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Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047 Open to Public

A	For th	e 2008 calendar year, or tax year beginning $$ OCT $$ $$ $$ 1 , $$ $$ 2 $$ 0 $$ 8 $$ and ending	SEP 30, 2009	
В	Check if applicab	Please use IRS C Name of organization	D Employer identifi	cation number
	X Addre	ess label or CONNECTICUT FUND FOR THE ENVIRONMENT		
	Name chang	pe 1 Toling Business As	06-0	990195
	Initial return Termi	Number and street (or P.O. dox it mail is not delivered to street address) Roomis No. Specific 1.4.2 mpmpt Cmpp mpm 3 pp pt OOP		r 787-0646
누	— ation Amen	Instruct 142 TEMPDE STREET, SRD FEOOR	···	2,638,858.
늗	return	City or town, state or country, and ZIP + 4	G Gross receipts \$ H(a) Is this a group re	
L-	tiòn pendi		for affiliates?	Yes X No
		SAME AS C ABOVE	H(b) Are all affiliates inc	
ī	Tax-ex	empt status: X 501(c) (3		list. (see instructions)
		te: WWW.CTENVIRONMENT.ORG	H(c) Group exemptio	
K	Type of	organization: X Corporation Trust Association Other ► L	/ear of formation: 1978 $ m extbf{ iny}$	$^{\prime}$ State of legal domicile: ${ m CT}$
P	art I	Summary		
ģ	1	Briefly describe the organization's mission or most significant activities: THE ORGA		
3 © 2010 Activities & Governance		PROTECT AND IMPROVE THE LAND, AIR AND WATER		
er.	2	Check this box if the organization discontinued its operations or disposed of r	1 1	s. 20
چ	3	Number of voting members of the governing body (Part VI, line 1a)	3	20
2010	5 5	Number of independent voting members of the governing body (Part VI, line 1b) Total number of employees (Part V, line 2a)	5	$\frac{20}{19}$
\approx	6	Total number of volunteers (estimate if necessary)	6	2500
⊖ ;	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
0.0	. р	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
AUG			Prior Year	Current Year
✓ _a	8 8	Contributions and grants (Part VIII, Ine-th)	1,640,205.	2,317,933.
NED	9	Program service revenue (Part VIII, me 20 EIVED	6.564	20 015
¥ 6	10	Investment income (Part VIII, adjumn (A), lines 3, 4, and 7d)	6,564.	39,215.
Z	11		50,520. 1,697,289.	13,435. 2,370,583.
SCANNED	12	Total revenue - add lines 8 torpugh 11 (must equal Part VIII, Column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines (3)	1,031,203.	2,370,303.
Ø	14	Benefits paid to or for members (Part) K, ADUNTO (A), III-es (B)		-
U	1		1,380,604.	1,275,946.
97	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
Fxnenses	Ь	Total fundraising expenses (Part IX, column (D), line 25) 252,457.		
ú	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,097,942.	1,073,267.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,478,546.	2,349,213.
.	19	Revenue less expenses. Subtract line 18 from line 12	-781,257.	21,370.
Net Assets or			Beginning of Year 4,876,901.	End of Year 5,048,144.
áss 	멸 20	Total assets (Part X, line 16)	95,842.	188,405.
Net /	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	4,781,059.	4,859,739.
Ī	Part II	Signature Block	<u> </u>	
1-		I tinder penalties of persury. I declare that I have examined this return, including accompanying schedules and statement	ents, and to the best of my knowled	ge and belief, it is true, correct,
		and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	eage .	
Si	gn	Vald X. XC	18/5/10	<u>) </u>
He	ere	Signature of officer	Date '	
		DONALD STRAIT, EXECUTIVE DIRECTOR		
_		Type or print name and title	Check if Prepare	a's identifying number
Pa	id	Preparer's County	Self-	structions)
Pr	eparer's		employed ► L	
Us	e Only	yours if self-employed). 1952 WHITNEY AVENUE	Env P	
		address, and ZIP + 4 HAMDEN, CT 06517	Phone no. ▶ 2	03-287-3990
M	ay the I	RS discuss this return with the preparer shown above? (see instructions)		Yes No

Form 990 (2008)

Form 990 (2008)

	990 (2008) CONNECTICUT FUND FOR THE ENVIRONMENT U6-0990	<u> 195</u>	P	age C
Par	t IV Checklist of Required Schedules			
•			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			i
-	If "Yes," complete Schedule A	1	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	_		٠,,
	on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3,7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			,,
	Schedule D, Part III	8		Х
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	47	X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?		37	
	If "Yes," complete Schedule D, Parts VI, VIII, 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		v	
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	7
13	Is the organization a school as 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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			v
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity	4-		v
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		Х
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
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		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		
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	240		Х
	If "No", go to question 25	24a 24b		 -
Þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
ور	any tax-exempt bonds? Did the average ten set so an "on hehelf of" insurer for hands outstanding at any time during the year?	24d		
d OF-				
zoa	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	25a		Х
	disqualified person during the year? If "Yes," complete Schedule L, Part I	_56		-
D	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a	25b		Х
200	pnor year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			۳
26	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
	person outstanding as of the end of the organization's tax year in res, complete concedic L, raich	<u> </u>		-

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

If "Yes," complete Schedule R, Part V, line 2

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

Form **990** (2008)

36

X

X

Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No.
a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of US Information Returns. Enter -0 · fr not applicable Enter the number of Forms W-2G included in line 1 a. Enter -0 · fr not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) Bit organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. b If "Yes," enter the name of the foreign country: ► See the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction solicit any contributions that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible on the value of the goods or services provided? c Did the organization provide goods or services in exchange for any quid pro q
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e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X
benefit contract?
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g X
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h X
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 organization, have
excess business holdings at any time during the year?
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.
a Did the organization make any taxable distributions under section 4966? 9a
b Did the organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter: N/A
a Initiation fees and capital contributions included on Part VIII, line 12
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter: N/A
a Gross income from members or shareholders
b Gross income from other sources (Do not net amounts due or paid to other sources against
amounts due or received from them.)
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b

Form 990 (2008) CONNECTICUT FUND FOR THE ENVIRONMENT 06-0990195 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sec	tion 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			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 20			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		_X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
þ	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		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Х	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		<u>X</u>
Sec	tion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give use			
	to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		37	
	The organization's CEO, Executive Director, or top management official?	15a	X	
þ	Other officers or key employees of the organization?	15b	X	 -
	Describe the process in Schedule O (see instructions)			- 1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	46		
	taxable entity during the year?	16a		
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's	401-		
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed CT	for		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	ior		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request	. al &		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and the second s	io tina	nciai	
00	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of the pers	ion.		
	JOHN CHAMPION - 203-787-0646 142 TEMPLE STREET, 3RD FLOOR, NEW HAVEN, CT 06510			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

Check this box if the organization did not or	(B))) (2)	,	3000	(D)	(E)	(F)
Name and Title	Average			۰، Posi	•	ı		Reportable	Reportable	Estimated
wanto and Thio	hours	(cl	(check all that apply)				ly)	compensation	compensation	amount of
	per 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)	other compensation from the organization and related organizations
THOMAS HOLLOWAY									***	
PRESIDENT	4.00	X		Х				0.	0.	0.
BARBARA DAVID										
VICE PRESIDENT	2.00	Х		Х				0.	0.	0.
CATHERINE SMITH									_	_
TREASURER	2.00	X	L	Х				0.	0.	0.
FRANK HANLEY SANTORO, ES										•
SECRETARY	0.50	Х		Х			L.	0.	0.	0.
TED SULLIVAN									•	0
ASSITANT TREASURER	2.00	Х		Х		<u> </u>	<u> </u>	0.	0.	0.
PATRICIA T. FALKENHAGEN	0 00							_	0.	^
BOARD MEMBER	2.00	Х	_	<u> </u>	<u> </u>	├	ļ	0.	- 0 •	0.
W. CAMPBELL HUDSON III,	2 00	v						0.	0.	0.
BOARD MEMBER JULIE BELAGA	2.00	^	┝	\vdash	┝	┝	⊢	U •		<u> </u>
BOARD MEMBER	0.50	x				ļ		0.	0.	0.
CARROLL W. BREWSTER	0.30	^	-	├	\vdash	₩	⊢	- 0.		
BOARD MEMBER	0.50	v						0.	0.	0.
KIKI KENNEDY M.D.	0.50	-	┢─		├	┢╾	├─			
BOARD MEMBER	0.50	х						0.	0.	0.
DANIEL ESTY			\vdash	 	\vdash	┢	\vdash			
BOARD MEMBER	0.50	х						0.	0.	0.
ELIZABETH GILSON, ESQ						┢	\vdash			
BOARD MEMBER	0.50	х						0.	0.	0.
N. GEORGE HOST						<u> </u>	_	-		
BOARD MEMBER	0.50	х					1	0.	0.	0.
KURT STRASSER										
BOARD MEMBER	0.50	Х		i				0.	0.	0.
LESLIE LEE										
BOARD MEMBER	0.50	Х	L		L		L	0.	0.	0.
CHRISTINE LODEWICK									_	
BOARD MEMBER	0.50	X	<u> </u>	_	L	L		0.	0.	0.
CAROL STODDARD									_	•
BOARD MEMBER	0.50	X	I	ı		l		0.	0.	0.

the organization. NONE		
(A) Name and business address	(B) Description of services	(C) Compensation

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

1b Total

3

CONNECTICUT FUND FOR THE ENVIRONMENT

Form 990 (2008)

832009 02-02-09

06-0990195

Form 990 (2008)

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).

	All other organizations must comp				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in		,		
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.			1	
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	445 605	44- 40-		
	trustees, and key employees	117,625.	117,625.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)		554 549	150-100	400 00
7	Other salanes and wages	945,115.	661,643.	173,482.	109,990.
8	Pension plan contributions (include section 401(k)	, <u>, , , , , </u>		505	
_	and section 403(b) employer contributions)	6,277.	5,217.	586.	474. 17,182. 9,894.
9	Other employee benefits	181,745.	144,905.	19,658.	17,182.
10	Payroll taxes	25,184.		15,290.	9,894.
11	Fees for services (non-employees):				
а	Management	16 015	11 000	4 055	1 762
b	Legal	16,915.	11,097.	4,055.	1,763. 2,397.
	Accounting	24,561.	18,107.	4,057.	2,397.
	Lobbying	22,297.	22,297.		
	Professional fundraising services. See Part IV, line 17				
	Investment management fees	650	<u> </u>		
g	-	650.	650.		
12	Advertising and promotion	107,419.	72 665	16 447	10 207
13	Office expenses	20,684.	72,665.	16,447.	18,307. 7,566.
14	Information technology	20,004.	10,434.	2,004.	7,300.
15	Royalties	126,330.	95,719.	17,258.	12 252
16	Occupancy	25,172.	19,928.	4,861.	13,353.
17	Travel	25,172.	19,920.	4,001.	303.
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	1,009.	1,009.		
19	Conferences, conventions, and meetings	1,003.	1,009.		
20 21	Interest Payments to affiliates				
22	Payments to affiliates Depreciation, depletion, and amortization	14,003.	10,045.	2,196.	1,762.
23	Insurance	4,781.	2,546.	1,241.	994.
24	Other expenses. Itemize expenses not covered	4,701.	2,540.	1,241	774.
24	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	HABITAT RESTORATION	391,678.	391,678.		
b	CONSULTANTS	143,772.	111,082.	17,931.	14,759.
c	POSTAGE, PRINTING, COPY	87,711.	28,569.	14,855.	44,287.
d	STRATEGIC PLANNING	35,395.	25,520.	9,200.	675.
е	MEETINGS AND EVENTS	17,601.	11,806.	2,851.	2,944.
f	All other expenses	33,289.	27,562.		5,727.
25	Total functional expenses. Add lines 1 through 24f	2,349,213.	1,790,104.	306,652.	252,457.
26	Joint Costs. Check here I If following			İ	
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined		İ		
	educational campaign and fundraising solicitation				
					E 000 (0000)

Fai	. ^	Balarice Sileet	·					
	•		(A) Beginning of year		(B) End of year			
	4	Cash · non-interest-bearing	292,200.	1	269,813.			
•	1 2	Savings and temporary cash investments	167,561.	2	38,499.			
	3	Pledges and grants receivable, net	47,892.	3	236,804.			
	4	Accounts receivable, net	28,096.	4	21,431.			
	5	Receivables from current and former officers, directors, trustees, key	20,050.	-	21, 131.			
	3	employees, or other related parties. Complete Part II of Schedule L		5				
	6							
	٥	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete						
		Part II of Schedule L		6				
(0	7	Notes and loans receivable, net		7				
Assets	8	Inventories for sale or use		8				
As	9	Prepaid expenses and deferred charges	20,664.	9	14,239.			
		Land, buildings, and equipment: cost basis 10a 152,091.		- 3	14,237.			
		Less: accumulated depreciation. Complete	1					
		Part VI of Schedule D 10b 119,751.	36,508.	10c	32 340.			
	11	Investments - publicly traded securities	2,171,233.	11	32,340. 2,258,553.			
	12	Investments - other securities. See Part IV, line 11	2,2.2,200	12				
	13	Investments - program-related. See Part IV, line 11		13				
	14	Intangible assets		14				
	15	Other assets See Part IV, line 11	2,112,747.	15	2.176.465.			
i	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,876,901.	16	2,176,465. 5,048,144.			
	17	Accounts payable and accrued expenses	86,227.	17	152,607.			
	18	Grants payable		18				
	19	Deferred revenue		19	35,798.			
	20	Tax-exempt bond liabilities		20				
S	21	Escrow account liability. Complete Part IV of Schedule D		21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,		-				
abil		highest compensated employees, and disqualified persons. Complete Part II						
=		of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties		23				
	24	Unsecured notes and loans payable	24					
	25	Other liabilities. Complete Part X of Schedule D	9,615.	25	0.			
	26	Total liabilities. Add lines 17 through 25	95,842.	26	188,405.			
		Organizations that follow SFAS 117, check here X and complete						
es		lines 27 through 29, and lines 33 and 34.						
ances	27	Unrestricted net assets	1,083,909.	27	918,540.			
3al;	28	Temporanly restricted net assets	1,376,260.	28	1,665,424.			
Ę.	29	Permanently restricted net assets	2,320,890.	29	2,275,775.			
Net Assets or Fund Bala		Organizations that do not follow SFAS 117, check here and						
ŏ		complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds		30				
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
let	32	Retained earnings, endowment, accumulated income, or other funds		32	4 050 530			
~	33	Total net assets or fund balances	4,781,059.	33	4,859,739.			
	34	Total liabilities and net assets/fund balances	4,876,901.	34	5,048,144.			
Pai	t XI	Financial Statements and Reporting			Yes No			
	.	ounting method used to prepare the Form 990: Cash X Accrual	7 04-5-		, 100 110			
1			J Other		2a X			
		e the organization's financial statements compiled or reviewed by an independent the organization's financial statements audited by an independent accountant?	accountants		2a X			
b		es" to lines 2a or 2b, does the organization have a committee that assumes respo	nsibility for oversight of the	audit	·			
C		w, or compilation of its financial statements and selection of an independent acco	•	audil	' 2c X			
3a		•		le Auc	 			
Ja	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?							
ь		es," did the organization undergo the required audit or audits?	••		3a X			
83201					Form 990 (2008)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008
Open to Public Inspection

Name of the organization

Employer identification number 0.6 – 0.99.01.95

Schedule A (Form 990 or 990-EZ) 2008

		CONNECT	ICUT FUND FO	R THE	ENVI	RONME	NT		0	6-0990195
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	te this par	.) (see ins	tructions)		
The organ	zation is not a	private foundation	because it is: (Please ch	eck only o	ne organiz	zation.)				
1 🗀	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3 🗔	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)									
<u> </u>	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
-	city, and state	=	operated in conjunction.	2	pila acce.			(-)(·)(·	,	,
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
J										
•	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).									
7 🗓	•	. •	•					v from the	gonoral	nublic described in
المك	-	-	eives a substantial part (oi its supp	ort nom a	governine	illai uriil C	n nom me	general	public described in
	•	b)(1)(A)(vi). (Comple		·^	D-4 II \					
8	•		ection 170(b)(1)(A)(vi). (. .	
9 📖	-		eives [,] (1) more than 33 1							
			nctions - subject to certa							
			axable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization	after June 30, 1975
		509(a)(2). (Complete								
10	_	-	perated exclusively to tes							
11 📖	-	_	perated exclusively for th							
			itions described in section				?). See se c	ction 509(a	a)(3). Ch	eck the box that
		_ · · · _ _	organization and comple						. —	1 <u>-</u>
	a L Type I		_l Type II c		e III - Func	-	_		d L_	Type III - Other
e []			t the organization is not							
		_	han one or more publicly						9(a)(1) or	section 509(a)(2).
f	If the organiz	ation received a writ	ten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III		
	supporting or	rganization, check th	nis box							
g	•		rganization accepted ar			-				
	(ı) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons of	lescribed	ın (ıi) and (ııi) below	
	the gove	erning body of the si	upported organization?							11g(i)
	(ii) A family	member of a persor	n described in (i) above?							11g(ii)
	(iii) A 35% d	controlled entity of a	person described in (i) of	or (ii) above	e?					11g(iii)
h	Provide the fe	ollowing information	about the organizations	the organ	ızatıon sup	oports.				
(i) Name	of supported	(ii) EIN	(iii) Type of		rganization			(vi) Is	the	(vii) Amount of
	inization	(,	organization (described on lines 1-9		sted in your			organizátio (i) organiz	ed in the	support
•			above or IRC section	governing i	document?	(i) of you		0.8	.?	
			(see instructions))	Yes	No	Yes	No	Yes	No	
									l	
										
]					
							i			
				1						
								<u></u>	l	
		-								

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

	edule A (Form 990 or 990 EZ) 2008 Cart II Support Schedule for	ONNECTICU	T FUND FO	R THE ENV	IRONMENT	06-099	0195 Page 2	
	(Complete only if you checke			Sections 170		u 170(b)(1)(A)(<i>/</i> 1)	
Se	ection A. Public Support							
_	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
•	Gifts, grants, contributions, and	(a) 2004	(b) 2003	(6) 2006	(u) 2007	(e) 2008	(i) iotai	
•	membership fees received (Do not							
	include any "unusual grants.")	1601659.	4186469.	1973947.	1667793.	2317933.	11747801.	
2	Tax revenues levied for the organ-	1001033.	1100407.	15/3547.	1007733.	2317333.	11/1/001.	
_	ization's benefit and either paid to					i	1	
	or expended on its behalf							
3	The value of services or facilities							
Ī	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 - 3	1601659.	4186469.	1973947.	1667793.	2317933.	11747801.	
	The portion of total contributions	10010331	1100103.	13/334/6	10077331	23173334	11/1/0010	
·	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the				į			
	amount shown on line 11,							
	column (f)						1190171.	
6	Public Support. Subtract line 5 from line 4				\ 		10557630.	
	ction B. Total Support							
_	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
	Amounts from line 4	1601659.	4186469.	1973947.	1667793.	2317933.	11747801.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties							
	and income from similar sources	29,761.	49,290.	103,193.	139,030.	94,721.	415,995.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part IV.)	56,986.	70,941.	70,188.	50,520.	13,435.	262,070.	
11	Total support. Add lines 7 through 10						12425866.	
12	Gross receipts from related activities,	etc (see instruction	ons)			12		
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)		
	organization, check this box and stop						▶□	
Se	ction C. Computation of Publ	ic Support Per	rcentage					
14	Public support percentage for 2008 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	84.96 %	
15	Public support percentage from 2007	Schedule A, Part	IV-A, line 26f		Į	15	88.67 %	
16	a 33 1/3% support test - 2008. If the c	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies		-				\triangleright X	
t	33 1/3% support test - 2007. If the c	-		•	line 15 is 33 1/3%	or more, check th	is box	
	and stop here. The organization qual	•					▶□	
17	10% -facts-and-circumstances tes	_						
	and if the organization meets the "fac	ts-and-circumstani	ces" test_check th	us hox and stop h	ere. Explain in Par	t IV how the organ	ization	

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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

b 10% -facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Schedule A (Form 990 or 990-EZ) 2008

Pa	Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)								
Se	ction A. Public Support								
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
_ 1	Gifts, grants, contributions, and								
-	membership fees received. (Do not				1				
	include any "unusual grants.")				_				
2	2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that			_					
	are not an unrelated trade or bus-				1				
	iness under section 513								
4	Tax revenues levied for the organ-			_					
	ization's benefit and either paid to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
6	Total. Add lines 1 · 5								
7a	Amounts included on lines 1, 2, and		-			1			
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000								
C	Add lines 7a and 7b								
8	Public support (Subtract line 7c from line 6)								
Sec	ction B. Total Support								
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
þ	Unrelated business taxable income						_		
	(less section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13	Total support (Add lines 9, 10c, 11, and 12)								
14	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,		
	check this box and stop here						▶□_		
<u>Sec</u>	tion C. Computation of Publ	ic Support Pe	rcentage						
15	Public support percentage for 2008 (line 8, column (f) di	vided by line 13, o	olumn (f))		15	%		
	Public support percentage from 2007					16	%		
<u>Sec</u>	tion D. Computation of Inves	stment Incom	e Percentage		<u> </u>				
17	Investment income percentage for 20	08 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	%		
	Investment income percentage from 2	•	•			18	%		
19a	33 1/3% support tests - 2008. If the	organization did n	ot check the box o	on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not		
	more than 33 1/3%, check this box a	•	•		.,		▶□		
b	33 $1/3\%$ support tests - 2007. If the						ind		
	line 18 is not more than 33 $1/3\%$, che	ck this box and st	op here. The orga	nization qualifies a	is a publicly supp	orted organization	▶□		
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	is box and see in	structions			

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2008

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► To be completed by organizations described below.

Attach to Form 990 or Form 990-EZ.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

	<u>01(c)(4), (5),</u> or (6) organiza	tions: Complete Part III.			
Name of orga	nızatıon			Emp	loyer identification number
	CONNECT	ICUT FUND FOR TH	HE ENVIRONME	INT	06-0990195
Part I-A	To be completed b	y all organizations exem	pt under section	501(c) and section 5	27 organizations.
	See the instructions for S	chedule C for details.			
1 Provide	a description of the organiz	ation's direct and indirect politic	cal campaign activities	ın Part IV	
	expenditures	•	. 3		B
3 Voluntee	·			,	
Part I-B	To be completed by	y all organizations exem	ent under section	501(c)(3)	
رـــــــــــــــــــــــــــــــــــــ	See the instructions for S	•	ipi dildoi occitori	001(0)(0).	
1 Enter the		incurred by the organization un	der section 4955		
		incurred by organization manage			<u> </u>
	•	n 4955 tax, did it file Form 4720			Yes No
	orrection made?	11 4955 tax, did it lile 1 01111 4720	noi uns year?		Yes No
	describe in Part IV				Tes No
Part I-C		y all organizations exem	npt under section	501(c), except section	on 501(c)(3).
ت	See the instructions for S	-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	00 .(0), 000pt 000	(0)(0).
1 Enter the		by the filing organization for se	ection 527 exempt fund	ction activities	<u> </u>
		ization's funds contributed to o	· ·		·
	function activities	ization s funds contributed to 0	ther organizations for s	<u>. </u>	5
•		function expanditures. Add lines	n 1 and 0 and anter bar		'
	•	function expenditures. Add lines	s i and 2 and enter her		
	20-POL, line 17b	4400 DOL (41			Yes No
	iling organization file Form				-
		nployer identification number (E			
		if the amount was paid from the			
	nal space is needed, provi	separate political organization,	such as a separate se	gregated fund of a political	action committee (FAC).
				T	T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
				filing organization's funds If none, enter 0.	1
					delivered to a separate
			1		political organization If none, enter -0
				 	in none, enter o.
				Ì	
			 		
				 	
		·		 	
			{	1	1

LHA

Schedule C (Form 990 or 990-EZ) 2008					990195 Page 2
Part II-A To be completed by				it filed Form 5768	3
(election under sec	tion 501(h)). See th	e instructions for Sch	edule C for details.		
A Check I if the filing organiza	tion belongs to an affil	ated group.			
B Check ▶ if the filing organiza	tion checked box A an	d "limited control" pro	visions apply.		
	ts on Lobbying Expen ditures" means amou)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion (g	grassroots lobbying)		3,849.	
b Total lobbying expenditures to infli	uence a legislative bod	y (direct lobbying)		40,916.	
c Total lobbying expenditures (add li	nes 1a and 1b)			44,765.	
d Other exempt purpose expenditure	es			2,051,991.	
e Total exempt purpose expenditure	s (add lines 1c and 1d)		2,096,756.	
f Lobbying nontaxable amount. Enter	er the amount from the	following table in bot	h columns.	254,838.	
If the amount on line 1e, column (a) o	or (b) is: The lobb	ying nontaxable am	ount is:		
Not over \$500,000	20% of t	he amount on line 1e.		"	
Over \$500,000 but not over \$1,00	0,000 \$100,00	0 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000 \$175,00	0 plus 10% of the exc	ess over \$1,000,000.	" 	
Over \$1,500,000 but not over \$17,	,000,000 \$225,00	0 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	00.			
g Grassroots nontaxable amount (er	iter 25% of line 1f)			63,710.	
h Subtract line 1g from line 1a Enter	r-0- if line g is more tha	n line a		0.	
i Subtract line 1f from line 1c Enter	-0- if line f is more than	line c		0.	·
j If there is an amount other than ze	ro on either line 1h or l	ine 11, did the organiza	ation file Form 4720	_	
reporting section 4911 tax for this	year?				Yes No
	4-Year Ave ations that made a se ns below. See the ins		do not have to comp		
	Lobbying Expen	ditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount	250,388.	265,733.	261,720.	254,838.	1,032,679.
 b Lobbying ceiling amount (150% of line 2a, column(e)) 		!			1,549,019.
c Total lobbying expenditures	33,372.	93,586.	109,276.	44,765.	280,999.
d Grassroots non-taxable amount	62,597.	66,433.	65,430.	63,710.	258,170.
e Grassroots ceiling amount (150% of line 2d, column (e))			_		387,255.
f Grassroots lobbying expenditures	1,192.	4,248.	6,554.	3,849.	15,843.

Schedule C (Form 990 or 990-EZ) 2008 CONNECTICUT FUND FOR THE ENVIRONMENT 06-0990195 Page 3

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768

(election under section 501(h)). See the instructions for Schedule C for details. (a) (b) Yes No **Amount** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? i Other activities? If "Yes," describe in Part IV j Total lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? **b** If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details Yes Νo Were substantially all (90% or more) dues received nondeductible by members? 1 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members 1 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2a b Carryover from last year 2b c Total 2c Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) **Supplemental Information** Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

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.

2008
Open to Public Inspection

Name of the organization

CONNECTICUT FUND FOR THE ENVIRONMENT

Employer identification number 06-0990195

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds may b	e used only
	for chantable purposes and not for the benefit of the donor of	or donor advisor or other impermissible p	rivate benefit? Yes No
Pa	rt II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an h	stoncally important land area
	Protection of natural habitat	Preservation of certif	ied historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a cor	nservation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic sti	ructure included in (a)	2c
đ	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the taxable
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	nodic monitoring, inspection, violations, a	
	enforcement of the conservation easements it holds?		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIV, describe how the organization reports conservation	-	
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organization's accounting for
Do	conservation easements.	f Art Historiaal Transuras or C	ther Similar Assets
Fai	t III Organizations Maintaining Collections o Complete if the organization answered "Yes" to Form		Miler Similar Assets.
	Complete if the organization answered Tes to Tom	330,1 art 14, iiiie 0.	
10	If the organization elected, as permitted under SFAS 116, no	at to report in its rovenue statement and h	valance sheet works of art, historical
14	treasures, or other similar assets held for public exhibition, e	·	
	the footnote to its financial statements that describes these	•	tolic service, provide, in Fait Air, the text of
h	If the organization elected, as permitted under SFAS 116, to		nce sheet works of art, historical treasures
	or other similar assets held for public exhibition, education, of	•	
	these items:	or recoding the following of public service	o, provide the following amounts relating to
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	at gain provide
•	the following amounts required to be reported under SFAS 1	·	ar gam, provide
а	Revenues included in Form 990, Part VIII, line 1	To toldling to triese items	▶ \$
	Assets included in Form 990, Part X		► \$ ► \$
ب	rissols included in Form 330, Fart A		

		CUT FUND							990195	
Pa	rt III Organizations Maintaining Co	llections of A	rt, His	torical Ti	easures,	or Othe	r Simil	ar Ass	ets (conti	nued)
3	Using the organization's accession and other re	ecords, check any	of the	following tha	at are a signi	ficant use	of its col	lection it	ems (chec	k all
	that apply):									
а	Public exhibition	d		Loan or exc	hange progi	rams				
, р	Scholarly research	е	. 🗀	Other						
С	Preservation for future generations			· · · · · · · · · · · · · · · · · · ·						
4	Provide a description of the organization's colle	ections and explai	n how t	hey further t	the organizat	tion's exer	npt purp	ose in Pa	rt XIV.	
5	During the year, did the organization solicit or re	eceive donations	of art, h	istorical trea	asures, or oth	ner sımılar	assets			
_	to be sold to raise funds rather than to be main	itained as part of t	the orga	ınızatıon's c	ollection?				☐ Yes	☐ No
Pa	rt IV Trust, Escrow and Custodial A	rrangements	. Comp	lete if organ	ization answ	ered "Yes	to Forn	n 990, Pa	ırt IV, line 9	, or
	reported an amount on Form 990, Part	X, line 21								
1a	Is the organization an agent, trustee, custodian	or other intermed	diary for	contribution	ns or other a	ssets not	ncluded		_	
	on Form 990, Part X?								Yes	☐ No
ь	If "Yes," explain the arrangement in Part XIV an	nd complete the fo	llowing	table:						
									Amount	
С	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 Form	n 990, Part X, line	21?						Yes	No
b	If "Yes," explain the arrangement in Part XIV.	_								
Pai	rt V Endowment Funds. Complete if o	rganization answe	ered "Ye	s" to Form	990, Part IV,	line 10				
		a) Current year	(b) F	rior year	(c) Two year	rs back (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance 2	,551,519.								
b	Contributions 1	,051,101.								
С	Investment earnings or losses	97,603.								
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs	936,488.								
f	Administrative expenses									
g	End of year balance 2	,763,735.								
2	Provide the estimated percentage of the year e	nd balance held a	ıs.							
а	Board designated or quasi-endowment	35.21	%							
ь	Permanent endowment > 47.49	%	_							
С	Term endowment ▶ 17.30 %									
3a	Are there endowment funds not in the possess.	ion of the organiza	ation tha	at are held a	ind administ	ered for th	e organiz	ation		
	by:	•					Ū		[·	Yes No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations lis	sted as required o	n Sched	dule R?					3b	
4	Describe in Part XIV the intended uses of the or								I	
Pai	t VI Investments - Land, Buildings,				, Part X, line	10.				
	Description of investment	(a) Cost or o			or other		preciatio	n	(d) Book	value
_	•	basis (investri			(other)		-			
1a	Land									
b	Buildings									
c	Leasehold improvements									
d	Equipment				9,835.		4	68.	9	,367.
е	Other			14	2,256.	1	19,28			,973.
	. Add lines 1a-1e. (Column (d) should equal Form	990, Part X, colu	mn (B).		·		-	>		,340.
				-1-/:/_						

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

	dule D (Form 990) 2008 CONNECTICUT FUND FOR THE EX			06-	0990195	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Financiai S			-0 200	500
1.			1		2,370	
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,349	
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3			370.
` 4	Net unrealized gains (losses) on investments		4		57,	309.
5	Donated services and use of facilities		5			
6	Investment expenses		6			
7	Prior period adjustments		7			
8	Other (Describe in Part XIV)		8			
9	Total adjustments (net). Add lines 4-8		9			309.
10_	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10		78	679.
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme	nts With Re	venue per l	Returr		
1	Total revenue, gains, and other support per audited financial statements			1	2,427	892.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains on investments	2a	57,309	.		
b	Donated services and use of facilities	2b		1]		
С	Recoveries of prior year grants	2c		┤		
d		2d		1 1		
	Add lines 2a through 2d	L		2e	57.	309.
3	Subtract line 2e from line 1			3	2,370	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			 •		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1 1		
b	Other (Describe in Part XIV)	4b		1 1		
	Add lines 4a and 4b	40		4c		0.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	2,370,	
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents With F	ynenses ne			, 505.
	Total expenses and losses per audited financial statements	CIICS WICH L	xpenses pe	1 1	2,349,	213
1	·			├ '	2,347	213.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا				
a	Donated services and use of facilities	2a		-		
	Prior year adjustments	2b		-l l		
	Losses reported on Form 990, Part IX, line 25	2c		- 1		
d	Other (Describe in Part XIV)	2d		 -		^
е	Add lines 2a through 2d			2e	240	0.
3	Subtract line 2e from line 1			3	2,349,	<u> 213.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		4		
	Other (Describe in Part XIV)	4b		4		_
C	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	2,349,	213.
Pai	t XIV Supplemental Information					
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	l, lines 1a and 4	; Part IV, lines	1b and 2	2b; Part V, line	4; Part
X; Pa	rt XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b.					
PAI	RT V, LINE 4: TO FUND OPERATIONS AND RESTRI	CTED PR	OGRAMS			
						•
						
						
						

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2008

Open To Public Inspection

Schedule G (Form 990 or 990-EZ) 2008

Name of the organization Employer identification number CONNECTICUT FUND FOR THE ENVIRONMENT 06-0990195 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants **Email solicitations** Solicitation of government grants b Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization Form 990-EZ filers are not required to complete this table. (v) Amount paid (iii) Did (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) have custody or control of contributions? or entity (fundraiser) from activity fundraiser organization listed in col (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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

Pa	ırt 1		-		t IV, line 18, or reported	more	than \$	15,000	<u>.</u>
		on Form 990-EZ, line 6a List events with	gross receipts greater th	nan \$5,000. (b) Event #2	(c) Other Events	1			
			LEVINSON	KAYAC FOR A CAUSE	NONE		d) Tota d col. (a) thro	
o.		•	(event type)	(event type)	(total number)	1	COI	(c))	
Revenue	1	Gross receipts	11,998.	15,000.			2	6,9	98.
	2	Less ⁻ Charitable contributions	11,998.	15,000.	!		2	6,9	98.
	3	Gross revenue (line 1 minus line 2)							
	4	Cash prizes			<u> </u>	ļ			
ses	5	Non-cash prizes							
Direct Expenses	6	Rent/facility costs		!		_			
Direct	7	Other direct expenses				_			
į	8	Direct expense summary. Add lines 4 through	h 7 ın column (d)		•	(_			
Pa		Net income summary. Combine lines 3 and 8 II Gaming. Complete if the organization		990 Part IV line 19 or i	reported more than	<u> </u>			
		\$15,000 on Form 990-EZ, line 6a.							
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming		Fotal ga a) thro		
Be.	1	Gross revenue							
	-	Gloss revenue				+-			
Ses	2	Cash prizes				┼-			
Direct Expenses	3	Non-cash prizes	·			-			
Direc	4	Rent/facility costs				├-			
	5	Other direct expenses				<u>L</u>			
	6	Volunteer labor	Yes% No	Yes% No	Yes% No	<u> </u>			
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		•	<u></u>)
	8	Net garning income summary. Combine lines	1 and 7 in column (d)			<u> </u>		- T	
9	Ent	er the state(s) in which the organization opera	tes gaming activities:					Yes	No
а	ls t	he organization licensed to operate gaming ac	tivities in each of these	states?			9a		
b	If •	No,* Explain [.]							ļ
10a	We	re any of the organization's gaming licenses re	evoked suspended or te	rminated during the tay i			10a		
		Yes," Explain:	oronea, suspended of le	miniated duffing the tax y	you :		100		
11 12		es the organization operate gaming activities v he organization a grantor, beneficiary or truste		of a partnership or other	r entity formed to		11	\vdash	
		minister charitable gaming?		- p			12		

Schedule G (Form 990 or 990-EZ) 2008 CONNECTICUT FUND FOR THE ENVIRONMENT

06-0990195 Page 2

Schedule G (Form 990 or 990-EZ) 2008 CONNECTICUT FUND FOR THE ENVIRONMEN	VT 06-099	<u>019</u>	5 P	age 3
			Yes	No
13 Indicate the percentage of gaming activity operated in:				
· · · · · · · · · · · · · · · · · · ·	13a %	İ		i
b An outside facility	13b %			Ì
14 Provide the name and address of the person who prepares the organization's gaming/special events books	s and records:	ĺ	1	ļ
		İ	1	
Name]
Address >				
				[
15a Does the organization have a contract with a third party from whom the organization receives gaming rever	nue?	15a		
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and	the amount	ļ		
of gaming revenue retained by the third party >\$		ŀ		
c If "Yes," enter name and address:]
		1		1
Name		ļ	[l
Addison			1	
Address >			1	
16 Gaming manager information:				<u> </u>
Name >		ļ. 		
			1	ł
Gaming manager compensation > \$	I			ļ
			l 	
Description of services provided)	
				Į
Director/officer Employee Independent contractor				1
Enployee Independent contractor				ŀ
17 Mandatory distributions:				
a is the organization required under state law to make charitable distributions from the gaming proceeds to				
retain the state gaming license?		17a		<u> </u>
b Enter the amount of distributions required under state law distributed to other exempt organizations or spe	nt in the			
organization's own exempt activities during the tax year ▶ \$				

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ➤ 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

CONNECTICUT FUND FOR THE ENVIRONMENT

Employer identification number 06-0990195

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ISLAND SOUND. THE ORGANIZATION USES LEGAL AND SCIENTIFIC EXPERTISE AND
BRINGS PEOPLE TOGETHER TO ACHIEVE RESULTS THAT BENEFIT CONNECTICUT'S
ENVIRONMENT FOR CURRENT AND FUTURE GENERATIONS.
FORM 990, PART VI, SECTION A, LINE 8B: IT IS NOT A ROUTINE MATTER FOR ALL
COMMITTEES TO CONTEMPORANEOUSLY DOCUMENT MEETINGS HELD.
FORM 990, PART VI, SECTION A, LINE 10: THE 990 IS PRESENTED AT A MEETING
OF THE BOARD OR TO THE APPROPRIATE COMMITTE WHICH WILL REPORT TO THE FULL
BOARD.
FORM 990, PART VI, SECTION B, LINE 15: EXECUTIVE DIRECTOR SALARY IS
REVIEWED ANNUALLY BY THE BOARD AND COMPARED TO COMPARABLE NONPROFIT
SALARIES. ALL OTHER SALARIES ARE REVIEWED ANNUALLY BY THE EXECUTIVE
DIRECTOR.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S FINANCIAL
STATEMENTS ARE INCLUDED IN THE ANNUAL REPORT AVAILABLE ON THE ORGANIZATIONS
WEBSITE.

2008 DEPRECIATION AND AMORTIZATION REPORT FORM 990 PAGE 10

990

Bus % Reduction In Basis For Accumulated Sec 179 Current Var Excl Basis 63,766. 54,600. 1,543 1,345. 2,624. 785 1,345. 46,821. 9,076 63,529. 46,821. 9,076 600. 600. 101. 1,517 600. 142,256. 105,748. 0. 13,535 9,835. 0. 0. 0. 14,003
Bus % Reduction In Basis For Accumulated Sec 179 Sec 1
Bus % Reduction In Basis For Accumulated Basis Deprecation Deprecation Deprecation Deprecation Deprecation Deprecation Deprecation Deprecation 3,925. 2,624
Bus % Reduction In Basis For Basis F
Bus % Reduction In Excl Basis 0

Unadjusted Cost Or Basis 3, 925. 3, 925. 1,345. 63,529. 7,584. 600. 878. 629. 142,256. 9,835. 9,835.
Lıfe 5.00 7.00 5.00 5.00 7.00
ST ST ST ST ST ST ST ST ST ST ST ST ST S
O 5 2 7 0 9 S L
PURNITURE & FIXTURES 1COMPUTER 2COMPUTER & STS FURNITURE & SECUIPMENT - STS 4FURNITURE & FIXTURES 5DELL SERVER 6LASER PRINTER 5DELL 1500 CORE 7COMPUTER 8 990 PAGE 10 TOTAL 7 990 PAGE 10 TOTAL 8 990 PAGE 10 TOTAL 7 990 PAGE 10 TOTAL 8 990 PAGE 10 TOTAL 7 970 PAGE 10 TOTAL 8 990 PAGE 10 TOTAL 8 990 PAGE 10 TOTAL 8 990 PAGE 10 TOTAL 8 990 PAGE 10 TOTAL 8 990 PAGE 10 TOTAL 8 990 PAGE 10 TOTAL 9 10 DEPR

(D) - Asset disposed

828 102 04-25-08

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Page :

Form 8868 (Rev. 4-20	າດອາ	
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• If you	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	×		ightharpoons X
NoteOn	ly complete Part II if you have already been granted an automatic 3-month extension on a previously filed	Form 8	8868.	
If you	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies r	eeded)	
Type or	Name of Exempt Organization	Empl	oyer ident	ification number
print	CONNECTICUT FUND FOR THE ENVIRONMENT	0	6-0990	195
File by the extended	Number, street, and room or suite no. If a P.O. box, see instructions.		RS use only	
due date for				
filing the return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW HAVEN, CT 06510		·	
Check ty	/pe of return to be filed (File a separate application for each return):			
X Fo	rm 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 1041-A	Fo	rm 5227	Form 8870
☐ Fo	rm 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	Fo	rm 6069	
STOP! D	o not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form 88	68.
	JOHN CHAMPION			
• The h	ooks are in the care of > 142 TEMPLE STREET, 3RD FLOOR - NEW HAVE	N.	СТ 065	510
	hone No. ► 203-787-0646 FAX No. ►			
	organization does not have an office or place of business in the United States, check this box		-	D
	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If th	s is foi	r the whole	group, check this
box 🕨	. If it is for part of the group, check this box and attach a list with the names and EINs of all			
4 I re	equest an additional 3-month extension of time until AUGUST 15, 2010			
5 Fo	r calendar year, or other tax year beginning OCT 1, 2008, and ending	SEP	30, 2	2009
6 If t	his tax year is for less than 12 months, check reason: Initial return Final return		Change in	accounting period
	ate in detail why you need the extension		_	
	DDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESS	ARY	TO F	LE A
	OMPLETE AND ACCURATE RETURN.			
8a Ift	his application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			
_	nrefundable credits. See instructions	8a	\$	-
	his application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
	payments made. Include any prior year overpayment allowed as a credit and any amount paid	L	•	
<u> </u>	eviously with Form 8868.	8b	\$	
	lance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit		•	N/A
WI	th FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A
Hodor por	Signature and Verification alties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the	haet n	f my knowle	dae and helief
it is true, o	correct, and complete, and that can authorized to prepare this form.		,	
Signature	11 11 V VK 1	Date	► 8/9	5/10
Jighature		- 54.0		1 8868 (Rev. 4-2009)
			. 0111	