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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)

OMB No 1545-0047

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

Open to Public Inspection

_							
A	For th	ne 2009 calendar year, or tax year beginning and end	ding				
В	Check if	C Name of organization		D Employer identifi	ication number		
	applicab	"   Use IRS PTHE CREDIT INTON LEAGUE OF					
	Addre	ess label or CONNECTICUT, INC.					
	Name	e type		06-0	606505		
Γ	Initial	· · · · · · · · · · · · · · · · · · ·	om/suite	E Telephone numbe			
F	Term	In- Specific 1.064 FACT MAIN CORRECT		•	265-5657		
F	Amer	nded tions Character and TID 4		G Gross receipts \$	1,193,297.		
⊢	returr Appli		ŀ		· — · · · · · · · · · · · · · · · · · ·		
_	Ition pendi			H(a) Is this a group r	Yes X No		
				for affiliates?			
-	<del>-</del>	SAME AS C ABOVE		H(b) Are all affiliates in			
		xempt status X 501(c) ( 6 ) ◀ (insert no ) 4947(a)(1) or 527			list (see instructions)		
		ite: ► CULCT. COM	1	H(c) Group exemption			
		of organization: X Corporation Trust Association Other	L Year o	f formation: 1935	M State of legal domicile: CT		
P	art I	Summary		<del></del>			
ĕ	1	Briefly describe the organization's mission or most significant activities. THE LE	<u>AGUE</u>	PROVIDES P	ROGRAMS AND		
Governance	ŀ	SERVICES TO ITS MEMBER CREDIT UNIONS.					
ř	2	Check this box  if the organization discontinued its operations or disposed	of more	than 25% of its net as	ssets		
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	12		
<u>ن</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	12		
Activities &	5	Total number of employees (Part V, line 2a)		5	9		
ΞĚ	6	Total number of volunteers (estimate if necessary)		6	0		
ફ	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.		
⋖		Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
	<del>  ~</del>	The dividuous business taxasis wiseline from the transfer of the or	1	Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII line 1h)		FIIOI 16ai	Current real		
	1	Contributions and grants (Part VIII, line 1h)		1 222 640	1 100 060		
Ven	1	Program service revenue (Part VIII, line 2g)	1,333,640.				
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	30,847.	-22,193.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,364,487.	1,167,875.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		· <del></del>			
	14	Benefits paid to or for members (Part IX, column (A), line 4)					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,022,539.	978,283.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)					
ĝ	Ь	Total fundraising expenses (Part IX, column (D), line 25)					
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		399,648.	241,444.		
	ľ	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,422,187.	1,219,727.		
				-57,700.	-51,852.		
S	"-	Revenue less expenses Subtract line 18 from line 12	Pos	inning of Current Year			
Net Assets or Fund Balances			Deg	2,540,847.	End of Year 2,538,131.		
Sal	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)  MAY I 8 2010					
E E	21	Total liabilities (Part X, line 26)		1,274,279.	1,246,835.		
꾪	22	0:		1,266,568.	1,291,296.		
Pa	art II			<del> </del>			
ł		Under penalties of perjury, I declare that These examined this return, including accompanying schedules and stat and complete Declaration of preparer (other than officer) is based on all information of which preparer bas	tements, an nowledge	d to the best of my knowleds	ge and belief, it is true, correct,		
,				/	1		
Sig	n	2 James		3/14	/20/U		
Her		Signature of Officer		Date			
		NOBERT POWERS, VICE PRESIDENT					
		Type or print name and title			·		
		Preparer's Date	Chec	k if Prepare	er's identifying number		
raid signature New Action of Manual CAA'S 1927/16 employed by							
Prep	arer's	Firm's name (or SEWARD AND MONDE, C.P.A.'S	Citip	EIN >			
Use	Only	yours if SEWARD AND MONDE, C.P.A. S self-employed), 296 STATE STREET		EIIV F			
		address and		DL	02 240 0241		
		ZIP + 4   NORTH HAVEN, CT 06473-2165		Phone no. ► 2			
May	the IF	RS discuss this return with the preparer shown above? (see instructions)		<del></del>	Yes No		
9320	01 02-0	24-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separa	ate instr	uctions.	Form <b>990</b> (2009)		

Pa	rt III Statement of Program Service	Accomplishments	
1	Briefly describe the organization's mission TO ACHTEVE EXCELLENCE IN	THE CORE SERVICE AREAS OF GOVERNMENT	
		HUMAN RESOURCE DEVELOPMENT, CREDIT UN	TON
		BER/PUBLIC RELATIONS AND COMMUNICATION	
2	Did the organization undertake any significant p	rogram services during the year which were not listed on	-
_	the prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Sched	ule O.	
3		significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule C		
4	Describe the exempt purpose achievements for	each of the organization's three largest program services by expenses.	
		d section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and re	venue, if any, for each program service reported	
4a	(Code ) (Expenses \$	including grants of \$ ) (Revenue \$	)
		OUS PROGRAMS AND SERVICES TO APPROXIMA	TELY 110
	CONNECTICUT CREDIT UNION	S WHO ARE MEMBERS OF THE LEAGUE.	
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
415	(Code \(\frac{1}{2}\)	and adult and the second of th	
4b	(Code ) (Expenses \$	including grants of \$ ) (Revenue \$	)
			···
		V	
		-, -, -, -, -, -, -, -, -, -, -, -, -, -	<del></del>
		<del> </del>	
4c	(Code: ) (Expenses \$	including grants of \$ ) (Revenue \$	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,	,
		<del></del>	
		<del> </del>	
4d	Other program services (Describe in Schedule C	))	
	(Expenses \$ including g	rants of \$ ) (Revenue \$ )	
4e_	Total program service expenses ▶ \$		

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Pa	rt IV Checklist of Required Schedules	<u>,                                    </u>	<del></del>	ugo .			
			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		х			
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					
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	Х				
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to						
	provide advice on the distribution or investment of amounts in such funds or accounts? 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,						
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II						
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			-			
	Schedule D, Part III			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			X			
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?						
	If "Yes," complete Schedule D, Part V						
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X						
	as applicable	11	X				
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,						
	Part VI						
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		ļ				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII						
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total						
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.						
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			!			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX						
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X						
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses						
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			l			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
40.	Schedule D, Parts XI, XII, and XIII	12		X			
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No			1			
40	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional    12A   X			37			
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 United States?	14a		Х			
b	5 5	14b		х			
15	and program service activities outside the United States? If "Yes," complete Schedule F, Part I						
13	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II						
16	16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals						
located outside the United States? If "Yes," complete Schedule F, Part III							
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		Х			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	ļ	X			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-'					
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X			
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		<u></u>			
	complete Schedule G. Part III	19		x			

Form **990** (2009)

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22_		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			İ
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
¢	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	l ,		
	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		
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		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		i	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete		ŀ	
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):		ł	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u> </u>
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	ŀ	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	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
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	İ	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	х	
		Form	90 (2	2009)

CONNECTICUT, INC. 06-0606505 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance

			_	_				
	5-1		Yes	No				
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	-						
		5 )		-				
	10	4						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1	X					
0-		1c	<u> </u>	<del> </del>				
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
L	•	_	х					
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>					
32	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	20		х				
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3a 3b	<del>                                     </del>	_ <del>^</del>				
	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
44								
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4a	<del> </del>	X				
b	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and							
	Financial Accounts.			İ				
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	<del></del>						
Ū	Tax Shelter Transaction?	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	"						
	any contributions that were not tax deductible?	6a		х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services							
	provided to the payor?	7a						
b	if "Yes," and the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c						
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	1						
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal							
	benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h						
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the							
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	1						
_	at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.	_						
а	Did the organization make any taxable distributions under section 4966?	9a						
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12  Cross receipts unstudied as Form 900. Part VIII, line 12 for publications of plub feedbase.	┨						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  [10b]	1						
11	Section 501(c)(12) organizations. Enter							
	Gross income from members or shareholders  Gross income from other sources (Do not not amounts due or paid to other sources against	1						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)							
122	amounts due or received from them)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
		128						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		990					

CONNECTICUT, INC.

06-0606505

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

Sec	tion A. Governing Body and Management						
4-			1 o		Yes	No	
1a	Enter the number of voting members of the governing body	1a	12			1	
b	Enter the number of voting members that are independent	1b	14	ŀ		ĺ	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee?	with any other			j	v	
3	Did the organization delegate control over management duties customarily performed by or under the	a direct supervision	-	2	٠.	_X_	
3	of officers, directors or trustees, or key employees to a management company or other person?	e direct supervision		,		v	
4	Did the organization make any significant changes to its organizational documents since the prior For	rm 900 was filed?		3 4		X	
5	Did the organization make any significant changes to its organizational documents since the prior roll.  Did the organization become aware during the year of a material diversion of the organization's asset.		-	5		X	
6	Does the organization have members or stockholders?	·		6	х		
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	mhers of the		•	^		
	governing body?	moors of the	_ i .	7a	x		
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other personal stockholders.	sons?		7b		Х	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
	by the following.	g , <del></del>	1		İ		
а	The governing body?		1,	8a	х		
b	Each committee with authority to act on behalf of the governing body?			8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched at the		-			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code )					
					Yes	No	
10a	Does the organization have local chapters, branches, or affiliates?		_1	0a	Х		
b	If "Yes," does the organization have written policies and procedures governing the activities of such of	hapters, affiliates,					
	and branches to ensure their operations are consistent with those of the organization?		_ 1	0ь	Х		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fill	ng the form?	_	11		X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990						
	Does the organization have a written conflict of interest policy? If "No," go to line 13		_ 1_1	2a	X		
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could	d give rise					
	to conflicts?						
С	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe						
	in Schedule O how this is done		1	2c	X		
13	Does the organization have a written whistleblower policy?		<u> </u>	13		<u>X</u>	
14	Does the organization have a written document retention and destruction policy?		Ľ	14	X		
15	Did the process for determining compensation of the following persons include a review and approval	by independent	Ì				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official			5a	X		
b	Other officers or key employees of the organization		1	5b	Х		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)				ł		
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a		_		v	
<b>L</b>	taxable entity during the year?	444	1	6a		<u>X</u>	
U	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization.	•			1		
	exempt status with respect to such arrangements?	nzation \$		6b	ŀ		
Sec	tion C. Disclosure			<u>0D  </u>	<u>↓</u>		
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(501(c)(3)s only) avail	able for				
	public inspection. Indicate how you make these available. Check all that apply	OO I(C)(O)S OIIIY) AVAIII	abic ioi				
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, co	nflict of interest polic	v and	fınan	cial		
-	statements available to the public	5. 56.66. polic	, , and		J		
20	State the name, physical address, and telephone number of the person who possesses the books and	d records of the organ	nization	3 <b>&gt;</b>			
	ROBERT_POWERS - 203 265-5657			-			
	1064 EAST MAIN STREET, SUITE 201, MERIDEN, CT 0649	92					
			Fo	orm S	90 (2	2009)	

932006 02-04-10

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

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

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

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

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

(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	١,,	L I		itior			Reportable	Reportable	Estimated
	hours per week	individual trustee or director	Institutional trustee	Officer		Highest compensated employee	<u> </u>	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
		E E	IS II	₹	Key	품등	장		- <del></del>	
CAROL BAYREUTHER	1									
VICE CHAIRMAN/DIRECTOR	1.00	X	_	X				0.	0.	0
KATHY CHARTIER		İ						_	_	_
CHAIRMAN/DIRECTOR	1.00	X		Х				0.	0.	0
EDWARD CROWLEY, JR.	1								_	_
DIRECTOR	1.00	X	_		<u> </u>			0.	0.	0
JAMES FARRELL		1								
DIRECTOR	1.00	X						0.	0.	0
GAIL TODD										
DIRECTOR	1.00	X						0.	0.	0
BARBARA PAUL										
SECRETARY/DIRECTOR	1.00	X		X				0.	0.	0
PAUL ROUGEOT										
DIRECTOR	1.00	X						0.	0.	0
CARL SKUDLAREK										
DIRECTOR	1.00	X						0.	0.	0
JOANNE TODD										
TREASURER/DIRECTOR	1.00	X		X				0.	0.	0
RICK STOUT										
DIRECTOR	1.00	X						0.	0.	0
KEITH WIEMERT										
DIRECTOR	1.00	X						0.	0.	0
LINDA BLAKESLEE										
DIRECTOR	1.00	X						0.	0.	0 .
ROBERT POWERS										
VP - CU SERVICES	40.00			X				108,755.	0.	27,2 <u>64</u> .
KELLY FUHLBRIGGE				1						
VP - GOVT RELATIONS	40.00			Х				93,329.	0.	21,545.
BARBARA BASS							1			
VP - EDUCATION & HRD	40.00	Ш		Х				100,346.	0.	13,025
ANTHONY L. EMERSON										
PRESIDENT/CEO	40.00	$\sqcup$		Х			_	195,576.	0.	21,190.
022007 02 04 10										Form <b>990</b> (2009)

Form **990** (2009)

Part VII Section A. Officers, Directors, Tru	istees, Key E	mple	oyee	es, a	nd l	High	est	Compensated Employ	rees (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average			Pos				Reportable	Reportable		Estimat		
	hours (check all that apply) compensation compensation												
•	per week	ector		1				from the	from relate organization		com	other pensa	
•		Individual trustee or director	ぉ			zi ca		organization	(W-2/1099-MI			rom th	
		rustee	Institutional trustee		a	i de		(W·2/1099-MISC)			_	janizat	
		dualt	utona	_	Key emptoyee	st co				I		d relat	
		휼	Instit	Officer	Ke,	Highest compensated employee	Former				orga	anızatı	ions
												-	
						-	_						
			<u> </u>				_		-				
								i					
	•												
1b Total						<b>&gt;</b>		498,006.		0.	8	3,0	24.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d at	oove	e) wł	no re	eceived more than \$100	,000 ın reportab	le			
compensation from the organization	· <del>-</del> · -												3
										ı		Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for si		stee	, key	em/	ploy	yee,	or h	nighest compensated en	nployee on				х
4 For any individual listed on line 1a, is the su		le co	mne	onea	ition	anc	1 oth	ner compensation from	the organization	}	_3		^
and related organizations greater than \$150	· ·		-					•	ino organization		4	х	
5 Did any person listed on line 1a receive or a									ces rendered to	,			
the organization? If "Yes," complete Schedu	ule J for such p	oers	on							]	_ 5		Х
Section B. Independent Contractors													
Complete this table for your five highest cor the organization NONE	npensated inc	depe	nde	nt c	ontr	acto	rs ti	hat received more than	\$100,000 of con	npensa	ation f	rom	
(A) (B) Name and business address Description of services							C	(C ompe		n			
, value and sasiness							+	Восоприон от о	0171000	<u>_</u>		-	<u>··</u>
							-						
												-	
	_												
2 Total number of independent contractors (in	ncluding but n	ot lin	nited	d to	thos	se lis	sted	above) who received m	ore than				_
\$100,000 in compensation from the organiz	ation >					)					Form !	990 (	2009)

10

932009 02-04-10

Total revenue. See instructions.

0.

-22,193.

Form **990** (2009)

167,875.1,190,068.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  Total expenses  Program service expenses  Program service expenses  Program service expenses  I Gignts and offine assistance to governments and organizations in the U.S. See Part IV, line 21  Grants and other assistance to ondeviduals in the U.S. See Part IV, line 21  Grants and other assistance to opvernments, organizations, and individuals outside the U.S. See Part IV, line 15 and 15  Benefits paid to or for members  Compensation of current officers, directors, trustees, and key employees  Compensation of current officers, directors, trustees, and key employees  Compensation of current officers, directors, trustees, and key employees  Compensation of included above, to dequalified persons (as offiend under section 4958(f)(1)) and persons discribed in section 4958(f)(1) and persons discribed in section 4958(f)(3)(8)  Other employee benefits  Compensation and valge  Penson plan contributions (include section 401(k) and section 401(k) and section 402(k) employee contributions)  Chief employee benefits  Cay 721  Payroli taxos  Cay 722  Payroli taxos  Cay 723  Payroli taxos  Cay 723  Payroli taxos  Cay 723  Payroli taxos  Cay 723  Payroli taxos  Cay 723  Payroli taxos  Cay 723  Payroli taxos  Cay 725  Payroli taxos  Cay 725  Payroli taxos  Cay 725  Payroli taxos  Cay 725  Payroli taxos  Cay 725  Payroli taxos  Cay 725  Payr		All other organizations must comp	and 501(c)(4) organiza lete column (A) but are			d (D).
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 2 I Grants and other assistance to individuals in the U.S. See Part IV, line 2 I Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, line 15 and 16 I Generalists and to or for members of Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Google depressing as defined under section 4580((1)) and persons described in section 4580((1)) and perso		not include amounts reported on lines 6b,		(B) Program service		(D) Fundraising
2 Grants and other assistance to individuals in the U.S See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current of litchers, directors, trustees, and key employees Compensation of current of litchers, directors, trustees, and key employees Compensation not included above, to disqualited persons (as defined under section 4958(p(1)) and persons described in section 4958(p(3))(8) 7 Other selaines and wages 8 Penson plan contributions (include section 401(k) and section 403(k) employer contributions) 9 Other employee benefits 10 Payroll taxes 15 Eggl 5 50. 1 Fees for services (non-employees): 1 Amanagement 1 b Legal 2 Caccounting 1 Lobbyring 1 Professional fundiasing services. See Part IV, line 17 1 Investment management fees 9 Other 1 Advertising and promotion 1 Office expenses 1 A 3, 511. 1 Information technology 1 A 2, 597. 1 Royalties 1 Payments of travel or entertainment expenses for any federal, state, or local public officials 1 Payments to a difficate see the section of the see that the section of	1	_				
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See Part IV, lines 15 and 16   See Pert IV, lines 17   See Pert IV, lines 17   See Pert IV, lines 17   See Pert IV, lines 17   See Pert IV, lines 17   See Pert IV, lines 17   See Pert IV, lines 17   See Pert IV, lines 17   See Pert IV, lines 17   See Pert IV, lines 17   See Pert IV, lines 17   See Pert IV, lines 17   See Pert IV, lines 18   See Pert IV, lines 18   See Pert IV, lines 19	3					
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12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalities 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 2 COMMUNICATIONS 2 MISCELLANEOUS 3 ROYALD SERVICES 4 (601. 4 ROYALD SERVICES 5 ROYALD SERVICES 4 (601. 5 ROYALD SERVICES 4 (601. 6 ALLOCATED EXPENSES	f	Investment management fees				
13 Office expenses	g	Other				
Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 26 COMMUNICATIONS 27 ENVICES 28 B0,000. 29 CONTRACT SERVICES 30 ECMMUNICATIONS 40 PROFESSIONAL FEES 41,601. 42 ENDORS SERVICES 41,601. 42 ENDORS SERVICES 41,601. 42 ENDORS SERVICES 42 ENDORS SERVICES 43 ENDORS SERVICES 44 ENDORS SERVICES 44 ENDORS SERVICES 45 ENDORS SERVICES 46 ENDORS SERVICES 47 ENDORS SERVICES 48 ENDORS SERVICES 49 ENDORS SERVICES 40 ENDORS S	12	Advertising and promotion				
15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 20 Payments to affiliates 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 2a CONTRACT SERVICES 2b COMMUNICATIONS 2c MISCELLANEOUS 3d PROFESSIONAL FEES 4,601. 4b ALLOCATED EXPENSES  141,923.  141,923.  148,915.  105,634.  109,191.	13	·		<del></del>		
141,923. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 10 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 28 CONTRACT SERVICES 29 DEPRECIATIONS 20 COMMUNICATIONS 30 COMMUNICATIONS 40 PROFESSIONAL FEES 40 CONTRACT SERVICES 40 COMMUNICATIONS 50 COMMUNICATIONS 51 COMMUNICATIONS 52 COMMUNICATIONS 53 COMMUNICATIONS 54 COMMUNICATIONS 55 COMMUNICATIONS 56 COMMUNICATIONS 57 COMMUNICATIONS 58 COMMUNICA	14		2,597.			
Travel  Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings Interest  Payments to affiliates  Depreciation, depletion, and amortization Insurance  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.)  CONTRACT SERVICES  COMMUNICATIONS  MISCELLANEOUS  MISCELLANEOUS  PROFESSIONAL FEES  ALLOCATED EXPENSES  AB , 915.  488,915.  105,634.  199,191.  199,191.  80,000.  80,000.  80,000.  81,220.  46,601.  81,272,067.	15	· · · · · · · · · · · · · · · · · · ·	1.11 000			
Payments of travel or entertainment expenses for any federal, state, or local public officials  Conferences, conventions, and meetings Interest Payments to affiliates Depreciation, depletion, and amortization Insurance Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a CONTRACT SERVICES b COMMUNICATIONS c MISCELLANEOUS d PROFESSIONAL FEES ALLOCATED EXPENSES  105,634.  199,191		·				
for any federal, state, or local public officials  19 Conferences, conventions, and meetings  20 Interest  21 Payments to affiliates  22 Depreciation, depletion, and amortization  23 Insurance  24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a CONTRACT SERVICES  b COMMUNICATIONS  c MISCELLANEOUS  d PROFESSIONAL FEES  ALLOCATED EXPENSES  -272,067.			48,915.			<del></del>
19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a CONTRACT SERVICES b COMMUNICATIONS c MISCELLANEOUS d PROFESSIONAL FEES ALLOCATED EXPENSES  105,634.  19,191.  80,000.  80,000.  81,220.  91,191.  105,634.	18	· · · · · · · · · · · · · · · · · · ·				
Interest   Payments to affiliates   Depreciation, depletion, and amortization   19,191.	40	· · · · · · · · · · · · · · · · · · ·	105 624	- · · · ·		
Payments to affiliates  Depreciation, depletion, and amortization  Insurance  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.)  CONTRACT SERVICES  COMMUNICATIONS  MISCELLANEOUS  PROFESSIONAL FEES  ALLOCATED EXPENSES  19,191.  19,191.  80,000.  80,000.  81,200.  81,220.  81,220.		- F-	105,634.			<del></del>
Depreciation, depletion, and amortization  19,191.  19,191.  Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a CONTRACT SERVICES  b COMMUNICATIONS  c MISCELLANEOUS  d PROFESSIONAL FEES  ALLOCATED EXPENSES  19,191.  80,000.  80,000.  81,220.  81,220.  82,220.  82,20.  83,220.		-			-	
Insurance  Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a CONTRACT SERVICES  b COMMUNICATIONS  c MISCELLANEOUS  d PROFESSIONAL FEES  ALLOCATED EXPENSES  ALLOCATED EXPENSES  Other expenses not covered above.  80,000.  80,000.  81,220.  81,220.  82,220.  83,220.		<del>-</del>	10 101			
Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a CONTRACT SERVICES  b COMMUNICATIONS  c MISCELLANEOUS  d PROFESSIONAL FEES  4,601.  e ALLOCATED EXPENSES  -272,067.		- · · · · · · · · · · · · · · · · · · ·	17,1710			<del></del>
above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)  a CONTRACT SERVICES 80,000.  b COMMUNICATIONS 58,419.  c MISCELLANEOUS 8,220.  d PROFESSIONAL FEES 4,601.  e ALLOCATED EXPENSES -272,067.			-			
a CONTRACT SERVICES 80,000. b COMMUNICATIONS 58,419. c MISCELLANEOUS 8,220. d PROFESSIONAL FEES 4,601. e ALLOCATED EXPENSES -272,067.		above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
b COMMUNICATIONS       58,419.         c MISCELLANEOUS       8,220.         d PROFESSIONAL FEES       4,601.         e ALLOCATED EXPENSES       -272,067.	_		80 000			
c MISCELLANEOUS       8,220.         d PROFESSIONAL FEES       4,601.         e ALLOCATED EXPENSES       -272,067.	id h					<del>_</del> ·
d PROFESSIONAL FEES 4,601. e ALLOCATED EXPENSES -272,067.	מ					
e ALLOCATED EXPENSES -272,067.	d					
	u A					
	f		212,001.	-		
25 Total functional expenses Add lines 1 through 24f 1, 219, 727.	25		1.219.727			
26 Joint costs Check here ▶ ☐ If following					-	
SOP 98-2. Complete this line only if the organization		- I				
reported in column (B) joint costs from a combined		· · · · · · · · · · · · · · · · · · ·				
educational campaign and fundraising solicitation		, , , ,				

Form 990 (2009) CONNECTICUT, INC.

	rt X	Balance Sheet					0000303 Fage II
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	803,961.	2	1,060,545.		
	3,	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		1,144,749.	4	967,572.	
	5	Receivables from current and former officers, di					
		employees, and highest compensated employe					
		of Schedule L	. [		5		
	6	Receivables from other disqualified persons (as	er section				
	-	4958(f)(1)) and persons described in section 49	58(c)(3)(B) Co	omplete			
		Part II of Schedule L			6		
ς.	7	Notes and loans receivable, net	Γ		7		
Assets	8	Inventories for sale or use		Γ		8	
ĕ	9	Prepaid expenses and deferred charges		Γ	39,788.	9	68,024.
	10a	Land, buildings, and equipment cost or other					
		basis. Complete Part VI of Schedule D	10a	220,065.			
	b	Less accumulated depreciation	10b	153,891.	85,365.	10c	66,174.
	11	Investments - publicly traded securities				11	<u> </u>
	12	Investments other securities See Part IV, line	11		441,554.	12	327,797.
	13	Investments - program-related See Part IV, line		13	<u> </u>		
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	1	25,430.	15	48,019.	
	16	Total assets. Add lines 1 through 15 (must equ	2,540,847.	16	2,538,131.		
	17	Accounts payable and accrued expenses	119,911.	17	138,374.		
	18	Grants payable		18			
	19	Deferred revenue	<u> </u>	1,154,368.	19	1,108,461.	
	20	Tax-exempt bond liabilities			1,131,3000	20	1/100/1010
w	21	Escrow or custodial account liability Complete	Part IV of Sch	redule D		21	<del></del>
Liabilities	22	Payables to current and former officers, director		<u></u>			
Ξ		highest compensated employees, and disqualifi					
Ë		of Schedule L	ca persons. (	somplete rare ii		22	
	23	Secured mortgages and notes payable to unrela	ated third par	tios		23	
	24	Unsecured notes and loans payable to unrelated	•	F-		24	<del>.</del>
	25	Other liabilities. Complete Part X of Schedule D	a tima partice	′ <u> </u>		25	
	26	Total liabilities. Add lines 17 through 25			1,274,279.	26	1,246,835.
	20	Organizations that follow SFAS 117, check he	re X	and complete	1,214,215	_20	1,240,033.
S		lines 27 through 29, and lines 33 and 34.		and complete			
č	27	Unrestricted net assets		ľ	1,266,568.	27	1,291,296.
ılar	28	Temporarily restricted net assets		-	1,200,500	28	1,271,270.
1 Ba	29	Permanently restricted net assets	-		29	<del></del>	
un	23	Organizations that do not follow SFAS 117, cl	▶ □ and		23	<del></del>	
F		complete lines 30 through 34.	ieck liefe p	and			
ts o	30	Capital stock or trust principal, or current funds			30		
sse	30 31	Paid-in or capital surplus, or land, building, or eq	,		31		
Net Assets or Fund Balances		Retained earnings, endowment, accumulated in	•			-	<del> </del>
Se l	32	<u> </u>	come, or othe	i iulius	1 266 569	32	1 201 206
	33	Total net assets or fund balances		-	1,266,568. 2,540,847.	33	1,291,296.
	_34	Total liabilities and net assets/fund balances			4,340,04/	34	2,538,131.

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

CONNECTICUT, INC. 06-0606505 Page 12 Part XI Financial Statements and Reporting Yes No X Accrual Accounting method used to prepare the Form 990 Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? Х 2a b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? Х 2c If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis X Consolidated basis Both consolidated and separate basis 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit X Act and OMB Circular A-133? 3а b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

# 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

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below.

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

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

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

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

	<ul><li>Section 501(c)(4), (5), or (6) organiza</li></ul>	tions Complete Part III			
Na	me of organization THE CRE	DIT UNION LEAGU	E OF	Emp	loyer identification number
	CONNECT	ICUT, INC.			06-0606505
P	art I-A Complete if the org	ganization is exempt un	der section 501(c	e) or is a section 527 of	organization.
1	Provide a description of the organiz	zation's direct and indirect polit	ical campaign activities	s in Part IV.	<del></del>
2	Political expenditures			▶ 9	S
3	Volunteer hours				
_					
_		janization is exempt un			
	Enter the amount of any excise tax	, ,		<b>&gt;</b> 9	
	Enter the amount of any excise tax	• •	•	<b>5</b> 5 ► \$	
	If the organization incurred a section	n 4955 tax, did it file Form 472	0 for this year?		Yes No
	a Was a correction made?			•	Yes No
	b If "Yes," describe in Part IV.  art I-C Complete if the org	anization is exempt un	der section 501/c	Avcent section 501	(0)(3)
_	<del></del>	·		·	
	Enter the amount directly expended	· · · · · · · · · · · · · · · · · · ·	•		S
2	Enter the amount of the filing organ	ization's funds contributed to c	other organizations for		
_	exempt function activities	. Add been deed 0. February		▶ \$	
3	Total exempt function expenditures	Add lines I and 2 Enter here	and on Form 1120-PO		
4	line 17b	4400 DOL for this year?		3	
4	3 3	•	TINN of all a setup. 507 -		Yes No
Э	Enter the names, addresses and en For each organization listed, enter t				
	that were promptly and directly deli	,	-	•	
	(PAC) If additional space is needed			oparate segregated fand or t	a pontical action committee
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(a) Amount of political
	(a) Name	(b) Address	(C) EIN	filing organization's	(e) Amount of political contributions received and
				funds If none, enter -0-	promptly and directly
					delivered to a separate
					political organization If none, enter -0-
	-				-
					<u> </u>
				1	

932041 02-04-10

LHA

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009	CONNECTIC	JT, INC.	704/ 1/01	06-	0606505 Page 2
Part II-A Complete if the org		mpt under section	on 501(c)(3) and file	ed Form 5768	
(election under sec		<del></del> -			
	tion belongs to an aff	- ·			
B Check ► if the filing organiza	tion checked box A a	nd "limited control" pr	ovisions apply		1 0 1 1 1 1
	ts on Lobbying Expe ditures" means amo	enditures unts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infli	uence public opinion	(grass roots lobbying)			
<b>b</b> Total lobbying expenditures to infli	uence a legislative bo	dy (direct lobbying)			
c Total lobbying expenditures (add li	nes 1a and 1b)				
d Other exempt purpose expenditure	es		<u> </u>		
e Total exempt purpose expenditure	s (add lines 1c and 1	d)	<u> </u>		<u> </u>
f Lobbying nontaxable amount Enter	er the amount from th	e following table in bo	th columns		
If the amount on line 1e, column (a) o	r (b) is: The lot	bying nontaxable an	nount is:		
Not over \$500,000	20% of	the amount on line 1e	•		
Over \$500,000 but not over \$1,000	0,000 \$100,0	00 plus 15% of the ex	cess over \$500,000		
Over \$1,000,000 but not over \$1,5	00,000 \$175,0	00 plus 10% of the ex	cess over \$1,000,000.		
Over \$1,500,000 but not over \$17,	ess over \$1,500,000				
Over \$17,000,000	\$1,000	000			
g Grassroots nontaxable amount (en			-		
h Subtract line 1g from line 1a If zer			}	·	
i Subtract line 1f from line 1c If zero	•		L	<del></del>	
j If there is an amount other than ze		line 1i, did the organiz	ration file Form 4720		<b>п.,</b> п.,
reporting section 4911 tax for this		<del></del>	0 :: -0.40.		Yes No
	ations that made a s		r Section 501(n) in do not have to comp es 2a through 2f on pa		
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		-
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					
		<del></del>			

Schedule C (Form 990 or 990-EZ) 2009

scheaule C (	Form 990 or 990-EZ) 2009	CONNECTICUT,	INC.		<u> </u>
Part II-B	Complete if the org	anization is exempt	under section	501(c)(3) and has NC	T filed Form 5768
	(election under sec	tion 501(h)).			

		(;	a)	(t	o)
	·	Yes	No	Amo	ount
1	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				
а	Volunteers?				
þ	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?	-			
	Publications, or published or broadcast statements?				_
	Grants to other organizations for lobbying purposes?	_			_
_	Direct contact with legislators, their staffs, government officials, or a legislative body?	_			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	_			_
	Other activities? If "Yes," describe in Part IV				_
•	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912			<del></del>	
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  III-A Complete if the organization is exempt under section 501(c)(4), sect	ion 501(c)	(5) or so	ction	
	501(c)(6).		(0), 01 30	ouon	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1	Х	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		Х
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		Х
1	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa"Yes."  Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	tical			
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
С	Total .		2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?	•	4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
Part	\				
	lete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, a y additional information	and Part II-B,	line 1ı Also	, complete	this part
					<del></del>
			<del>.</del>		

# Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

THE CREDIT UNION LEAGUE OF

CONNECTICUT, INC.

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise	od Funds or Other Similar Funds		Complete if the
- 4			o or Accounts.	Complete ii the
	organization answered "Yes" to Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds an	d other accounts
	Tabel accepts and and of the	(a) Donor advised funds	(D) r unus an	d other accounts
1	Total number at end of year		<del>-</del>	
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			<del></del>
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	<del>-</del>	ed funds	
	are the organization's property, subject to the organization's	•		Yes No
6	Did the organization inform all grantees, donors, and donor a		•	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring	
Da	impermissible private benefit?			Yes No
Pa	rt II Conservation Easements. Complete if the org		art IV, line 7	
1	Purpose(s) of conservation easements held by the organizati		_	
	Preservation of land for public use (e.g., recreation or p	· —	· ·	
	Protection of natural habitat	Preservation of a certi	ified historic struct	ure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation of	easement on the last
	day of the tax year			
			Held	at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	• •	2c	<del></del>
d	Number of conservation easements included in (c) acquired a		_2d	
3	Number of conservation easements modified, transferred, ref	leased, extinguished, or terminated by the	organization durir	ng the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located -		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements if	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	<del>-</del>	-	
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the year ► \$	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(	(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			☐ Yes ☐ No
9	In Part XIV, describe how the organization reports conservati	·	•	•
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes t	the organization's	accounting for
D	conservation easements.	Ant Historical Transcript on Ot	Un and Oinsiland A	
Pai	t III Organizations Maintaining Collections of	•	iner Similar As	ssets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116, no	•		
	treasures, or other similar assets held for public exhibition, ed		olic service, provid	e, in Part XIV, the text of
	the footnote to its financial statements that describes these i			
b	If the organization elected, as permitted under SFAS 116, to			
	or other similar assets held for public exhibition, education, o	r research in furtherance of public service,	, provide the follow	ring amounts relating to
	these items			
	(i) Revenues included in Form 990, Part VIII, line 1		<b>5</b>	
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical trea		gain, provide	
	the following amounts required to be reported under SFAS 1	16 relating to these items:		
	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$	
b	Assets included in Form 990, Part X		<b>▶</b> \$	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

		ICUT, INC.		<del></del>					06505		
Ра	rt III   Organizations Maintaining (										
3	Using the organization's acquisition, access (check all that apply)	ion, and other recor	ds, checl	k any of the	following th	at are a s	significant	use of its	collection	ıtem:	S
а	Public exhibition	•	4 []	l oan or evo	hange progr	rame					
b	Scholarly research			Other	mange progr	arris					
	Preservation for future generations	•		Other	· · · · · · · · · · · · · · · · · · ·						
C		allostions and avala	ın havı th	anu fuutbar t	ha araanizat	uan'a ava	mot purpe	oo in Doi	+ VIV		
4	Provide a description of the organization's c During the year, did the organization solicit of							ose III Fai	LAIV		
5						ier siirilla	asseis		7 ٧		۱ ۸۱ -
Da	to be sold to raise funds rather than to be m rt IV Escrow and Custodial Arran							سال/اسم	_  Yes		<u>No</u>
Га	reported an amount on Form 990, Pa		iete ii org	janization a	riswered re	S 10 F01	111 990, Fa	irt iv, iirie	9, 01		
	<del></del>		diam (fa-				اممان بطمط				
ıa	Is the organization an agent, trustee, custod	nan or other interme	diary ior	Contribution	is or other a	55612 1101	included		٦٧	_	ا ا
	on Form 990, Part X?	and complete the fe	allaaa t	table.				L.	<b>」Yes</b>		No
D	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table.					A · · A		
	December halones						4-	_	Amount		
C	Beginning balance						1c	_			
а	Additions during the year						1d				
e	Distributions during the year						1e	-			
1	Ending balance	000 Dark V I	010				1f		٦,,,		
	Did the organization include an amount on F		217						<b>」Yes</b>		No
	rt V Endowment Funds. Complete		neworod	"Voc" to Eo	rm 000 Dad	· IV lino 1	10				
Га	Lindownient i drids. Complete				· · · · · · · · · · · · · · · · · · ·	-		aara baak	(e) Four	vooro l	
	Danisa a finantial and	(a) Current year	(0) P	rior year	(c) Two yea	IIS DACK	(a) Tillee y	ears Dack	(e) roui	years i	Jack
1a	Beginning of year balance										
D	Contributions								<u> </u>		
C.	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities					İ					
	and programs			<del></del>							
T	Administrative expenses										
g	End of year balance		<u> </u>		l	J					
2	Provide the estimated percentage of the year	r end balance neld a									
a	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
C		%					h	_4			
за	Are there endowment funds not in the posse	ession of the organiz	ation tha	it are neid a	na aaministe	erea for t	ne organiz	ation	Γ,	<b>/</b>	<u> </u>
	by									Yes	<u>No</u>
	(i) unrelated organizations								3a(ı)		
	(ii) related organizations								3a(ii)		
_	If "Yes" to 3a(ii), are the related organizations	•							3b		
Dai	T VI Investments - Land, Building				Dort V. line	10			_		
rai		T							(-1) D1-		
	Description of investment	(a) Cost or o basis (investr		(b) Cost basis		, , .	ccumulate preciation	a	(d) Book	value	
1a	Land										
b	Buildings .		į								
С	Leasehold improvements										
d	Equipment .				0,068.		119 <u>,</u> 12			,94	
е_	Other			6	9,997.		34,77	70.		, 22	
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	gual Form 990, Part	X, colum	n (B), line 1	0(c))				66	,17	<u>4.</u>

Schedule D (Form 990) 2009

='	•		
Schedule D (Form 990)	2009	CONNECTICUT,	INC

Part VII Investments - Other Securities. Sec		<del></del>		
(a) Description of security or category (including name of security)	(b) Book value		Method of valuat	
Financial derivatives				
Closely-held equity interests				
Other				
INVESTMENT IN LEAGUE SERVICES	-			
CORPORATION	327,797.	COST		
COM DIGITION	321,1310	CODI		
	<del></del>			<del> </del>
	<del></del>	<del>-</del>		
				-
				· · · · · · · · · · · · · · · · · · ·
T. I. (0.1/h)	207 707			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	327,797.	<del>-</del>		
Part VIII Investments - Program Related. Se	e Form 990, Part X, line 13			
(a) Description of investment type	(b) Book value		Method of valuat	
	(-)	Cost or	end-of-year mark	et value
			_	
				· · · · · · · · · · · · · · · · · · ·
		<del></del>		
			-	
			<del></del>	
Tatal (Col/h) must squal Form 000, Bort V and (B) line 12 )				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line				<del></del>
	Description	··		(b) Book value
(a) L	эсэсприон			(D) DOOK Value
	<del></del>	<del></del>		
		**		
				<del></del>
				<u></u>
				<u></u>
Total. (Column (b) must equal Form 990, Part X, col (B) line	<u> 15.)</u>	<u> </u>	<b>•</b>	<del>_</del>
Part X Other Liabilities. See Form 990, Part X, II				
1 (a) Description of liability		(b) Amount		
Federal income taxes				
<del></del>				
		· · · · · · · · · · · · · · · · · ·		
<del></del>				
<del></del>				
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)			
2. FIN 48 Footnote In Part XIV, provide the text of the footnote	note to the organization's fi	nancial statements that	reports the organ	nization's liability for
uncertain tax positions under FIN 48		· · · · · · · · · · · · · · · · · · ·		
932053 02-01-10			Scher	dule D (Form 990) 2009

Schedule D (Form 990) 2009

## SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

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

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

THE CREDIT UNION LEAGUE OF

CONNECTICUT, INC.

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

Employer identification number 06-0606505

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use			
	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 any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			ı
	CEO/Executive Director. Check all that apply			ı
	Compensation committee X Written employment contract			
	Independent compensation consultant  X Compensation survey or study			ı
	X Form 990 of other organizations X Approval by the board or compensation committee		1	
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			!
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		<u> </u>
С	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	l	1	
		ľ		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of	ł		
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" to line 5a or 5b, describe in Part III		ł	
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	ţ	l	
	contingent on the net earnings of			
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" to line 6a or 6b, describe in Part III		l	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	]	Ì	
	not described in lines 5 and 69 if "Yes," describe in Part III	7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	- 1	}	
	Regulations section 53 4958-6(c)?	9		

Schedule J (Form 990) 2009

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed 06-0606505 Schedule J (Form 990) 2009

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

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

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	0	<u>(Q</u> )	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(I)-(D)	Compensation reported in prior Form 990 or Eorm 990 or
A NIMUCATO T EMED CONT	(≘	182,444.		13,132.	9,043.	20,750.	225,369.	
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Schedule J (Form 990) 2009

### SCHEDULE O (Form 990)

**Supplemental Information to Form 990** 

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

THE CREDIT UNION LEAGUE OF CONNECTICUT. INC.

Employer identification number 0.6-0.606505

• CONNECTICUT, INC.   06-0606505
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION'S MEMBERS ARE
CREDIT UNIONS.
FORM 990, PART VI, SECTION A, LINE 7A: TWO MEMBERS OF THE BOARD ARE
ELECTED FROM EACH OF THE SIX REGIONAL CHAPTERS BY THE CREDIT UNION MEMBERS
OF THE PARTICULAR CHAPTER.
FORM 990, PART VI, SECTION B, LINE 11: THE RETURN IS REVIEWED BY AN
OFFICER OF THE ORGANIZATION PRIOR TO FILING. THE ENTIRE BOARD OF DIRECTORS
WILL BE PROVIDED A FINAL COPY OF THE RETURN FOR THEIR REVIEW BUT NOT BEFORE
THE RETURN IS FILED.
——————————————————————————————————————
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REMINDED OF THE
POLICY AND ITS REQUIREMENTS AT VARIOUS BOARD MEETINGS.
FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS APPROVES
SALARIES OF THE PRESIDENT/CEO AND OTHER OFFICERS AND TOP MANAGEMENT
PERSONNEL WHICH HAVE BEEN DETERMINED BASED UPON REVIEW OF OTHER LIKE
ORGANIZATIONS SALARY STRUCTURES AND THEIR APPROVAL IS DOCUMENTED IN THE
ORGANIZATION'S MINUTES.
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE ITS
CONFLICT OF INTEREST POLICY, GOVERNING DOCUMENTS OR FINANCIAL STATEMENTS
AVAILABLE TO THE PUBLIC.

Schedule R (Form 990) 2009 2009 Open to Public Inspection Employer identification number OMB No 1545-0047 Direct controlling Direct controlling 06-0606505 entity entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) End-of-year assets status (if section Public charity 501(c)(3)) Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code section ਉ 501(C)(3) See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) Legal domicile (state or Legal domicile (state or foreign country) foreign country) CONNECTICUT LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. TO MAKE DONATIONS TO OTHER ▶ Attach to Form 990. NONPROFIT ORGANIZATIONS Primary activity Primary activity THE CREDIT UNION LEAGUE OF INC CONNECTICUT, MAIN STREET, SUITE 201, MERIDEN, CT 06450 FOUNDATION INC. - 06-1029942, 1064 EAST THE CONNECTICUT CREDIT UNION CHARITABLE Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Part I

INC CONNECTICUT. Schedule R (Form 990) 2009

06-0606505 Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Page 2

General or managing partner? Percentage ownership Yes No. 1008 Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Code V-UBI amount in box 120 of Schedule K-1 (Form 1065) 383,728, Share of end-of-year assets ate allocations? Disproportion-Yes No Ξ Share of total income 403,962 Share of end-of-year assets Type of entity (C corp, S corp, or trust) Share of total income CORP Ξ (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign country) CI <u>ত</u> (d)
(d)
(l Direct controlling | 25 SERVICE PROVIDER TO Primary activity CREDIT UNIONS <u>e</u> Legal domicile (state or foreign country) <u>o</u> Primary activity <u>a</u> LEAGUE SERVICES CORP. - 06-0808594 Name, address, and EIN of related organization SUITE 201 Name, address, and EIN of related organization 1064 EAST MAIN STREET 06450 턴 932162 02-04-10 MERIDEN Part IV

Schedule R (Form 990) 2009 CONNECTICUT, INC.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

Page 3

06-0606505

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule  1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Date II.N.2	Yes	N N
a Receipt of (ii) interest (iii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	×
<b>b</b> Gift, grant, or capital contribution to other organization(s)	1p	×
c Gift, grant, or capital contribution from other organization(s)	1c	×
d Loans or loan guarantees to or for other organization(s)	11	×
e Loans or loan guarantees by other organization(s)	1e	×
f Sale of assets to other organization(s)	*	×
	- 1	×
	ē <b>∓</b>	×
i Lease of facilities, equipment, or other assets to other organization(s)	<b>;=</b>	×
J Lease of facilities, equipment, or other assets from other organization(s)	; <del>-</del>	×
k Performance of services or membership or fundraising solicitations for other organization(s)	¥	
l Performance of services or membership or fundraising solicitations by other organization(s)	+	×
	-	
n Sharing of paid employees	1 Y	
o Reimbursement paid to other organization for expenses	0	×
p Reimbursement paid by other organization for expenses	X dt	
q Other transfer of cash or property to other organization(s) r Other transfer of cash or property from other organization(s)	1a	××
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		
(a) Name of other organization(s)	(b) (c) Transaction Amount involved type (a-r)	eq
(1) LEAGUE SERVICES CORP.	N 255,5	553.
(2)		
(4)		
(5)		
(9)		
932163 02-04-10	Schedule R (Form 990) 2009	) 2009

06-0606505 Page 4

Schedule R (Form 990) 2009 CONNECTICUT, INC.

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

(a)	(9)	(5)	5	(9)	٤	(8)	[3
Name, address, and EIN	Primary activity		Are all partners section 501(c)(3)	Share of end-of-	o e	Code V-UBI	ď
or entity		(state or foreign country)	Yes No	year assets		of Schedule K·1 (Form 1065)	1 1
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Schedule R (Form 990) 2009