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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

11

<u>A F</u>	or the	2009 calendar year, or tax year beginning and	ending					
В	heck if	Please C Name of organization		D Employer identifi	cation number			
a	pplicable	USE IRS NAUGATUCK VALLEY COMMUNITY						
	Addres	print or COLLEGE FOUNDATION, INC.						
	Name change	Doing Business As		23-7165869				
	Initial return	See Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r			
	Termin ated	Instruc- 750 CHASE PARKWAI		203	<u> 575-8297                                     </u>			
	Ameno	City or town, state or country, and ZIP + 4		G Gross receipts \$	261,112.			
	Applic	MATERDORI, CI 00/00_		H(a) Is this a group re				
	pendir	F Name and address of principal officer JANET SULLIVAN		for affiliates?	Yes X No			
		750 CHASE PARKWAY, WATERBURY, CT 0670	8	H(b) Are all affiliates inc	cluded? Yes No			
1 T	ax-exe	empt status: X 501(c) ( 3 ) ◀ (insert no.) 4947(a)(1) or 527		If "No," attach a	list. (see instructions)			
		e: <b>&gt;</b> N/A		H(c) Group exemptio	n number 🕨			
	orm of	organization: X Corporation	L Year	of formation: 1968 N	▲ State of legal domicile: C1			
		Briefly describe the organization's mission or most significant activities: TO R	ATSR R	TINDS FOR CO	I.I.EGE			
Activities & Governance		STUDENT SCHOLARSHIPS, TUTORING, LABORATO						
nar		Check this box  fithe organization discontinued its operations or dispose						
Ver		Number of voting members of the governing body (Part VI, line 1a)	sed of filore	3	20			
ဌိ		Number of independent voting members of the governing body (Part VI, line 1b)		3	20			
•ජ ග		Total number of employees (Part V, line 2a)	•	5	(			
<u> </u>			•	. 6	- (			
ξ		Total number of volunteers (estimate if necessary) 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		7a 7b	0.			
	ь	Net unrelated business taxable income from Form 990-1, line 34 .	· ·	Prior Year	Current Year			
		Contributions and grants (Part VIII June 1h)		156,456.	88,752.			
ĭue		Contributions and grants (Part VIII, line 1h)		130,430.	1,676.			
Revenue		Program service revenue (Part VIII, line 2g)		83,592.	16,391.			
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	5,129.	14,967			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_	245,177.	121,786			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<del></del>	634,008.	236,838.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		034,000.	230,030			
		Benefits paid to or for members (Part IX, column (A), line 4)						
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	_					
ë		Professional fundraising fees (Part IX, column (A), line 11e)						
X	b	Total fundraising expenses (Part IX, column (D), line 25)		25 024	22 504			
_	17	Other expenses (Part IX, column (A), lines 11a 11d, 1R TOCEIVED	-	25,024. 659,032.	23,584.			
		Total expenses. Add lines 13-17 (must equal Part X, column (A), line 25)	-		260,422.			
- X	19	nevertue less expenses Subtract line to from line 12		-413,855.	-138,636			
35.			Re	ginning of Current Year	End of Year 1,107,479.			
ž B	20	Total assets (Part X, line 16)	<del> </del>	1,205,687.				
Fund Balances	21	Total liabilities (Part X, line 26)  OGDEN, UT	·	339.	44,522. 1,062,957.			
P	<u>  22</u> irt	Net assets or fund balances. Subtract line 21 from line 20		1,405,346.	1,004,957.			
		Under penalties of persury, I declare that I have examined this return, including accompanying schedules an	id statements, a	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 a	ny knowledge					
Sigr		aut Sulliver		16/17	1/10			
əigi Ter		Signature of officer		Date	110			
161	6	JANET SULLIVAN, CHAIRPERSON						
		Type or print name and title						
-		Preparer's Date	Che		er's identifying number			
aid		signature BERNARD J. DZINSKI, JR., CPA 06/0	l set	(see )	00178862			
Firm's name (or DZINSKI POLZELLA LLC								
Jse	Only	yours if self-employed, 530 MIDDLEBURY RD, SUITE 103B		LIN F COU F	<u> </u>			
		address, and ZIP+4 MIDDLEBURY, CT 06762		Phone no. > 2	03 598-0502			
Mar	the I	RS discuss this return with the preparer shown above? (see instructions)		i r none no. 🚩 Z	X Yes No			
		4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the se	marata ir =	trustiana	Form <b>990</b> (2009)			
<b>#320</b>	v1 02-0	4-10 $-$ Lind for Frivacy Act and Paperwork Reduction Act Notice. See the Se	:parate INS	u uctions.	rom <b>330</b> (2009			

<u>Pa</u>	rt III   Statement of Progra	am Service Accomplis	nments		_
1	Briefly describe the organization		DENT SCHOLARSHIPS, TUT	ORING,	_
			LS AND OTHER EDUCATION		_
					_ _
2	Did the organization undertake a	significant program servic	es during the year which were not listed on	<del></del>	_
_	the pnor Form 990 or 990-EZ?	, , , , , , , ,	,	Yes X N	o
	If "Yes," describe these new ser	vices on Schedule O.			
3	<del>-</del>		nanges in how it conducts, any program ser	vices? Yes X N	)
4	If "Yes," describe these changes		rganization's three largest program services	s hy avnansas	
•			17(a)(1) trusts are required to report the amo		
			for each program service reported.		
4a	(Code ) (Expe	enses \$ 246,129	Including grants of \$	) (Revenue \$	_
				E NAUGATUCK VALLEY	
			PROVIDE MORE COMPLETE		
	AREA	STUDENT, FACULT	Y AND CITIZENS OF THE	COLLEGE S SERVICE	—
	211(111)	· ·		<del> </del>	
				<u> </u>	_
					_
4b	(Code: ) (Expe	enses \$	including grants of \$	) (Revenue \$	)
				<del></del>	
					_
					_
					_
					_
				<del>-</del>	_
					_
4c	(Code. ) (Expe	enses \$	ıncludıng grants of \$	) (Revenue \$	_
	(Code. ) (Expi	511363 Ψ	including grants of $\phi$	) (Nevenue Ø	,
	<del> </del>				
			<del></del>		
			<del></del>		
					-
			-		_
		-			_
					_
					_
4d	Other program services (Descrit	pe in Schedule O)		<del></del>	
	(Expenses \$	including grants of \$	) (Revenue \$	<u> </u>	
4e	Total program service expense	es▶\$ 246,	129.	Form <b>990</b> (200	
				Form <b>33U</b> (200	41

#### Form 990 (2009)

NAUGATUCK VALLEY COMMUNITY COLLEGE FOUNDATION, INC.

Page 3 Part IV | Checklist of Required Schedules Yes No 1 'ls the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 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 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 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 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III 8 . . . Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide Х credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X . . Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X X 11 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? 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 169 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. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI, XII, and XIII. 12 Х 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes Nο 12A X If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X 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 b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization X or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 X located outside the United States? If "Yes," complete Schedule F, Part III 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes." complete Schedule G. Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Form **990** (2009)

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X

complete Schedule G, Part III

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

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#### NAUGATUCK VALLEY COMMUNITY COLLEGE FOUNDATION, INC.

Form 990 (2009)

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			į
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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		<del> </del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<del> </del>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<del> </del>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			<b>.</b>
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OE h		x
ne.	Schedule L, Part I  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		^
26	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		<u> </u>	
21	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		х
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
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		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1		
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١,,
	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?			- T
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			v
00	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?	20		x
37	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	<u> </u>
31	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	1	Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	31_	<del>                                     </del>	-
<b></b>	Note. All Form 990 filers are required to complete Schedule O	38	x	
	140407 MIT OTT GOO THOIS BIG TOQUILOG TO COMPLETE CONTIGUIS O		990	3000

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## NAUGATUCK VALLEY COMMUNITY COLLEGE FOUNDATION, INC.

Statements Regarding Other IRS Filings and Tax Compliance

	•					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of						
	U.S. Information Returns Enter -0- if not applicable	1a		0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	reportal	ole gaming				
	(gambling) winnings to prize winners?			. [	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return	2a		0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	rns?		. [	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	instruc	tions)				
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	ed by th	ns return?	.	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			Ļ	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	author	ty over, a				1
	financial account in a foreign country (such as a bank account, securities account, or other financial	accour	ıt)?	L	4a		X
b	If "Yes," enter the name of the foreign country.			_			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank a	nd				
	Financial Accounts						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			-	5a		_X_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action?		-	5b		_X_
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	arding F	Prohibited	Ì			
	Tax Shelter Transaction?			-	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	he orga	nization solicit				
	any contributions that were not tax deductible?			-	6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions oi	gifts	Ì			
_	were not tax deductible?			ŀ	6b		
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		_		v
	provided to the payor?			-	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		urad	-	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?	vas requ	illea		7-		X
ч	If "Yes," indicate the number of Forms 8282 filed during the year	7d			7c		
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a property of the control						
·	benefit contract?	persone	<b>3.</b>		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		ı	7f		
a	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 1098-0		uired?	`	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or		•				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc	_					
	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		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			L	9b		
10	Section 501(c)(7) organizations. Enter						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter.	, ,					
	Gross income from members or shareholders	11a	<u>-</u>	_			
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b		_			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1 1		-	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				000	
					Form	990 (	2009)

COLLEGE FOUNDATION, INC.

23-7165869

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.

<u>Sec</u>	tion A. Governing Body and Management					_	
			1	1		Yes	No
1a	Enter the number of voting members of the governing body	<u>1a</u>		20			
b	Enter the number of voting members that are independent	_1b_	<u> </u>	_20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other				
	officer, director, trustee, or key employee?			}	_2_		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the	e dire	ct supervision				
	of officers, directors or trustees, or key employees to a management company or other person?	••			_3_		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?	.	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts? .	•	,	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 me	ember	s of the				
	governing body?				7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per		• •		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	dunn	the year				
	by the following:						
а	The governing body?				8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?				8b_	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched	at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		<u> X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)				
				ſ		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			-	10a		<u> X</u>
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such	chapt	ers, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?				10b	37	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	iling tr	e form?	-	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						7.
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			ŀ	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cout to conflicts?	uld giv	e rise		12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	descnbe				
	ın Schedule O how this is done				12c		
13	Does the organization have a written whistleblower policy?			-	13		<u>X</u>
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 approve	al by I	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		<u> </u>
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a				_
	taxable entity during the year?				16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate the organization of the policy of procedure requiring the organization to evaluate the organization of the policy of t		•	n			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anızat	on's				
	exempt status with respect to such arrangements?				<u>16b</u>		L
<u>Sec</u>	tion C. Disclosure	_					
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 990-7	r (501	c)(3)s only) ava	aılable	for		
	public inspection. Indicate how you make these available Check all that apply						
	Own website Another's website X Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflic	of interest po	licy, an	id fina	ncıal	
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books a	nd red	ords of the org	ganızat	ion 🕨	<b>-</b>	
	KENNETH H. SUMMERER, TREASURER - 203 575-8297						
	750 CHASE PARKWAY, WATERBURY, CT 06708					000	
					Earm	uun i	/OUUC

## 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

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

- 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)					CIO	(D)	(E)	(F)
Name and Title	Average hours	(ct		Posi all t			Iv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JANET SULLIVAN			-							
CHAIRPERSON	10.00	X						0.	0.	0.
KENNETH SUMMERER										_
TREASURER	5.00	X	<u> </u>			-		0.	0.	0.
RONALD PICARD	1 00									0
DIRECTOR	1.00	Х		$\vdash$				0.	0.	0.
MICHAEL LABET	1 00	v						0.	0.	•
NVCC REP. MARY JANE BARLOW	1.00	Х		-				<u>U.</u>		0.
DIRECTOR	1.00	x						0.	0.	0.
BARBARA HART DAVITT	1.00	^		$\vdash$				0.	U •	
DIRECTOR	1.00	X	Ì					0.	0.	0.
GEORGE LACAPRA	1.00							<u> </u>		<u> </u>
DIRECTOR	1.00	x				į		0.	0.	0.
RONALD MARCIANO	1.00								<u>v. •</u>	
DIRECTOR	1.00	x						0.	0.	0.
GLORIA POND								-	<del></del>	
DIRECTOR	1.00	X						0.	0.	0.
MARY ROSENGRANT CHIAPPAL										
DIRECTOR	1.00	X						0.	0.	0.
STEVE SASALA, II										
DIRECTOR	1.00	X						0.	0.	0.
WILLIAM SUMMA										
DIRECTOR	1.00	X						0.	0.	0.
DAISY COCCCO DE FILIPPIS						l				
DIRECTOR	1.00	X	ļ			L	<u></u>	0.	0.	0.
BERYL WEINSTEIN										
DIRECTOR	1.00	X	L				_	0.	0.	0.
WALDEMAR KOSTRZEWA			i				ŀ	_	_	_
DIRECTOR	1.00	X				<u> </u>	ļ	0.	0.	0.
KATHRYN LURIA			•							_
DIRECTOR	1.00	X	_			<u> </u>	-	0.	0.	0.
PAULA MASSEY	1 00					1			_	_
STUDENT REP.	1.00	<u>X</u>	<b>I</b>	L_		L	L	0.	0.	0. Form <b>990</b> (2009)

932007 02-04-10

Form **990** (2009)

Part VII Section A. Officers, Directors, Tru	stees, Key E	mple	oyee			High	ıest	1				
(A)	(B)			-	C)			(D)	(E)	l _	(F)	
Name and title	Average hours	(6	hecl	Pos			h/h	Reportable compensation	Reportable compensation		stimate nount	
	per week	Individual trustee or director	Institutional trustee	Officer		nsated	Ï	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fr org and	other pensa rom the janizate d relate anizate	ition e ion ed
DAN SHERR			<u> </u>			$\vdash$						_
DIRECTOR	1.00	X			<u> </u>	<u> </u>	_	0.	0.	,		0.
M. CATHERINE SMITH	1 00	- V				}		0.	0.			0.
DIRECTOR LYNN WARD	1.00	^				t	$\vdash$	<del></del>				<u> </u>
DIRECTOR	1.00	x						0.	0	<del>                                     </del>		0.
1b Total		J	l	l	L		1	0.	0.	,		0.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 in reportable			
compensation from the organization								<del></del>			Yes	0 No
3 Did the organization list any former officer,	director or tru	stee	e, ke	у еп	nplo	yee,	or I	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									3		X
4 For any individual listed on line 1a, is the su	-		-					· ·	the organization			37
<ul><li>and related organizations greater than \$150</li><li>Did any person listed on line 1a receive or a</li></ul>									ices rendered to	4		Х
the organization? If "Yes," complete Sched	•					,				5		X
Section B. Independent Contractors		_										
<ol> <li>Complete this table for your five highest co the organization.</li> </ol> NONE	mpensated in	depe	ende	ent c	ont	racte	ors 1	that received more than	\$100,000 of compen	sation f	rom	
(A) Name and business	address							(B) Description of s	services	(C Compe	C) ensatio	n
							-					
<del></del>												
2 Total number of independent contractors (i	=	ot li	mıte	d to		se li	stec	d above) who received n	nore than			
\$100,000 in compensation from the organiz	عيانانا 🗲					<u>U</u>				Form	990 (	2009)

d All other revenue

Total. Add lines 11a-11d

Total revenue. See instructions

0.

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.	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	186,082.	186,082.		<del></del>
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	50,756.	50,756.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members			-	
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				<del>-</del>
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees).	1 660		1 660	
a	Management	1,662.		1,662.	
b	Legal .	0.750		0.750	····
С	Accounting	2,750.		2,750.	····
d	Lobbying .				<del></del>
e	Professional fundraising services. See Part IV, line 17	F 771		F 771	· · · · · · · · · · · · · · · · · · ·
f	Investment management fees	5,771.		5,771.	
. g	Other .				
12	Advertising and promotion	·			
13	Office expenses				
14	Information technology				<del> </del>
15	Royalties				
16	Occupancy Travel				
17 18	Payments of travel or entertainment expenses				· · · · · · · · · · · · · · · · · · ·
10	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 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.)				
•	PROGRAM EXPENSES	9,291.	9,291.		· · · · · · · · · · · · · · · · · · ·
a b	BOOKKEEPING	4,110.	J,431.	4,110.	<del></del>
c		<u> </u>		4,110.	
d					
e					
f	All other expenses				
25 25	Total functional expenses. Add lines 1 through 24f	260,422.	246,129.	14,293.	0.
26	Joint costs. Check here I If following				<u></u>
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Part X	Balance Sheet		, ,	
•		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	150,896.		78,500.
2	Savings and temporary cash investments	51,515		105,041.
3	Pledges and grants receivable, net	194,000.	3	25,000.
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
	Part II of Schedule L		6	
7   يو	Notes and loans receivable, net		7	
Assets 8 8	Inventories for sale or use		8	
9 کې	Prepaid expenses and deferred charges		9_	
10a				
	basis, Complete Part VI of Schedule D 10a		1 [	
ь	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities	570,507	11	
12	Investments other securities See Part IV, line 11	238,769		898,438.
13	Investments - program-related See Part IV, line 11		13	<u> </u>
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	0.	<del></del>	500.
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,205,687		1,107,479.
17	Accounts payable and accrued expenses	339		44,522.
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities 22	Payables to current and former officers, directors, trustees, key employees	s		
	highest compensated employees, and disqualified persons. Complete Par			
<u>ا</u> ٿ	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	-
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	339	26	44,522.
	Organizations that follow SFAS 117, check here			
ဖွ	lines 27 through 29, and lines 33 and 34.		ŀ	
ဥ္ 27	Unrestricted net assets	21,469	. 27	34,780.
g 28	Temporanly restricted net assets	474,019	_	298,768.
B 29	Permanently restricted net assets	709,860		729,409.
,	Organizations that do not follow SFAS 117, check here			
<u>ا</u> ۾	complete lines 30 through 34.			
Net Assets or Fund Balances 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Capital stock or trust principal, or current funds		30	
8 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ 32	Retained earnings, endowment, accumulated income, or other funds		32	·
ž 33	Total net assets or fund balances	1,205,348		1,062,957.
34	Total liabilities and net assets/fund balances	1,205,687		1,107,479.
				Form <b>990</b> (2009)

X Separate basis Consolidated basis Both consolidated and separate basis

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

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

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

consolidated basis, separate basis, or both:

Act and OMB Circular A-133?

23-7165869 Page 12 COLLEGE FOUNDATION, INC. Form 990 (2009) Part XI Financial Statements and Reporting Yes No X Accrual 1 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. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X **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? 2c\_ X 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

Form **990** (2009)

23716581

За

X

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

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

2009

Open to Public Inspection

Name of the organization

NAUGATUCK VALLEY COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number 23-7165869

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a Type I b Type II c Type III - Functionally integrated d Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box a Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) Is the organization in col. (i) listed in your governing document?		organizat	(v) Did you notify the organization in col. (i) of your support? (vi) Is the organization in col. (i) organized in to U.S.?		the on in col. ed in the .?	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
NAUGATUCK		_							
VALLEY COMMU		10	Х		X		Х		186,082.
						,			
				<u> </u>					
		<del> </del>	<del> </del>	ļ			-		
								,	
<del></del>			-	ļ. <u>-</u> -			<del> </del>		
<u>Total</u>									186,082.

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

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Schedule A (Form 990 or 990-EZ) 2009 COLLEGE FOUNDATION,

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support (f) Total Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") 145,683. 221,740. 864,287. 156,456. 88,752. 1476918. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 145,683. 221,740. 864,287. 156,456. 88,752. 1476918. 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 1476918. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (f) Total (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 221,740. 864,287 156,456. 88,752. 1476918. 145,683. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 29,397. 52,228. 83,592. 16,391. 210,154. 28,546. and income from similar sources 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 16,587. 1,702. -8,4291,542 5,129 16,643 assets (Explain in Part IV) 1703659. 11 Total support. Add lines 7 through 10 12 23,245. 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 86.69 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 15 89.74 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and  $\triangleright \mathbf{X}$ stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008, If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009, If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2009

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

check this box and stop here						
Section C. Computation of Public Support Percentage						
15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)	15	%				
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%				
Section D. Computation of Investment Income Percentage						
	12-	0/				

17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17		
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18		
			00/ 11 17 1	

194 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 13 is more than 35 1/3%, and line 17 is not
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

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

		•	·	
	line 18 is not more than 33 1/3%,	check this box and:	stop here. The organization qualifies as a publicly supported organization	
)	Private foundation, If the organiz	ation did not check	a box on line 14, 19a, or 19b, check this box and see instructions	►□

23716581

#### Schedule D

(Form 990)<sup>\*</sup>

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

NAUGATUCK VALLEY COMMUNITY

COLLEGE FOUNDATION, INC.

Employer identification number 23 – 71 6 5 8 6 9

Da.	t I Organizations Maintaining Donor Advised	TINC.	23-7103003
Par			s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		0.5
	<u>_</u>	(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 w	riting that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	🔲 Yes 🔲 No
6	Did the organization inform all grantees, donors, and donor ad	lvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the organic	anization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)	
	Preservation of land for public use (e.g., recreation or ple	easure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cer	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 8/17/06	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by th	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas-	ement is located >	
5	Does the organization have a written policy regarding the pend	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements of	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and e	nforcing conservation easements during	g the year ► \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections of	-	Other Similar Assets.
	Complete if the organization answered "Yes" to Form S	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, not	·	
	treasures, or other similar assets held for public exhibition, ed		ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these it		
b	If the organization elected, as permitted under SFAS 116, to r	·	
	or other similar assets held for public exhibition, education, or	research in furtherance of public service	ce, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>\$</b>
	(ii) Assets included in Form 990, Part X		. • \$
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under SFAS 11	6 relating to these items.	
а	Revenues included in Form 990, Part VIII, line 1		. <b>&gt;</b> \$
þ	Assets included in Form 990, Part X		<b>&gt;</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

	t III · Organizations Maintaining C	ollections of Ar		orical Tr	easures, o	or Oth	er S	imila	r Asse	ets (conti	nued)	<u> </u>
3	Using the organization's acquisition, accession		_									
Ŭ,	(check all that apply):	.,	•	,	- · · · · · · · · · · · · · · · · · · ·		J .					
а	Public exhibition	d		oan or exci	hange progra	ams						
ь	Scholarly research	e		Other	3- p3-							
c	Preservation for future generations	_										
4	Provide a description of the organization's co	llections and explain	how th	ev further th	ne organizati	on's exe	empt	purpo	se in Pa	rt XIV.		
5	During the year, did the organization solicit or											
Ū	to be sold to raise funds rather than to be ma								. $\square$	Yes		No
Par	t IV   Escrow and Custodial Arrang					s" to Fo	rm 99	0. Par	t IV, line	9, or		
	reported an amount on Form 990, Par	-						-,		-,		
	Is the organization an agent, trustee, custodi	an or other intermed	arv for o	contribution	s or other as	sets no	t ınclı	uded				
	on Form 990, Part X?									Yes		No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fol	Ilowina t	able:		••	•					
-	,,,	<b>-</b>	3				Γ			Amount		
c	Beginning balance							1c				
d	Additions during the year	•	•		•	••	" [	1d				
e	Distributions during the year	•	• •••			•	· [	1e				
f	Ending balance	•				•	Γ	1f				
_		orm 990, Part X, line	21?		•		_			Yes		No
	If "Yes," explain the arrangement in Part XIV.	,						•				
Par		the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line	10					
		(a) Current year		nor year	(c) Two yea	•		hree ye	ars back	(e) Four	years	back
1a	Beginning of year balance	693,112.		0,026.								
ь	Contributions	835.		7,833.								
c	Net investment earnings, gains, and losses	98,682.		8,572.	+							
d	Grants or scholarships	2 - 7		6,175.								
e	Other expenditures for facilities											
_	and programs											
f	Administrative expenses	-5,771.										
g g	End of year balance	798,400.	69	3,112.								
2	Provide the estimated percentage of the year											
a	Board designated or quasi-endowment		%									
b	Permanent endowment	%	_									
c		<u></u> .										
_	Are there endowment funds not in the posse	ssion of the organiza	ation tha	t are held a	nd administe	ered for	the o	rganız	ation			
	by:	J						•		[	Yes	No
	(i) unrelated organizations								_	3a(i)		X
	(ii) related organizations								•	3a(ii)		X
ь	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	lule R?						3b		
4	Describe in Part XIV the intended uses of the								•			
Pai	t VI Investments - Land, Building				, Part X, line	10.						
	Description of investment	(a) Cost or o	- 1		or other			nulate iation	d	(d) Boo	k value	Э
	Land	basis (investri	n <del>o</del> nt)	Dasis	(other)	u	phiec	auon				
	Land											
b	Buildings											
	Leasehold improvements	-				-						<del></del>
	• •	-				[			$\dashv$			—
	Other			. (6)		L			+			
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line <u>1</u>	U(c) }							<u>0.</u>

	ALLEY COMMUNIT NDATION, INC.	ГY	23-7165869 Page 3
Part VII Investments - Other Securities. See			
(a) Description of security or category (including name of security)	(b) Book value		ethod of valuation: nd-of-year market value
inancial derivatives			
Closely-held equity interests			
Other	111 064	DAD OF MEAD	MADVED VALUE
CASH EQUIVALENTS	111,064. 111,580.		MARKET VALUE MARKET VALUE
CERTIFICATES OF DEPOSIT CORPORATE BONDS	50,567.		MARKET VALUE
MUTUAL FUNDS	625,227.		MARKET VALUE
otal. (Col (b) must equal Form 990, Part X, col (B) line 12.)	898,438.		
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line 13		othed of valuation
(a) Description of investment type	(b) Book value		ethod of valuation. nd-of-year market value
		<u> </u>	
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶			
Part IX Other Assets. See Form 990, Part X, line	15.		
	Description		(b) Book value
		<u>-</u>	
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		
Part X Other Liabilities. See Form 990, Part X,			
(a) Description of liability		(b) Amount	
Federal income taxes			
	<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 to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

932053 02-01-10

Schedule D (Form 990) 2009

23716581

#### **SCHEDULE G**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 ► Attach to Form 990 or Form 990-EZ.

2009

Open To Public Inspection

Name of the organization

NAUGATUCK VALLEY COMMUNITY

Employer identification number

COLLEGE	FOUNDATION, INC.			<del></del>	<u>  23-7165</u>	869
Fundraising Activities. required to complete this part	Complete if the organization answe	red "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>1 Indicate whether the organization raise a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or key employees listed in Form 990, Pab If "Yes," list the ten highest paid individendments.</li> </ul>	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with prividuals or entities (fundraisers) pursu	ion of i ion of g fundra (includ rofessi	non-govern ising e ling of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or contribu	stody Tol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
					·	
otal						
3 List all states in which the organization	n is registered or licensed to solicit f	unds o	r has	been notified it is ex	empt from registrati	on or licensing
		•				
	·					····

932081 02-03-10

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

Schedule G (Form 990 or 990-EZ) 2009

Schedule G (Form 990 or 990-EZ) 2009 COLLEGE FOUNDATION, INC. 23-7165869 Page Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000

23-7165869 Page 2

		on Form 990-EZ, line 6a List events with	gross receipts greater th	nan \$5,000.				
	,		(a) Event #1	(b) Event #2	(c) Other events	(d) Tota	l event	
			MYSTERY			(add col (		
			DINNER	PLANT SALE	1	1	-	ugn
Ф			(event type)	(event type)	(total number)	COI.	(c))	
eur.								
Revenue	1	Gross receipts	13,830.	6,429.	8,831.	2	9,0	<u>90.</u>
	2	Less: Charitable contributions						
		Out to the state of the state o	12 020	6,429.	8,831.	,	9,0	90
	3	Gross income (line 1 minus line 2)	13,830.	0,429.	0,031.	4	9,0	<del>30.</del>
	4	Cash prizes						
98	5	Noncash prizes					_	
Direct Expenses		D. Washington						
Exp	6	Rent/facility costs .						
rect	7	Food and beverages						
₫	•							
	8	Entertainment						
	9	Other direct expenses	7,024.	5,776.	1,323.		4,1	
	10	Direct expense summary Add lines 4 through	n 9 in column (d)				4,1	
_	11					1	4,9	<u>67.</u>
Pa	irt i		answered "Yes" to Form	i 990, Part IV, line 19, or r	eported more than			
		\$15,000 on Form 990-EZ, line 6a.	<u> </u>	(b) Pull tabs/instant		(d) Total g	amina	/odd
e e			(a) Bingo	bingo/progressive bingo	(c) Other gaming	coi (a) thro		
Revenue				billigo, progressive billige	<del></del>	00. (a)o		- (0)
æ		Gross revenue						
_	-	GIOSS Tevenide						
(O	2	Cash prizes						
Jse		•						
xpe	3	Noncash prizes						
ä								
Direct Expenses	4	Rent/facility costs						
	_	Other design						
	5	Other direct expenses						
		Volunteer labor	Yes%	Yes %	Yes %			
	6	Volunteer labor	No No	L NO	I NO			
	7	Direct expense summary. Add lines 2 through	n 5 ın column (d)		•	(		)
	-				•			
	8	Net gaming income summary Combine line 1	l, column (d), and line 7		<u> </u>			
							Yes	No
9	En	ter the state(s) in which the organization opera	tes gaming activities _					
		the organization licensed to operate gaming ac	tivities in each of these	states?		9a	ļ	
b	If "	No," explain.						
	_							
40								
		ere any of the organization's gaming licenses re	evoked, suspended or te	erminated during the tax y	year?	10a	<u> </u>	
D	II "	Yes," explain						
	_				·			
11	Do	es the organization operate gaming activities v	vith nonmembers?			11		
12		the organization a grantor, beneficiary or truste		r of a partnership or othe	r entity formed to			
		minister chantable gaming?		•		1	1	I

Indicate the percentage of gaming activity operated in: a The organization's facility	Schedule G (Form 990 or 990-EZ) 2009 COLLEGE FOUNDATION, INC.	<u>23-716586</u>	<u> 9 P</u>	age 3
a The organization's facility b An outside facility 13a			Yes	No
b An outside facility  14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name ▶  Address ▶  15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party:  Name ▶  Address ▶  16 Gaming manager information.  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶	13 Indicate the percentage of gaming activity operated in:			
b An outside facility    13b	a The organization's facility	<u>%</u>		
Name ►		%		
Address   15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15a  b If "Yes," enter the amount of gaming revenue received by the organization   \$ and the amount of gaming revenue retained by the third party  \$ and the amount of gaming revenue retained by the third party:  Name   Address   Gaming manager information.  Name   Gaming manager compensation   \$   Description of services provided		ds:		
Address   15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  15a  b If "Yes," enter the amount of gaming revenue received by the organization   \$ and the amount of gaming revenue retained by the third party   \$ c If "Yes," enter name and address of the third party:  Name   Address   Gaming manager information.  Name   Gaming manager compensation   \$				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:  Name ▶ Address ▶  Gaming manager information.  Name ▶ Description of services provided ▶	Name			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:  Name ▶ Address ▶  Gaming manager information.  Name ▶ Description of services provided ▶			1	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:  Name ▶ Address ▶ Gaming manager information.  Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶	Address			
of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:  Name ▶  Address ▶  Gaming manager information.  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶	15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party:  Name ▶  Address ▶  Gaming manager information.  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶				
C If "Yes," enter name and address of the third party:  Name ▶  Address ▶  Gaming manager information.  Name ▶  Gaming manager compensation ▶ \$  Description of services provided ▶		unt		
Name ►				
Address   Gaming manager information.  Name   Gaming manager compensation   \$ Description of services provided	c If "Yes," enter name and address of the third party:			
Address   Gaming manager information.  Name   Gaming manager compensation   \$ Description of services provided				
Name ►  Gaming manager compensation ► \$  Description of services provided ►	Name			
Name ►  Gaming manager compensation ► \$  Description of services provided ►	Address ►			3
Name ►  Gaming manager compensation ► \$  Description of services provided ►				
Gaming manager compensation ▶ \$  Description of services provided ▶				
Description of services provided ▶	Name			
Description of services provided ▶	Gaming manager compensation ▶ \$			
			1	-
	Description of services provided			
	· · · · · · · · · · · · · · · · · · ·			
Director/officer Employee Independent contractor				
I Director/officer I Lemblovee I Independent contractor I I I	Durate de la Comptanza De la desendant contractor			
	Director/officer Employee Independent contractor			
17 Mandatory distributions:	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		
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		in the		
organization's own exempt activities during the tax year ▶ \$	organization's own exempt activities during the tax year ▶ \$			<u> </u>

Schedule G (Form 990 or 990-EZ) 2009

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

2009	Open to Public	Inspection
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Department of the Treasury Internal Revenue Service		Comple	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▼ Attach to Form 990.	n answered "Yes" on Fo  ▼ Attach to Form 990.	on Form 990, Par n 990.	rt IV, line 21 or 22.		Open to Public Inspection
Name of the organization	NAUGATUC		ĮΣ					Employer identification number
Part   General Infor	COLLEGE FOUNDATIC General Information on Grants and Assistance	FOUNDATION, s and Assistance	, INC.					23-7165869
1 Does the organizate	Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	stance, and the select	, ,
2 Describe in Part IV t	criteria used to award the grants of assistance / Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	rance r sedures for monit	oring the use of grant.	funds in the United	1 States			A Yes No
Part II Grants and C	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	iovernments and 5.000, Check this	1 Organizations in the	e United States. C	omplete if the organ	anization answered "Y	'es" to Form 990, Part I (Form 990) if addition	IV, line 21, for any
1 (a) Name and address of organization or government	ime and address of organization (b) EIN (c) IRC section (d) Amount of organization (b) EIN (d) Amount of organization (e) Amount of valuation (book, appraisal, respiration or assistance other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, PMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAUGATUCK VALLEY COMMUNITY COLLEGE 750 CHASE PARKWAY WATERBURY, CT 06708	MAUNITY COLLEGE			67, 628,	.0			TO FUND PURCHASE OF TECHNOLOGY BUILDING COMPUTERS AND FURNITURE
NAUGATUCK VALLEY COMMUNITY COLLEGE 750 CHASE PARKWAY WATERBURY, CT 06708	MMUNITY COLLEGE			78,602.	0			TO ASSIST WITH THE ESTABLISHMENT OF NURSING PROGRAM
NAUGATUCK VALLEY COMMUNITY COLLEGE 750 CHASE PARKWAY WATERBURY, CT 06708	MAUNITY COLLEGE	:		39,852.	0			TO ASSIST WITH THE CONSTRUCTION OF ZINSER GARDEN
Į								
2 Enter total number of Enter total number of	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	d government or	ganizations					<b>A</b>
7	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009

COLLEGE FOUNDATION, INC.

Page 2

23-7165869 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Schedule I (Form 990) 2009 Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) LINE 2: THE FOUNDATION AWARDS GRANTS OR ASSISTANCE ON Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information REIMBURSEMENT BASIS BY EXAMINING ACTUAL INVOICES FOR ITEMS PURCHASED OR (d) Amount of non-cash assistance (c) Amount of cash grant TUITION INCURRED IN THE CASE OF AN INDIVIDUAL (b) Number of recipients QUALIFY FOR ASSISTANCE BASED ON NEED OR ACADEMIC TUITION ASSISTANCE TO INDIVIDUAL STUDENTS THAT (a) Type of grant or assistance H PART SCHEDULE I, ACHIEVEMENT

26

#### **SCHEDULE 0**

(Form 990)

2 30 V

Department of the Treasury

#### **Supplemental Information to Form 990**

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

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service NAUGATUCK VALLEY COMMUNITY Name of the organization Employer identification number 23-7165869 COLLEGE FOUNDATION, INC. LINE 1, DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART I, OTHER EDUCATIONAL PURPOSES. FORM 990, PART VI, SECTION B, LINE 11: FORM 990 REVIEWED BY FOUNDATION TREASURER BEFORE FILING WITH THE IRS. FORM 990, PART VI, SECTION C, LINE 19: UPON WRITTEN REQUEST, THE FOUNDATION WILL PROVIDE A COPY TO THE PUBLIC.

#### Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

<ul> <li>If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box</li> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of the Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously</li> </ul>		▶ X
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).	illed FOI	
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and co	mplete	. ▶ □
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a to file income tax returns	an exten	sion of time
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electro (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or c you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic <a href="https://www.irs.gov/efile">www.irs.gov/efile</a> and click on e-file for Chanties & Nonprofits.	nıcally ıf onsolida	(1) you want the additional ated Form 990-T. Instead,
Type or Name of Exempt Organization	Emp	loyer identification number
print   NAUGATUCK VALLEY COMMUNITY   COLLEGE FOUNDATION, INC.	,	3-7165869
File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions.  750 CHASE PARKWAY		
return See instructions City, town or post office, state, and ZIP code For a foreign address, see instructions.  WATERBURY, CT 06708		
Check type of return to be filed (file a separate application for each return):    X   Form 990	5227 6069	
KENNETH H. SUMMERER, TREASURER  • The books are in the care of ▶ 750 CHASE PARKWAY - WATERBURY, CT 0670  Telephone No. ▶ 203 575-8297  • If the organization does not have an office or place of business in the United States, check this box  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the box ▶ . If it is for part of the group, check this box ▶ . and attach a list with the names and EINs of a	this is fo	
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un AUGUST 15, 2010 , to file the exempt organization return for the organization named is for the organization's return for.  ► X calendar year 2009 or  , and ending		The extension
2 If this tax year is for less than 12 months, check reason Initial return Final return		Change in accounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
nonrefundable credits See instructions  b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	<b>\$</b>
tax payments made Include any prior year overpayment allowed as a credit	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)		27/2
See instructions	3c	\$ N/A

923831

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)