZ?	signilicant program	services during the ye	sar willon were not	t listed on		Yes X No
If "Yes," describe these new services	s on Schedule O.				•	
3 Did the organization cease conducting		ant changes in how it	conducts, any pro	gram		
services?						Yes X No
If "Yes," describe these changes on	Schedule O.					
4 Describe the exempt purpose achiev						
Section 501(c)(3) and 501(c)(4) orga					f grants and	
allocations to others, the total expens	ses, and revenue,	if any, for each progra	m service reported	đ.		
4a (Code) (Expenses \$	65 (071 including gran	to of ¢	32 /16) (Revenue \$	11,177)
4a (Code)(Expenses \$ INSTITUTIONAL ENRIC) (Revenue \$	
SPECIAL INSTITUTION						
WOULD NOT OTHERWISE			OIO MILLIN	101121110		
				•	•	
•		•				
•						
•						
					•	•
4b (Code.) (Expenses \$	338.	711 including gran	ute of \$	338.711) (Revenue \$	10,792)
STUDENT SUPPORT-TO						10,732,
WITH THE SPECIFIC F						
·	~	•			•	
					•	
					•	
					•	
•			•		•	
		•			• •	
•		•	• •	•	• •	
4c (Code) (Expenses \$	287,	422 including gran	nts of \$	35,578) (Revenue \$	159,390)
AUXILIARY-TO ASSIST						, ,
PROJECTS WHEN FUNDI	ING WOULD	NOT OTHERW	ISE BE AV	VAILABLE	•.	
			•		•	
			•		•	
		•				•
						•
					•	
					•	
4d Other program services. (Describe in	n Schedule O 1					
	028 including g	rants of \$	79,750) (Revenue \$	18,6	597 <u>)</u>
4e Total program service expenses	> \$	0.5.0	st equal Part IX, L			
						- 000

	·		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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		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? 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	ŀ		
	Schedule D, Part I	_6		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? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	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? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
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	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return		.,	
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	446		Х
4 6	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	15		Х
46	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13		
16	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Χ_
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
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		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	-	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
 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	Х	
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	Х	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23	Х	<u> </u>
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	
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	<u> </u>	X
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	-	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? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			_v
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	. 000	(2008)
		-cm		- / CH M

Form 990 (2008) CCSU FOUNDATION INC Part IV Checklist of Required Schedule Checklist of Required Schedules (continued)

			Yes	^No
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	Χ	<u> </u>
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			1
	complete Schedule L, Part IV	28b		X
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	Χ	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33		X
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	Х	
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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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? If "Yes," complete Schedule R, Part			
	VI	37		Х

Form **990** (2008)

Pa	art 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			1
	U.S Information Returns Enter -0- if not applicable 1a 36			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			Ī
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
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 0			•
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			1
	this return?	3a	-	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			1
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	. 4a	ļ	X.
b	If "Yes," enter the name of the foreign country:			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			•
	and Financial Accounts.			Ĭ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
•	Regarding Prohibited Tax Shelter Transaction?	<u>5c</u>	+-	\vdash
6a	Did the organization solicit any contributions that were not tax deductible?	. <u>6a</u>	X	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		,	
_	gifts were not tax deductible?	6b	X	
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 contribution of more than \$75?	70	X	İ
.		7a 7b	X	
b C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	⊢ ″	+^	-
·	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		1	· · · ·
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
•	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	. 7f	1	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	.		
	required?	7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			1
	organization, have excess business holdings at any time during the year?	8		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			1
а	Did the organization make any taxable distributions under section 4966?	. 9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
10	Section 501(c)(7) organizations. Enter:			1
а	Initiation fees and capital contributions included on Part VIII, line 12			1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			1
11	Section 501(c)(12) organizations. Enter:	-		1
а	Gross income from members or shareholders			I
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12:	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b		1	<u> </u>
		Fa	m 990	(2008)

Form 990 (2008) CCSU FOUNDATION INC 23-7354328 Page 6 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Enter the number of voting members of the governing body 1a Enter the number of voting members that are independent 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? 2 Χ 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 since the prior Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7b Ь Are any decisions of the governing body subject to approval by members, stockholders, or other persons? R Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? а X 8b b Each committee with authority to act on behalf of the governing body? Does the organization have local chapters, branches, or affiliates? 9a 9a 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? 9b Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations Χ 10 must describe in Schedule O the process, if any, the organization uses to review the Form 990 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies Yes No Χ Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c X Does the organization have a written whistleblower policy? 13 13 Does the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? 15a 15b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) 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 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 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 17 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. |X| Another's website |X| Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the 20

CCSU FOUNDATION, INC.

CT 06050

organization:

NEW BRITAIN

NICHOLAS PETTINICO, JR.

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

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

(A) Name and Title			tion (d	(C check	c) ali ti	nat ac	(vla	(D) Reportable	(E) Reportable	(F) Estimated
	nours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
JOHN MILLER										_
DIRECTOR		Х				<u> </u>	_	0	317,421	0
CHRISTOPHER DIRECTOR	GALLIGAN 	Х						0	160 717	0
NICHOLAS PET	TTNTCO TD	^	\vdash			-	_	<u></u>	162,717	U
DIRECTOR	IINICO, OK.	Х						o	136,095	0
PARKER ENGLI	SH								200,000	
DIRECTOR		Х						0	83,564	0
MICHAEL KNAF	P									
DIRECTOR		X						0	0	0
JOHN PATRICK										_
DIRECTOR		X					_	0	0	0
THOMAS ROGAN		١								•
DIRECTOR MICHAEL D'AM	λ TI Λ	X				_	_	0	0	0
DIRECTOR	I I	Х						o	0	0
LISA FUTTNER		^						0		
DIRECTOR		Х						o	0	0
PHILIP KURZE	, <u></u>									
DIRECTOR		Х						0	0	0
FREDERICK AG	EE									
DIRECTOR		X					_	0	0	0
KATHLEEN GRE	IDER	١								•
DIRECTOR	C TD	X					_	0	0	0
CHARLES JONE DIRECTOR	S, JR.	Ţ							0	0
MATTHEW VEKA	KIC	Х				\vdash	├	0	U	0
DIRECTOR	IKIS	Х						0	0	0
* HOURS AS R	EOUTRED	$\overline{}$					_			0
1100110 110 1	LQUINDD							0	0	0
GARRET RATCI	IFFE									
CHAIRMAN				Х				0	0	0
ROBERT KERZN	ER									
VICECHAIRMAN				Χ		L .		0	0	0

	FOUNDATION I							23-735				P	age 8
Part VII Section A	. Officers, Directors, Trus	tees	, Ke	y Em	ploy	/ees	and	d Highest Compensated Er	mployees (continued)				
(A) Name and title	(B) Average hours per		· ·	check	_	natap Tor		(D) Reportable compensation	(E) Reportable compensation		(F) Estima amoun		'n
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	cc o	othe impens from t rganiza and rela rganiza	r sation he ation ated	
WILLIAM MCCU SECRETARY				Х				0	0				C
EDWARD YOUNG TREASURER				Х				0	0				С
			_										
													
													
										-			
		_											
		ļ				<u> </u>							
• •		ļ											
1b Total									699,797				
2 Total number of indivorganization ▶ 3	viduals (including those in 1	a) w	ho re	ceiv	ed m	ore	than	s \$100,000 in reportable com	npensation from the				
								ee, or highest compensated				Yes	No X
4 For any individual lis		f rep	ortat	le co	ompe	ensat	ion a	and other compensation from " complete Schedule J for su			3_		Â
	d on line 1a receive or accretion the organization? If "Yes,"										5	X	Х
Section B. Independent	Contractors				·				- \$100,000 - 5				
1 Complete this table to compensation from to	the organization	nsate	30 IN		nuei	11 (20)	nuac	ctors that received more that	(B) Otion of services			(C) mpensai	
	(A) Name and business address							Descrip	otion of services		<u>Co</u>	mperisa	ion
											-		
													
2 Total number of inde	ependent contractors (includent the organization	aing i	inose	e in 1) wh	o rec	eive	ed more than \$100,000 in			0	000	

Pa	rt V	III Statement of	Revenue					
	•				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
50 50		Fadanted compaigns	T 45 T			revenue		512, 513, or 514
Program Service Revenue Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 1b					
PE	D	Membership dues		l				
ifts,	C	Fundraising events	1c					
s, nig	d	• • • •	1d					
Sin	8	Government grants (contribution	·					
当中	T	All other contributions, gifts, gran and similar amounts not include:	4 - 4	2 141 402				
E S			L- <u>''</u>	2,141,492				
Son	9		in lines 1a-1f \$		2 141 402			
	n	Total. Add lines 1a-1f			2,141,492			
Ž.				Busn. Code	159,390	159,390		
ě	2a	AUXILIARY			17,766	17,766		
Se F	b	ACADEMIC ENRIC			11,177	11,177		
Ž	C	INSTITUTIONAL			10,792	10,792		
J S	d	STUDENT SUPPOR			931	931		
Jrar	9	FOUNDATION PRO		-	931	931		
õ		All other program serving	ce revenue		200,056			
_	- 3	Total. Add lines 2a-2f			200,036			
	3	Investment income (inc	auding dividends	s, interest, and	614,521			614,521
		other similar amounts) Income from investmen	at of tox avamet	hand proceeds	014, 321			014,321
	4 5	Royalties	it of tax-exempt	bona proceeds				
	3		(ı) Real	(II) Personal				
	6a	Gross Rents	(i) real	(ii) i ci soriai				
	h	Less rental exps						
	0	Rental inc or (loss)						
	d	Net rental income or (lo	hee)		Ī	İ	:	
		O	Secunties	(II) Other				
		sales of assets	,063,521	149,584				
	ь	other than inventory 39 Less cost or other	,,003,321	140,004				
	~		,436,524					
	С	Gain or (loss)	-373,003	149,584				
	4	Net gain or (loss)	3737000	113,001	-223,419	-373,003	i	149,584
	8a		ısıng events F	· · · · -	220,123	7-1111111111111111111111111111111111111		
9		(not including \$						
en		of contributions reported o	n line 1c)					
٨		See Part IV, line 18	а					
Other Revenue	ь	Less: direct expenses	. b					
퉏	С	Net income or (loss) fro	om fundraising e	vents	1	Ì		
	_	Gross income from gaming	· · · · ·					
		See Part IV, line 19	a					
	b		ь					
	С	Net income or (loss) fro	om gamıng activi	tues 🕨				
	10a	Gross sales of inventor						7111
		returns and allowances						
	b	Less: cost of goods sol	d b					
		Net income or (loss) fro	–	ntory				
		Miscellaneous		Busn. Code				
	11a							
	b							
	С							
	đ	All other revenue	-					
	е	Total. Add lines 11a-1	1d	▶				
	12	Total Revenue. Add lii	nes 1h, 2g, 3, 4,	5, 6d, 7d, 8c,				
		9c, 10c, and 11e		▶	2,732,650	-172,947	0	764,105

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).

		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b,	Total expenses	Program service	Management and	Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and	125,100	125,100	1	
2	organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in	123,100	123,100		· <u>·····</u> ·······
2	the U.S See Part IV, line 22	361,355	361,355		
3	Grants and other assistance to governments,	301,333	301,333		
3	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				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management			0.450	
b	Legal .	2,450		2,450	
С	Accounting	33,661		33,661	
d	Lobbying				
θ	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	0 500	6,190	2,400	-
12	Advertising and promotion	8,590	6,190	2,400	
13	Office expenses				
14	Information technology				
15 16	Royalties Occupancy			<u>-</u> -	
17	Travel				
18	Payments of travel or entertainment expenses				1
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	91,502	81,031	10,471	
20	Interest	,			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	4,232	163	4,069	
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.)		150 000	20.622	
а	. HONORARIA	209,976	170,283	39,693	<u>.</u>
b	SUPPLIES	84,038	80,308	3,730	
C	PRINTING	59,078	58 , 629	449	
d	MISCELLANEOUS	57,797	22	57,775 123	
0	CONTRACT SERVICES	46,017	45,894	24,175	43,123
f	All other expenses	97,555 1,181,351	30,257 959,232	178,996	43,123
25	Total functional expenses. Add lines 1 through 24f	1,101,331	353, 434	1/0,990	43,143
26	Joint Costs. Check here Inf 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				

DAA

Page 11

	91.6.2	, Dalance Officer						A) ng of year			B)	
	1	Cash—non-interest bearing						335,865	1		of year	776
	2	Savings and temporary cash investments				 		756,572	2		554,	
	3					ŀ		300,760	3		696,	
		Pledges and grants receivable, net				ŀ		300,700	4		<u> </u>	323
	4	Accounts receivable, net	otooo l	l.a					4			
	5	Receivables from current and former officers, directors, tru		-								
	_	employees, or other related parties. Complete Part II of Sc				ŀ	······	•	5		——	
	6	Receivables from other disqualified persons (as defined ur								•		
		4958(f)(1)) and persons described in section 4958(c)(3)(B)). Comp	nete		ŀ			•	ŧ		
	١.,	Part II of Schedule L				-						
ets	7	Notes and loans receivable, net				-			7_			
Assets	8	Inventories for sale or use						25 500	_8_			27 E
⋖	9	Prepaid expenses and deferred charges	ا مد ا			-		25,560	9	<u> </u>	<u>_</u>	275
		Land, buildings, and equipment. cost basis	10a			\dashv				•		
	6	Less: accumulated depreciation. Complete				ŀ				•		
	۱.,	Part VI of Schedule D	10b			-	 	-	10c			
	11	Investments—publicly traded securities							11			
	12	Investments—other securities See Part IV, line 11				-			12			
	13	Investments—program-related. See Part IV, line 11				-			13			
	14	Intangible assets				-		104 454	14		240	~~~
	15	Other assets. See Part IV, line 11				ŀ		194,454	15		249,	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	<u>. </u>	•			25,	113,211	16	Z1,	9 <u>46,</u>	
	17	Accounts payable and accrued expenses		•		-		23,129	17		<u>16,</u>	960
	18	Grants payable				-	· · · · · · · · · · · · · · · · · · ·		18			
	19	Deferred revenue				-			19			
(A)	20	Tax-exempt bond liabilities				-			20			
Ë	21	Escrow account liability. Complete Part IV of Schedule D							21			
Liabilities	22	Payables to current and former officers, directors, trustees	•							l l		
iak		employees, highest compensated employees, and disquali	ified			-				•		
		persons. Complete Part II of Schedule L				-			22			
	23	Secured mortgages and notes payable to unrelated third p	arties			.			23			
	24	Unsecured notes and loans payable				-			24			
	25	Other liabilities. Complete Part X of Schedule D		-		-		142,040	25		115,	
	26	Total liabilities. Add lines 17 through 25	_					165 , 169	26	<u> </u>	132,	<u>509</u>
nces	1	Organizations that follow SFAS 117, check here	and							•		
2	ł	complete lines 27 through 29, and lines 33 and 34.								•		
Bala	27	Unrestricted net assets						37,827				
ã	28	Temporarily restricted net assets						451,946	28		034 <u>,</u>	
or Fund	29	Permanently restricted net assets				ļ	18,	458 , 269	29	19,	779 <u>,</u>	<u> 267</u>
Ţ	1	Organizations that do not follow SFAS 117, check here	▶ [╛						•		
ō		and complete lines 30 through 34.								1		
	30	Capital stock or trust principal, or current funds				- 1			30			
Assets	31	Paid-ın or capıtal surplus, or land, building, or equipment fu	und .			.			31			
Ą	32	Retained earnings, endowment, accumulated income, or o	ther fur	nds .		.			32			
Net	33	Total net assets or fund balances				.		948 , 042	33		<u>313,</u>	
	34	Total liabilities and net assets/fund balances					25,	113,211	34	21,	946,	<u>072</u>
<u>P</u>	art)	(E Financial Statements and Reporting										
					_	_					Yes	No
1		- · · · · · · · · · · · · · · · · · · ·	ash	X Accr	_		her					1
2	a We	ere the organization's financial statements compiled or review	wed by	an indepe	ndent acco	ountant	1?			. 2a		X
1	o We	ere the organization's financial statements audited by an inde	epende	nt account	ant?					2b	<u> </u>	
(c If "	Yes" to lines 2a or 2b, does the organization have a commit	tee that	assumes	responsıbi	ility for	oversight of					
		e audit, review, or compilation of its financial statements and			•			••		20	<u> </u>	₩
3	a As	a result of a federal award, was the organization required to	unden	go an audi	t or audits	as set	forth in					1
		Single Audit Act and OMB Circular A-133?								3a	4—	X
	o If "	Yes," did the organization undergo the required audit or aud	lits?	•						3b		
										Fo	m 990	(2008)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2008

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection
Employer identification number

nızatıon is not a	n for Public Charity							1 23	-735432	20	
		Status (All organizations	must c	omplete	e this p	art.) (s	see in	structi	ions)		
A church, conv	private foundation because	it is (Please check only one org	anization.	.)					•		
	vention of churches, or associ	ciation of churches described in	section 1	70(b)(1)(A)(i).						
A school descr	ribed in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
A hospital or a	cooperative hospital service	e organization described in secti	ion 170(b)	(1)(A)(iii)	. (Attach	Schedu	le H.)				
A medical rese	earch organization operated	in conjunction with a hospital de	scribed in	section 1	170(b)(1)	(A)(iii).	Enter th	e hospi	tal's name,		
city, and state											
An organizatio	n operated for the benefit of	a college or university owned or	operated	by a gove	ernmenta	ıl unıt de	scnbed	in			
section 170(b)(1)(A)(iv). (Complete Part I	l.)									
A federal, state	e, or local government or go	vernmental unit described in sec	tion 170(b)(1)(A)(v	r).						
An organizatio	n that normally receives a si	ubstantial part of its support from	a governi	mental un	it or from	the ger	eral pui	blic			
described in s	ection 170(b)(1)(A)(vi). (Co	mplete Part II.)									
A community t	rust described in section 17	'0(b)(1)(A)(vi). (Complete Part II	.)								
An organizatio	n that normally receives. (1)	more than 33 1/3 % of its support	rt from co	ntnbution	s, memb	ership fe	es, and	gross			
receipts from a	activities related to its exemp	t functions —subject to certain e	xceptions,	and (2) n	o more t	han 33 1	/3 % of	its			
support from g	ross investment income and	unrelated business taxable inco	me (less s	section 51	1 tax) fro	om busin	esses				
acquired by the	e organization after June 30,	, 1975. See section 509(a)(2). (Complete	Part III.)							
An organizatio	n organized and operated ex	clusively to test for public safety	. See sec	tion 509(a)(4). (se	e instru	ctions)				
An organization	n organized and operated ex	clusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	t the				
purposes of or	e or more publicly supported	d organizations described in sec	tion 509(a)(1) or sec	ction 509	(a)(2). S	ee sec	tion			
509(a)(3) . Che	ck the box that describes the	e type of supporting organization	and com	plete lines	11e thro	ough 11h	1.				
a U Type I	b 🔛 Type II	c Type III–Functiona	ally Integra	ited	d	Тур	e III–Oth	ner			
By checking th	is box, I certify that the orgai	nization is not controlled directly	or indirect	ly by one	or more	disqualit	ied				
persons other	than foundation managers a	nd other than one or more public	dy suppor	ted organ	zations	describe	d in sec	tion			
	, ,, ,										
		mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upporting	3				
_	heck this box										
organization, check this box											
Since August 17, 2006, has the organization accepted any gift or contribution from any of the											
following pers	ons?	,		·							
following pers (i) A person	ons? who directly or indirectly con	strols, either alone or together wi		·	d in (ii)					Yes	No
following pers (i) A person and (iii) be	ons? who directly or indirectly con elow, the governing body of	strols, either alone or together with the supported organization?		·	d in (ii)				11g(i)	1	No
following pers (i) A person and (iii) be (ii) A family n	ons? who directly or indirectly con elow, the governing body of nember of a person describe	ntrols, either alone or together wi the supported organization? ed in (i) above?		·	d in (ii)				11g(ii)		No
following pers (i) A person and (ii) be (ii) A family n (iii) A 35% co	ons? who directly or indirectly con elow, the governing body of nember of a person describe ntrolled entity of a person de	strols, either alone or together wi the supported organization? ed in (i) above? escribed in (i) or (ii) above?	th persons	·	d in (ii)						No
following pers (i) A person and (ii) be (ii) A family n (iii) A 35% co	ons? who directly or indirectly con elow, the governing body of nember of a person describe ntrolled entity of a person de	ntrols, either alone or together wi the supported organization? ed in (i) above?	th persons	·	d in (ii)				11g(ii)		No
following pers (i) A person and (iii) be (ii) A family n (iii) A 35% co Provide the fo e of supported	ons? who directly or indirectly con elow, the governing body of nember of a person describe ntrolled entity of a person de	atrols, either alone or together withe supported organization? and in (i) above? ascribed in (i) or (ii) above? a organizations the organization (iii) Type of organization	th persons supports. (iv) is the	describe	(v) Did)	ou notify	(vi) 1	s the	11g(ii) 11g(iii (vii) Am	nount of	No
following pers (i) A person and (iii) be (ii) A family n (iii) A 35% co Provide the fo	ons? who directly or indirectly con elow, the governing body of nember of a person describe ntrolled entity of a person de llowing information about the	ntrols, either alone or together withe supported organization? and in (i) above? ascribed in (i) or (ii) above? a organizations the organization	supports.	s describe	(v) Did y	ou notify nization in	(vi) I organizat	ion in col	11g(ii) 11g(iii	nount of	No
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following pers (i) A person and (iii) be (ii) A family n (iii) A 35% co Provide the fo e of supported	ons? who directly or indirectly con elow, the governing body of nember of a person describe ntrolled entity of a person de llowing information about the	etrols, either alone or together withe supported organization? ed in (i) above? escribed in (i) or (ii) above? e organizations the organization (iii) Type of organization (described on lines 1–9 above or IRC section	supports. (iv) Is the control (i) Is governing	organization sted in your document?	(v) Did y the organ col (i) supp	ou notify ization in of your port?	(vi) I organızat (I) organız U S	on in col zed in the S ?	11g(ii) 11g(iii (vii) Am	nount of	No
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following pers (i) A person and (iii) be (ii) A family n (iii) A 35% co Provide the fo e of supported	ons? who directly or indirectly con elow, the governing body of nember of a person describe ntrolled entity of a person de llowing information about the	etrols, either alone or together withe supported organization? ed in (i) above? escribed in (i) or (ii) above? e organizations the organization (iii) Type of organization (described on lines 1–9 above or IRC section	supports. (iv) Is the control (i) Is governing	organization sted in your document?	(v) Did y the organ col (i) supp	ou notify ization in of your port?	(vi) I organızat (I) organız U S	on in col zed in the S ?	11g(ii) 11g(iii (vii) Am	nount of	No
following pers (i) A person and (iii) be (ii) A family n (iii) A 35% co Provide the fo e of supported	ons? who directly or indirectly con elow, the governing body of nember of a person describe ntrolled entity of a person de llowing information about the	etrols, either alone or together withe supported organization? ed in (i) above? escribed in (i) or (ii) above? e organizations the organization (iii) Type of organization (described on lines 1–9 above or IRC section	supports. (iv) Is the control (i) Is governing	organization sted in your document?	(v) Did y the organ col (i) supp	ou notify ization in of your port?	(vi) I organızat (I) organız U S	on in col zed in the S ?	11g(ii) 11g(iii (vii) Am	nount of	No
following pers (i) A person and (iii) be (ii) A family n (iii) A 35% co Provide the fo e of supported	ons? who directly or indirectly con elow, the governing body of nember of a person describe ntrolled entity of a person de llowing information about the	etrols, either alone or together withe supported organization? ed in (i) above? escribed in (i) or (ii) above? e organizations the organization (iii) Type of organization (described on lines 1–9 above or IRC section	supports. (iv) Is the control (i) Is governing	organization sted in your document?	(v) Did y the organ col (i) supp	ou notify ization in of your port?	(vi) I organızat (I) organız U S	on in col zed in the S ?	11g(ii) 11g(iii (vii) Am	nount of	No
following pers (i) A person and (iii) be (ii) A family n (iii) A 35% co Provide the fo e of supported	ons? who directly or indirectly con elow, the governing body of nember of a person describe ntrolled entity of a person de llowing information about the	etrols, either alone or together withe supported organization? ed in (i) above? escribed in (i) or (ii) above? e organizations the organization (iii) Type of organization (described on lines 1–9 above or IRC section	supports. (iv) Is the control (i) Is governing	organization sted in your document?	(v) Did y the organ col (i) supp	ou notify ization in of your port?	(vi) I organızat (I) organız U S	on in col zed in the S ?	11g(ii) 11g(iii (vii) Am	nount of	No
following pers (i) A person and (iii) be (ii) A family n (iii) A 35% co Provide the fo e of supported	ons? who directly or indirectly con elow, the governing body of nember of a person describe ntrolled entity of a person de llowing information about the	etrols, either alone or together withe supported organization? ed in (i) above? escribed in (i) or (ii) above? e organizations the organization (iii) Type of organization (described on lines 1–9 above or IRC section	supports. (iv) Is the control (i) Is governing	organization sted in your document?	(v) Did y the organ col (i) supp	ou notify ization in of your port?	(vi) I organızat (I) organız U S	on in col zed in the S ?	11g(ii) 11g(iii (vii) Am	nount of	No
	section 170(b) A federal, state An organizatio described in se A community to An organizatio receipts from a support from g acquired by the An organizatio purposes of or 509(a)(3). Che a	section 170(b)(1)(A)(iv). (Complete Part I A federal, state, or local government or go	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section An organization that normally receives a substantial part of its support from described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33 1/3 % of its support receipts from activities related to its exempt functions—subject to certain e support from gross investment income and unrelated business taxable incompact acquired by the organization after June 30, 1975. See section 509(a)(2). (An organization organized and operated exclusively to test for public safety An organization organized and operated exclusively for the benefit of, to perpurposes of one or more publicly supported organizations described in section 509(a)(3). Check the box that describes the type of supporting organization and type III—Functional By checking this box, I certify that the organization is not controlled directly persons other than foundation managers and other than one or more public 509(a)(1) or section 509(a)(2).	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(i) An organization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33 1/3 % of its support from confeceipts from activities related to its exempt functions—subject to certain exceptions, support from gross investment income and unrelated business taxable income (less stacquired by the organization after June 30, 1975. See section 509(a)(2). (Complete An organization organized and operated exclusively to test for public safety. See section organization organized and operated exclusively for the benefit of, to perform the purposes of one or more publicly supported organizations described in section 509(a)(3). Check the box that describes the type of supporting organization and comparting in the purpose of the section of the purpose of the purpose of the purpose of the purpose of one or more publicly supported organization is not controlled directly or indirect persons other than foundation managers and other than one or more publicly supports 509(a)(1) or section 509(a)(2).	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33 1/3 % of its support from contributions receipts from activities related to its exempt functions—subject to certain exceptions, and (2) in support from gross investment income and unrelated business taxable income (less section 51 acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(An organization organized and operated exclusively for the benefit of, to perform the functions purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(3). Check the box that describes the type of supporting organization and complete lines a Type I b Type II c Type III—Functionally Integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one persons other than foundation managers and other than one or more publicly supported organication 509(a)(1) or section 509(a)(2).	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33 1/3 % of its support from contributions, membreceipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more its support from gross investment income and unrelated business taxable income (less section 511 tax) from acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see An organization organized and operated exclusively for the benefit of, to perform the functions of, or to purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e throwally and the section of	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the ger described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33 1/3 % of its support from contributions, membership for receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1 support from gross investment income and unrelated business taxable income (less section 511 tax) from busin acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instruction organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry our purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). S 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11th a Type I b Type II c Type III—Functionally Integrated d Type By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disquality persons other than foundation managers and other than one or more publicly supported organizations described 509(a)(1) or section 509(a)(2).	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general put described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives. (1) more than 33 1/3 % of its support from contributions, membership fees, and receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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 sec 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—Ott 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 sec 509(a)(1) or section 509(a)(2).	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) 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 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	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). 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Check the box that describes the type of supporting organization and complete lines 11e through 11h. a

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Page 2

Pa	Support Schedule for Or)(A)(iv) and 17	0(b)(1)(A)(vi)	<u> </u>
<u> </u>	(Complete only if you che	ecked the box o	n line 5, 7, or c	o or Part I.)			
	tion A. Public Support endar year (or fiscal year beginning in) ▶	(-) 2004	(1) 0005	(a) 2006	(4) 2007	(0) 2009	(f) Total
Ca	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(I) Iolai
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,659,210	1,050,196	1,146,728	2,136,724	2,141,492	9,134,350
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 1-3	2,659,210	1,050,196	1,146,728	2,136,724	2,141,492	9,134,350
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)	111111111111111111111111111111111111111					2,984,275
•	Public support. Subtract line 5 from line 4		·····				6,150,075
6 Sec	tion B. Total Support	<u> </u>	<u></u>				0,130,073
$\overline{}$	lendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	2,659,210	1,050,196	1,146,728	2,136,724	2,141,492	9,134,350
8	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources	286,573	397,780	642,888	764,500	764,105	2,855,846
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						11,990,196
12	Gross receipts from related activities, etc. (see instructions)				12	919,764
13	First five years. If the Form 990 is for the o	organization's first, se	cond, third, fourth,	or fifth tax year as	a section 501(c)(3)	
	organization, check this box and stop here				· 		▶ _
Sec	tion C. Computation of Public Su	pport Percentag	ge				
14	Public support percentage for 2008 (line 6,	column (f) divided by	line 11, column (f))		14	51.2925 %
15	Public support percentage from 2007 Scher	dule A, Part IV-A, line	26f			15	56.7634 %
16a	33 1/3 % support test—2008. If the organi	zation did not check	the box on line 13,	and line 14 is 33 1	/3 % or more, chec	k this box	
	and stop here. The organization qualifies a	is a publicly supporte	d organization	•			▶ X
b	33 1/3 % support test—2007. If the organi	zation did not check	a box on line 13 or	16a, and line 15 is	33 1/3 % or more,	check this	. \square
	box and stop here. The organization qualif	ies as a publicly supp	orted organization			•	▶ ∐
17a	10%-facts-and-circumstances test—200	B. If the organization	did not check a bo	x on line 13, 16a, o	r 16b, and line 14 i	s 10% or	
	more, and if the organization meets the "fac	cts-and-circumstance	s" test, check this	box and stop here	. Explain in Part IV	how the	
	organization meets the "facts-and-circumst	ances" test. The orga	ınızatıon qualıfies a	s a publicly suppor	rted organization		▶ [_]
b	10%-facts-and-circumstances test—200	7. If the organization	did not check a bo	x on line 13, 16a, 1	6b, or 17a, and line	e 15 is 10% or	
	more, and if the organization meets the "fac	cts-and-circumstance	s" test, check this	box and stop here	. Explain in Part IV	how the	
	organization meets the "facts-and-circumsta	ances" test. The orga	inization qualifies a	is a publicly suppor	rted organization		▶
18	Private foundation. If the organization did	not check a box on li	ne 13, 16a, 16b, 1	7a, or 17b, check t	his box and see ins	structions	▶ ⊔

Schedule A (Form 990 or 990-EZ) 2008 CCSU FOUNDATION INC 23-7354328 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1-5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 Add lines 7a and 7b Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (d) 2007 (e) 2008 (f) Total (c) 2006 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income. Do not include gain or 12 loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11. and 12.) 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 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 19a 33 1/3 % support 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 % support 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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047 2008

Open to Public Inspection

Name	of the organization		Employe	er identification nu	mber
C	CSU FOUNDATION INC		23-7	354328	
Pa	the organizations Maintaining Donor Advised Fun the organization answered "Yes" to Form 990, F		counts	. Complete if	
		(a) Donor advised funds	(b	Funds and other ac	counts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised			
	funds are the organization's property, subject to the organization's exclusi	ive legal control?		∐ Yes	∐ No
6	Did the organization inform all grantees, donors, and donor advisors in wr	nting that grant funds may be			
	used only for chantable purposes and not for the benefit of the donor or d	onor advisor or other			
	impermissible private benefit?			Yes	No_
_Pa	rt II Conservation Easements. Complete if the orga		990, F	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all				
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo		d area	
	Protection of natural habitat	Preservation of certified historic str	ructure		
	Preservation of open space				
2	Complete lines 2a-2d if the organization held a qualified conservation con	ntribution in the form of a conservation ease	ement		
	on the last day of the tax year.		r		
			ļ	Held at the End	of the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
C	Number of conservation easements on a certified historic structure include	ed 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, extin	guished, or terminated by the organization	dunng		
	the taxable year				
4	Number of states where property subject to conservation easement is loc	ated			
5	Does the organization have a wrtten policy regarding the periodic monito	nng, inspection, violations, and			
	enforcement of the conservation easements it holds?			∐ Yes	∐ No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing	easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easi	sements during the year 🕒 💄 🔔 _			
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section			—
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			∐ Yes	∐ No
9	In Part XIV, describe how the organization reports conservation easemen				
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that descr	ibes		
	the organization's accounting for conservation easements.			·····	
Pe	Organizations Maintaining Collections of Art, I Complete if the organization answered "Yes" to		milar A	Assets.	
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet w	orks of		
	art, historical treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pub	lic servic	9,	
	provide, in Part XIV, the text of the footnote to its financial statements that	t describes these items.			
b	If the organization elected, as permitted under SFAS 116, to report in its i	revenue statement and balance sheet work	s of art,		
	historical treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of public s	ervice,		
	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		•	\$	_5 <u>7,0</u> 00
2	If the organization received or held works of art, historical treasures, or of	her similar assets for financial gain, provide	the		
	following amounts required to be reported under SFAS 116 relating to the	-			
а	Revenues included in Form 990, Part VIII, line 1		•	\$	
b	Assets included in Form 990, Part X		•	·	
					
For I	Privacy Act and Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Fo	rm 990) 2008

Sched	dule D (Form 990) 2008 CCSU FOUN	DATION INC		23-73	54328			Pag	e 2
Pa	rt III Organizations Maintaining	Collections of Art, I	listorical Treas	ures, or Other S	imilar Ass	ets (co	ontinu	ed)	
3	Using the organization's accession and other relatems (check all that apply)	ecords, check any of the fo	llowing that are a sign	nificant use of its colle	ection			,	
а	Public exhibition	d 🗆 Loan (or exchange program	16					
	Scholarly research	a X Other	excitatige program TPPORTIS	ns ING <u>ART</u> ED <u>U</u>	CATION				
b		e tri Oniei	_00110111	110 THE BOO	01111011	_			
С	Preservation for future generations								
4	Provide a description of the organization's colle Part XIV	ections and explain how the	ey further the organiz	ation's exempt purpo	se in				
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	e maintained as part of the	e organization's colle	ction?			es	X No	<u>, </u>
Pa	rt IV Trust, Escrow and Custodi				ed"Yes" to	Form 9	990,		
	Part IV, line 9, or reported a				-				
1a	Is the organization an agent, trustee, custodiar	or other intermediary for o	contributions or other	assets not					
	included on Form 990, Part X?					□ Y	es	∐ No)
b	If "Yes," explain the arrangement in Part XIV a	nd complete the following t	able.						
							Amount	<u> </u>	
C	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance .				1f				
2a	Did the organization include an amount on For	m 990, Part X, line 21?				\ Y	es	∐ No	>
***************************************	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Compl								_
	ļ	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three year	irs back	(e) Four	r years ba	ck
1a	Beginning of year balance			<u> </u>					
b	Contributions								
С	Investment earnings or losses .			<u></u>					
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses .								
g	End of year balance .		<u> </u>		<u></u>				
2	Provide the estimated percentage of the year e	end balance held as:							
а	Board designated or quasi-endowment _	%							
b	Permanent endowment %								
C	Term endowment ▶ %								
3a	Are there endowment funds not in the possess	sion of the organization tha	t are held and admını	stered for the			ı		
	organization by:							Yes I	No
	(i) unrelated organizations		-				3a(i)		
	(ii) related organizations		•				3a(ii)		
b	If "Yes" to 3a(II), are the related organizations	listed as required on Scheo	fule R?				_3b_	i	
4	Describe in Part XIV the intended uses of the o								
Pa	rt VI Investments—Land, Buildi		t. See Form 990						
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or ot basis (other	1 ''	preciation	'	(d) Book	value	
1a	Land								
b	Buildings								
С	Leasehold improvements								
	Equipment								
	Other								
	I. Add lines 1a-1e (Column (d) should equal Fo	orm 990, Part X, ∞lumn (B), line 10(c).)		<u> </u>	•			

Schedule D (Ferm 990) 2008 CCSU FOUNDATION INC		23-7354328	Page
Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	on
(including name of security)		Cost or end-of-year marke	t value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
			_
Total. (Column (b) should equal Form 990, Part X, ∞l. (B) line 12.)			
Part VIII Investments—Program Related. See Form 990), Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation	วก
		Cost or end-of-year marke	t value
		•	
			· · · · · · · · · · · · · · · · · · ·
Total (Column (b) should equal Form 990 Part X col (8) line 13.)			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) Part X Other Assets. See Form 990, Part X, line 15.			
Part IX Other Assets. See Form 990, Part X, line 15.			(b) Book value
			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.			(b) Book value
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Part IX Other Assets. See Form 990, Part X, line 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15.			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description			(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)		. >	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25	T P	. >	(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability	(b) Amount		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability Federal income taxes	(b) Amount		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability	T P		(b) Book value
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Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability Federal income taxes	(b) Amount		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability Federal income taxes	(b) Amount		(b) Book value
Part IX Other Assets. See Form 990, Part X, line 15. (a) Description Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. See Form 990, Part X, line 25 (a) Description of liability Federal income taxes	(b) Amount	. >	(b) Book value

and 2b; Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. _SOL_LEWITT PAINTING_AND_CHEN ART COLLECTION. _THE_CHEN ART COLLECTION_ _ _ _ CONSISTS OF TEN PAINTINGS AND TWO PORCELAIN VASES. BOTH WERE DONATED TO _ _ CCSU FOUNDATION, INC. THESE ART COLLECTIONS SUPPORT THE MISSION OF ART AND ART EDUCATION AT _ _ _CENTRAL_CONNECTICUT_STATE_UNIVERSITY.______

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CCSU

SCHEDULE (Form 990)

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

OMB No 1545-0047

2008

Open to Public Inspection

 \Box i

%

X Yes

Employer identification number 23-7354328 ▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. ▶ Attach to Form 990. CCSU FOUNDATION INC Department of the Treasury Internal Revenue Service Name of the organization

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees 'eligibility for the grants or assistance, and

General Information on Grants and Assistance

Part I

the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ince? onitoring the use of g	grant funds	in the United States	•			X Yes	8
Part if Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	overnments and recipient that re 0) if additional s	d Organ ceived r pace is	I Organizations in the United States. Complete if the organization answered "Yes" on seived more than \$5,000. Check this box if no one recipient received more than \$5,00 bace is needed	ited States. Com . Check this box if	plete if the org f no one recipi	anization ans ent received r	wered"Yes" on nore than \$5,000. Use	
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 (book, FMV, apprasal, assistance other)	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
CENTRAL CT STATE UNIVERSITY 1615 STANLEY STREET NEW BRITAIN CT 06050	06-1303381	m	14,000				SUPP. CCSU PROGRAMS	- SWY
CENTRAL CT STATE UNIVERSITY 1615 STANLEY STREET NEW BRITAIN CT 06050	06-1303381	ო	14,131				SUPP. CCSU PROGRAMS	MS
CENTRAL CT STATE UNIVERSITY 1615 STANLEY STREET NEW BRITAIN CT 06050	06-1303381	3	19,365				SUPP. CCSU PROGRAMS	MS
		•						
2 Enter total number of section 501(c)(3) and government organizations	organizations						1	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA 3 Enter total number of other organizations

Schedule I (Form 990) 2008

Schedule | (Form 990) 2008 CCSU FOUNDATION INC

Part III

23-7354328

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	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
TUITION & FEES AT CCSU	, - 1	2,000			
TUITION & FEES AT CCSU		5,000			
TEACHING ENGLISH IN CHINA		13,750			
TUITION & FEES AT CCSU	-	30,413			
TUITION & FEES AT CCSU		24,702			
TUITION & FEES AT CCSU	-1	23,645			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the information	on required in Part I,	line 2, and any other addi	tional information.

- PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS ~ PART I, LINE

EXPLANATION OF GRANT PURPOSE AND HOW FUNDS WILL BE UTILIZED IS REQUIRED.

INVOIÇES ARE REQUIRED TO BE SUBMITTED TO THE ORGANIZATION FOR VERIFICATION

OF ALL GRANT EXPENDITURES.

Schedule I (Form 990) 2008

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

CCSU FOUNDATION INC

Questions Regarding Compensation

Employer identification number 23-7354328

			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			
	First-class or charter travel Housing allowance or residence for personal use			
	H • · · · · · · · · · · · · · · · · · ·			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification 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 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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval 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 payment?	4a		Χ_
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Χ_
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 501(c)(3) and 501(c)(4) organizations must complete lines 5 –8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		X
þ	Any related organization?	5b		<u>X</u>
	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:			
а	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		lх

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

Schedule J (Form 990) 2008

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Schedule J (Form 990) 2008 CCSU FOUNDATION INC

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 Part #

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.

	(B) Breakdown	n of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
JOHN MILLER (II)	317,421	0 0	0	0	0	317,421	0
CHRISTOPHER GALLIGAN (0)	0 162,717	0 0 7		0	0	162,717	0
(II)							
(II)							
(ii) (b)							
(II) (b)				•			
(II)				•			
(II)							
(n) (t)				,			
(II)							
(n)							
(0)			•	·			
(n)			:			:	
(ii)		,	•				
(0)			•				
(tr)							

Schedule J (Form 990) 2008-

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 Schedule J (Form 990) 2008 CCSU FOUNDATION INC for any additional information.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047 2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization	N/O					I	yer ide			numb	Br	
CCSU FOUNDATION I		(0)		/- \/ 4\\			735	432	<u> 28</u>			
Part I Excess Benefit Transactions (section To be completed by organizations that answere							art V 1	line 4	Ob.			
		0	1	,						(c) C	Соггест	ed?
1 (a) Name of disqualified person					(b) Description	of transaction				Yes	N	No
											\perp	
										ļ	_	
											+	
								<u>-</u>			+	
2 Enter the amount of tax imposed on the organization man	anem o	r disa	ualified person	e during the						L		
under section 4958	iageis u	usqu	uailleu person	is during an	s year		▶ \$					
3 Enter the amount of tax, if any, on line 2, above, reimburs	ed by th	ne orga	anızatıon				▶ \$					
Part II Loans to and/or From Interested P	erson	s.			-							
To be completed by organizations that answere	ed "Yes"	on Fo	orm 990, Part	IV, line 26,	or Form 990-	EZ, Part V, lin	e 38a					
(a) Name of interested person and purpose	(b) Loa	an to	(c) Ongi	nal	(d) Bala	ince due	(e) in c	default?		proved		Vntten
	or from organiza		principal ar	nount						ard or nittee?	agree	ment?
	 						Yes	No	Yes	No	Yes	No
	To F	From					162	NO	162	NO	163	140
				•			\Box					
								L				
							 	<u> </u>				<u> </u>
	+	-					\vdash					
***	1											
Total	•			▶ 9	5							
Part III Grants or Assistance Benefitting I												
To be completed by organizations that answer	ed "Yes	on F	orm 990, Part	IV, line 27.								
(a) Name of interested person				nship betwee org	in interested pe	rson and the	(c)) Amoi	unt of s assis	-	r type	of
				019		<u> </u>	+-					
			<u> </u>		<u> </u>		<u> </u>		_			
						_						
							↓					
B. Astronomical Control of the Contr							<u></u>					
Part IV Business Transactions Involving I To be completed by organizations that answer				IV, line 28a	ı, 28b, or 28c							
(a) Name of interested person	(b) R	elations	ship between	(c) A	mount of	(d) Descr	iption c	of trans	action	١	(e) S	Shann org enues?
	intere	•	erson and the nization	uan	saction						$\overline{}$	No.
REPORTING THRESHOLDS NOT EXCEEDED											1	X
THE THE TANGE OF THE PROPERTY			•	1		<u></u>						
				1								

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

2008
Open to Public inspection

Name of the organization

CCSU_FOUNDATION INC

Employer identification number 23-7354328

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

ACADEMIC ENRICHMENT-ASSIST UNIVERSITY WITH SPECIAL

ACADEMIC ENRICHMENT PROGRAMS.

GRANTS AND ALLOCATIONS 41,015

EXPENSES RELATED TO ACADEMIC ENRICHMENT PROGRAMS

TOTAL EXPENSES

41,015

FOUNDATION - TO TRACK, MANAGE AND INVEST CONTRIBUTIONS AND FUNDS.

GRANTS AND ALLOCATIONS 28,685

EXPENSES RELATED TO FACULTY RESEARCH PROJECTS

TOTAL EXPENSES

28,685

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 THE FORM 990 IS PROVIDED TO THE MEMBERS OF THE FINANCE AND AUDIT COMMITTEES. IT IS REVIEWED BY THE MEMBERS OF THESE COMMITTEES AND APPROVED BEFORE FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE GOVERNING BODY IS REQUIRED TO REVIEW THE CONFLICTS OF INTEREST POLICY

AND DISCLOSE ANY CONFLICTS OF INTEREST. THIS IS DONE ON AN ANNUAL BASIS.

A CONFLICTS OF INTEREST DISCLOSURE STATEMENT IS SIGNED BY EACH MEMBER

ANNUALY AND RETAINED BY CCSU FOUNDATION, INC.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

Name of the organization CCSU FOUNDATION INC

Employer identification number 23-7354328

THE BOARD MEMBERS AND OFFICERS OF CCSU FOUNDATION ARE NOT COMPENSATED BY THE FOUNDATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE BOARD MEMBERS AND OFFICERS OF CCSU FOUNDATION ARE NOT COMPENSATED BY

THE FOUNDATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION.

THE AUDITED FINANCIAL STATEMENTS, FORM 990 AND BYLAWS ARE MADE AVAILABLE TO

THE PUBLIC ONLINE. ANY OTHER DOCUMENTS SUCH AS THE CONFLICT OF INTEREST

POLICY ARE MADE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)	Related Organ	Related Organizations and Unrelated Partnerships	nrelated Partne	rships		OMB No 1545-0047
Department of the Treasury Internal Revenue Service	▶ Attach to Form 990. To be completed by or	by organizations that answered'Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ See separate instructions.	wered'Yes" to Form 990 .ructions.), Part IV, line 33, 34, 35	i, 36, or 37.	Open to Publication
Name of the organization	CCSU FOUNDATION INC				Employer identific 23-7354328	Employer identification number 23-7354328
Part i Identifica	Identification of Disregarded Entities					
. X	(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
. :						
:						a
Part II Identifica	Identification of Related Tax-Exempt Organizations					
Nan	(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
CENTRAL CT STATE 1615 STANLEY STRE NEW BRITAIN	ATE UNIVERSIT STREET CT 06050	EDUCATION	CT	501C3	2	N/A
·	·					
For Privacy Act and Pape	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	າ 990.			Sche	Schedule R (Form 990) 2008

Schedule R (Form 990) 2008 CCSU FOUNDATION INC

23-7354328

Identification of Related Organizations Taxable as a Partnership

Part III	Identification of Related Organizations Taxable as	ons Taxable as		a Partnership	:		į			
	(A) Name, address, and EIN of related organization	(B) Primary activity		(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets		(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	
			country)					Yes No		Yes
			·							
Part IV	Identification of Related Organizations Taxable as	ons Taxable as		a Corporation or Trust	rust					
Z	(A) Name, address, and EIN of related organization	(B) Primary activity	Leg	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp. S corp. or trust)	(F) Share of total income	(G) Share of end-of-year assets		(H) Percentage ownership
										·
									•	,
PA W									Schedule R (Form 990) 200	m 990) 200

Schedule R (Form 990) 2008 CCSU FOUNDATION INC

		Noo.
Note. Complete line 1 if any entity is listed in Parts II, III, or IV		
Publing the tax year, and the organization engage in any or the following trained on the organizations in the control of the interest fill annuities fill novalties find real from a controlled entity		at ×
•		1 b
		1c ×
		X ×
e Loans or loan quarantees by other organization(s)		1e X
	-	
f Sale of assets to other organization(s)		1f ×
g Purchase of assets from other organization(s)		7 ×
h Exchange of assets		
i Lease of facilities, equipment, or other assets to other organization(s)		:
		×
		×
R Performance of services of membership of furnitations by other organization(s)	•	╁
m Sharing of facilities, equipment, mailing lists, or other assets		×
a Channa of raid amplayable		× ut
n Shailing of pard employees		┼
o Rembursement paid to other organization for expenses		10 ×
p Reimbursement paid by other organization for expenses		1p
q Other transfer of cash or property to other organization(s)		1 ₀
r Other transfer of cash or property from other organization(s)		1r X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	action thresholds.	
(A)	(B)	(2)
Name of other organization(s)	Transaction	Amount involved
	type (a-r)	
(1)		
(2)		
(3)		
(4)		
(9)		
	Sched	Schedule R (Form 990) 2008

CCSU Pg 35

Page 4

23-7354328

Schedule R (Form 990) 2008 CCSU FOUNDATION INC

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

	(H) General or	ا الله الله الله الله الله الله الله ال		ဍ						,	-
		managing partner?		Yes					 	 	
	(6)	amount in box 20 of Schedule K-1	(con nos)								
	(F) Disproportionate	allocations?	:	2							
			;	Yes					-		
	(E) Share of	end-of-year assets									
-	(D) Are all partners	section 501(c)(3)	organizations	ĝ							
		sec 501(organiz	Yes							
	(C)	(state or foreign country)									
	(B)	rimary activity			:						
or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships	(A) When a property and EIN of parties.	Name, address, and Env of enlay						:			

Schedule R (Form 990) 2008