

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990 Department of the Treasury Internal Revenue Service

SCANNED MAY 2 3 2011

Return of Organization Exempt From Income Tax

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

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

70254 04/21/2011 3 57 PM OMB No 1545-0047 2009 Open to Public

G017

·—	For the 200	20 onlander	ear, or tax year beginning $07/01/09$, and ending $06/30/1$			Hispeodon
<u>~</u>					S 5	
В	Check if applica	USO IPS	C Name of organization .		D Emplo	oyer identification number
\sqcup	Address chang	e label or	CJR FUND, INC.			1065000
	Name change	print or	Doing Business As		06-	1265380
$\overline{\Box}$	Initial return	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	,	none number
\vdash		See Specific	P.O. BOX 161		860	-567-9423
Ш	Termination	Instruc-	City or town, state or country, and ZIP + 4		G Gross rece	expts\$ 1,402,471
	Amended retur		LITCHFIELD CT 06759			
$\overline{\Box}$	Application per	nding F Nam	e and address of principal officer		H(a) Is this	a group return for
	7 (ppilodiloli poi	JO	HN F. BOYD, EXECUTIVE DIRECTOR		affiliate	
		P.	O. BOX 161		H(b) Are all	affiliates Yes No
		LI	TCHFIELD CT 06759			attach a list (see instructions)
$\overline{}$	Tax-exempt	status X	501(c) (3) ◄ (insert no) 4947(a)(1) or 527		ļ	, ,
J	Website		NIORREPUBLIC.ORG		H(c) Group	exemption number
ĸ		zation X Co		Year of formation 1		M State of legal domicile CT
	art I	Summa				
			the organization's mission or most significant activities			**
		EE SCHE	· ·			
၁င	"		-			
цa			DEOE			
Activities & Governance	0.06-	-1. 4b b b	T CHECK	VED		
ဖိ	1		If the organization discontinued its operations or disposed of more than 2	of its net as:	1 1	11
∞5	1		g members of the governing body (Part VI, line 1a) MAY 0 2	2014 8	3	11
ţį	1		condent voting members of the governing body (1 art vi, in 1717)	2011 [주]	4	11
ξį			employees (Part V, line 2a)	2011	5	0
Ą			volunteers (estimate if necessary)	ITT	6	
	1	=	lated business revenue from Part VIII, column (C), line 12	- Port	7a	
	b Net	unrelated bu	siness taxable income from Form 990-T, line 34	D-! V-	7b	0
		4	december (DestAVIII Lead 46)	Prior Yes	7,960	Current Year 1,340,364
ne	1		d grants (Part VIII, line 1h)	24	7,300	1,340,304
Revenue	1		revenue (Part VIII, line 2g)	3	7 226	20 460
Æ			me (Part VIII, column (A), lines 3, 4, and 7d)	3	7,226	20,460
_		,	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			439
_			add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,186	1,361,263
	1		ar amounts paid (Part IX, column (A), lines 1–3)		1,500	11,325
	14 Ben	efits paid to	or for members (Part IX, column (A), line 4)			
S	15 Sala	aries, other c	ompensation, employee benefits (Part IX, column (A), lines 5–10)	22	8,648	226,982
enses	16a Prof	essional fun	draising fees (Part IX, column (A), line 11e)			
Expe	b Tota	al fundraising	expenses (Part IX, column (D), line 25) ▶ 144,050			
Û	17 Oth	er expenses	(Part IX, column (A), lines 11a-11d, 11f-24f)	2,93	9,780	1,438,122
	18 Tota	l expenses	Add lines 13–17 (must equal Part IX, column (A), line 25)	3,17	9,928	1,676,429
	19 Rev	enue less ex	penses Subtract line 18 from line 12	-2,59	4,742	-315,166
70.0	3			Beginning of Cui		End of Year
sets	20 Tota	ıl assets (Pa	rt X, line 16)	11,35		11,811,749
Net Assets or	21 Tota	al liabilities (F	Part X, line 26)		6,296	3,815,256
ž	22 Net	assets or fur	nd balances Subtract line 21 from line 20	7,30	3,094	7,996,493
F	art II	Signatu	re Block			
			ties of perjury, I declare that I have examined this return, including accompanying schedules			
		and belief, it	is true, correct, and complete Declaration of preparer (other than officer) is based on all info	ormation of which	preparer has	1' 1'
Sig	gn		h b · B) 4		4	126 2011
He	re	Signatu	re of officer		Date	
		JO	HN F. BOYD EXECU	TIVE DIE	RECTOR	
		Type or	print nage and title			
_		Dronorodo	A Date	Check	ıf	Preparer's identifying number
Pa	id	Preparer's signature	Varine C Vallaro CPA 04/2	self-		(see instructions) P00055760
Pre	eparer's	. 5	BUDWITZ & MEYERJACK, P.C.	-/ employ		06 1010504
Us	e Only	Firm's name	(or yours		EIN D	00-1210334
	-	if self-emplo address, and	, , · · · · · · · · · · · · · · · · ·		Phone	203-272-1621
<u> </u>	u the IDO			, , , , , -	no 🕨	
			eturn with the preparer shown above? (see instructions)			Yes No
DAA		ci and Pape	rwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)

Form 990 (2009) CJR FUND, INC.		06-1265380	Page 2
Part III	Statement of Program	Service Accomplishments		
•	escribe the organization's missio	n		
SEE SC	HEDULE O			
0. D. H.				
	rganization undertake any signil Form 990 or 990-EZ?	icant program services during the year	ar which were not listed on	Yes X No
•	describe these new services on	Schedule O		les 12 No
		r make significant changes in how it o	conducts, any program	
services?	•			Yes X No
	describe these changes on Scho			
		_	ee largest program services by expenses	
		tions and section 4947(a)(1) trusts are and revenue, if any, for each program	e required to report the amount of grants and	
allocation	is to others, the total expenses,	and revenue, if any, for each program	i service reported	
4a (Code) (Expenses \$	L,347,857 including grants of	of \$) (Revenue \$;
	TO CJR ASSOCIAT	ION, INCORPORATED-A	GRANT IS MADE	
		ED 501(C)3 ORGANIZ	ATION AT THE	
DISCRE	TION OF THE BOA	RD OF DIRECTORS		
Ab (Codo	\/Evnenges \$	11,325 including grants of	of \$ 11,325) (Revenue \$	· · · · · · · · · · · · · · · · · · ·
4b (Code ALUMI) (Expenses \$ SCHOLARSHIPS -		RANTED TO A LIMITED	,
		QUALIFY TO FURTHER		
				·
4c (Code) (Expenses \$	including grants o	of \$) (Revenue \$)
4d Other pro	ogram services (Describe in Sci	nedule O)		
(Expense		including grants of \$) (Revenue \$)
	gram service expenses	1,359,182		

Part IV	Checklist (of Required	Schedules
I CIILIY	CHECKIISE	ui Neuuiieu	Juliedales

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		\vdash
_	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4	X	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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,"			l
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			٠.,
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u> </u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		v	
	VII, 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 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 related 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			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			,,
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			.
40	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	4.		.
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16	<u> </u>	X
17		47		x
18	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		 ^
10	Part VIII, lines 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?	"		\vdash
	If "Yes," complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	- Annual Abarena are at mana madama tast assubtate agreement.		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 12 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 Schedule J	23	ļ	X
24a	5 ,			
	\$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
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
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			٦,
_	with a 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 Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			х
~~	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,		ŀ	
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	27		x
20	If "Yes," complete Schedule L, Part III	27		
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)			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	x
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		
	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	200		 -
•	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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
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	X	
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		X
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		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	X	L
		Forn	n 990	(2009)

	otatements regarding other mornings and rax compliance				-		
10	Enter the number reported in Poy 2 of Form 1006, Applied Summers and Transmitted of			Г		Yes	No
ıa	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	40	3		1		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1a 1b	0				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re	لتنا			- 1		
٠	gaming (gambling) winnings to prize winners?	portable	5		1c	Ì	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	i l		-	''		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		- 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns				2b	ĺ	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see						
	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by					
	this return?	•		İ	3a	1	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O				3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	ty				
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancial					
	account)?			L	4a		X
b	If "Yes," enter the name of the foreign country				1		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank			.		
	and Financial Accounts				1		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			L	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		L	5b		X
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Region 1.	ardıng					
	Prohibited Tax Shelter Transaction?			-	5c		
6a	3	е					
	organization solicit any contributions that were not tax deductible?			-	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or					
_	gifts were not tax deductible?			ļ-	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 organization receives a payment in excess of \$75 made partly as a contribution and partly for organization receives a payment in excess of \$75 made partly as a contribution and partly for organization receives a payment in excess of \$75 made partly as a contribution and partly for organization receives a payment in excess of \$75 made partly as a contribution and partly for organization receives a payment in excess of \$75 made partly as a contribution and partly for organization receives a payment in excess of \$75 made partly as a contribution and partly for organization receives a payment in excess of \$75 made partly as a contribution and partly for organization receives a payment in excess of \$75 made partly as a contribution and partly for organization receives a payment in excess of \$75 made partly as a contribution and partly for organization receives a payment in excess of \$75 made payment in excess of \$75	goods				v	
L	and services provided to the payor?			-	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			<u> </u>	7b	^	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	15			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		<u> -</u>	<i>'</i> '-		-41
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		1		1		
·	benefit contract?	Crooria		İ	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			T T	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as		Г			
	required?				7h		X
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 at any time during the year?			Ĺ	8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?			L	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			1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them)	11b			_		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			F	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				900	/005=
					rorm	フゴリ	(2009)

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.

500	tion A. Governing Redy and Management			
Sec	tion A. Governing Body and Management			г
4	Cata-tha-annih-mat at an annih-mattha-anni-matha-		Yes	No
1a 	Enter the number of voting members of the governing body Enter the number of voting members that are independent 1a 11 1b 11			
b	•			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			х
2	any other officer, director, trustee, or key employee?	2		<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			.
4	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
5	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		X
6	Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	-		
' a	of the governing body?	7a		v
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	10		-
Ü	the year by the following			
а	The governing body?	8a	X	•
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 reached	100	- 12	ļ
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal			- 22
	venue Code.)			
	orius society.		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	100		
•	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	x	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
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 arrangement			
	with 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			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ CT	·		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► GARY BOLDUC, CONTROLLER 550 GOSHEN ROAD			
_L	ITCHFIELD CT 06759	860-56	7 - 9	423

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"

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	, , , , , , , , , , , , , , , , , , , ,						(D) Reportable	(E) Reportable	(F) Estimated	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
MARTHA M. BABBIT										<u>.</u>	
DIRECTOR	1.00	X						0	0	0	
DUTCH BARHYDT											
DIRECTOR	1.00	X						0	0	0	
PATRICK J. BOLANI)										
PRESIDENT	2.00	X		X				0	0	0	
J.THOMAS BOUCHARI	Þ										
DIRECTOR	1.00	X						0	0	0	
CAROL G. BRAMLEY									-		
DIRECTOR	1.00	X						0	0	0	
JOSEPH J. GRECO											
DIRECTOR	1.00	x						0	0	0	
MARK E. MACOMBER								-			
VICE-PRES.	2.00	X		X				0	0	0	
GREGORY S. ONEGL:	‡A										
DIRECTOR	1.00	X						0	0	0	
F.ROBERT PETRICOL	ĮΕ										
DIRECTOR	1.00	X						0	0	0	
CHARLES E. RORABA	ACK										
DIRECTOR	1.00	X						0	0	0	
ANNE J. FITZGERA	D										
DIRECTOR	1.00	X						0	0	0	
JOHN F. BOYD											
EXEC.DIR.	2.00			X				0	0	0	
KAREN MOLUSIS											
SECRETARY	2.00			X				0	0	0	
GARY BOLDUC											
CONTROLLER	2.00			X				0	0	0	
HEDY BARTON											
DEVELOP.DIR.	40.00	ļ				Х		100,123	0	12,739	
-											
200											

	990 (2009) CJR FUN		ıstoo	- K	E.	male			06-126				P	age (
_Pa	(A) Name and Title	(B) Average hours per week	Pos	ition ((chec	C) k all t	that a	pply)		(E) Reportable compensation from related	(F) Estimat amount other			
	•		or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	or a	mpens from t ganiza nd rela ganiza	ation he ation ated	
											_		_	
											-	<u>. </u>	<u></u>	•
			<u> </u>											_
			+	-										
										:				
			<u> </u>					_						
								<u> </u>						
	Total							>	100,123				L2,	739
2	Total number of individuals reportable compensation from				thos	e lis	ted a	ibov	e) who received more than	\$100,000 in				
	reportable compensation in	om the organization	/II P	_							_		Yes	No
3	Did the organization list any employee on line 1a? If "Ye For any individual listed on	es," complete Sche	edule	J for	suc	h inc	lividu	ıal				3		х
5	the organization and related individual Did any person listed on lin	d organizations gro	eater	than	\$15	0,00	0२ lf	"Ye	s," complete Schedule J for	r such		4		х
	services rendered to the or	ganization? If "Yes								•		5		X
<u>Sec</u>	tion B. Independent Contra Complete this table for you		oensa	ited i	nder	end	lent o	cont	ractors that received more	than \$100,000 of				
	compensation from the org	(A) and business address								(B) tion of services	Т		(C)	
	Name	and business address							Descrip	tion of services		Coi	npensat	tion
								_			_			
2	Total number of independe more than \$100,000 in com		-				ed to	tho	se listed above) who receiv	red		0		

art VII	(2009) CUR F	nt of Reve				06-1265380		Page
	·				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campa	gns	1a					
1a b c d e (Membership dues		1b					
С	Fundraising event	T I	1c	61,492		ŧ		
d l	Related organizati		1d			1		
e (Government grants (conti		1e					
f /	All other contributions, gif	,				1		
	and similar amounts not i		1f	1,278,872				
9	Noncash contributions ind	ا 1-1 Juded in lines						
, y	Total. Add lines 1		ιι ψ		1,340,364			
<u> </u>	Total. Add lines 1	u !!		Busn. Code	2,010,001			
2a				Dusii. Code				
b								
C							·	
d								<u> </u>
e	All -46							
1	All other program		iue	•			_ -	
	Total. Add lines 2							
i .	Investment incom		iiviaenas,	interest, and	20,460			20.46
	other similar amoi				20,400			20,46
1	Income from inves	stment of tax-	-exempt b	ond proceeds				
5 1	Royalties	() 5 (() 5				
		(ı) Real		(II) Personal				
1	Gross Rents					1		
	Less rental exps							
	Rental inc or (loss)							
	Net rental income Gross amount from			•				
	sales of assets	(ı) Securities		(II) Other				
	other than inventory							
b !	Less cost or other							
l t	basis & sales exps							
C (Gaın or (loss)							
d I	Net gain or (loss)		_	•	·			
8a (Gross income from fi							
((not including \$	61,4	92			1		
(of contributions repor	ted on line 1c)						
	See Part IV, line 18		a	41,208				
b l	Less direct exper	ses	b	41,208				
c I	Net income or (los	s) from fund	raising ev	ents				
9a (Gross income from g	aming activities	3					
	See Part IV, line 19		a					
b l	Less direct exper	ses	b					
	Net income or (los		ing activit	ies 🕨				
	Gross sales of inv		Ĭ					
1	returns and allowa		a					
1	Less cost of good		<u></u>					
	Net income or (los			tory	ĺ	1		
<u> </u>		eous Revenue	 	Busn. Code				
11a	OTHER			900099	439	1		43
b	~							
				 				
C .	All other revenue			 				
1	All other revenue	10 114			439			
í	Total. Add lines 1		_	!	1,361,263	0	0	20,89
	Total Revenue. S	ee mstruction	15		1,301,403	<u> </u>		20,89

	990 (2009) CJR FUND, INC.		06-126	5380	Page 10
<u>Pa</u>	rt IX Statement of Functional Exp	enses		<u> </u>	
`	Section 501(c	c)(3) and 501(c)(4) organiz omplete column (A) but are	ations must complete all e not required to comple	columns. te columns (B), (C), and (D)).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to governments and		expenses	general expenses	expenses
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				······································
	the U.S. See Part IV, line 22	11,325	11,325		
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	168,974	- · · · · ·	84,487	84,487
8	Pension plan contributions (include section 401(k)				•
	and section 403(b) employer contributions)	2,715		1,358	1,357
9	Other employee benefits	20,355		10,178	10,177
10	Payroll taxes	34,938		17,469	17,469
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c d	Accounting Lobbying		+		
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	4,700		4,700	
g	Other	23,757		21,919	1,838
12	Advertising and promotion				
13	Office expenses	15,411		3,764	11,647
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel				
10	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,046		414	632
20	Interest				
21	Payments to affiliates	1,347,857	1,347,857		
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)				
а	PRINTING AND PROMOTION	21,825		15,312	6,513
b	POSTAGE & SHIPPING	12,340		2,594	9,746
C	ANNUITY DISCOUNT EXPENSE	9,096		9,096	
d	MISCELLANEOUS	672		648	24
e	VEHICLE EXPENSES	664 754		664 594	160
f 25	All other expenses Total functional expenses Add lines 1 through 2/ff	1,676,429	1,359,182	173,197	160 144,050
25 26	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ▶ ☐ If following	1,010,423	1,337,102	112,131	144,030
20	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				
D A A	fundraising solicitation				
DAA					Form 990 (2009)

Part	X Balance Sheet			
	•	(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	794,884	1	525,334
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	7,225	4	8,536
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			
ŀ	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		- 1	
	Part II of Schedule L		_6_	
S 7	Notes and loans receivable, net		7	
Assets	Inventories for sale or use	3,824	8	2,337
⋖ │ 9	Prepaid expenses and deferred charges		9	
10	a Land, buildings, and equipment cost or			
	other basis Complete Part VI of Schedule D 10a			
	b Less accumulated depreciation 10b		10c	
11	· .	10,553,367	11	11,275,352
12	· •		12	
13	·		13	
14			14	-
15	•	90	15	190
16		11,359,390	16	11,811,749
17		14,994	17	40,942
18	• • • • • • • • • • • • • • • • • • • •		18	
19	• •		19	·
20			20	
			21	
ਦੇ 22 22				
<u> </u>	employees, highest compensated employees, and disqualified			
Liabilities	persons Complete Part II of Schedule L		22	
ا ا	·		23	· · · · · · · ·
24			24	
25		4,041,302	25	3,774,314
26	·	4,056,296	26	3,815,256
_	Organizations that follow SFAS 117, check here ▶ X and			0,020,200
Balances 27 28	complete lines 27 through 29, and lines 33 and 34.			
<u> </u> 27		7,038,856	27	7.752.470
R 28		264,238	28	7,752,470 244,023
면 20 면 29	•	2017230	29	211,023
29 L	Organizations that do not follow SFAS 117, check here ▶		29	
ᆫ				
⊙ ທ 30	and complete lines 30 through 34. Capital stock or trust principal, or current funds	j	30	
	• • • •	 		
Assets or			31	
$\tilde{\mathbf{A}}$ 32	•	7 303 004	32	7 006 402
돌 33 조 34		7,303,094	33	7,996,493
~ 34	Total liabilities and net assets/fund balances	11,359,390	34	11,811,74

Form **990** (2009)

Form **990** (2009)

Form (990 (2009) CJR FUND, INC.	06-1265380		Pa	ge 12
Par	XI Financial Statements and Reporting				
				Yes	No
1 .	Accounting method used to prepare the Form 990 Cash	X Accrual Other			
	f the organization changed its method of accounting from a prior ye	ar or checked "Other," explain in			
;	Schedule O				
2a	Were the organization's financial statements compiled or reviewed t	by an independent accountant?	2a		X
b '	Were the organization's financial statements audited by an independ	dent accountant?	2b	X	
С	f "Yes" to line 2a or 2b, does the organization have a committee tha	at assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and sele	ection of an independent accountant?	2c	X	
	f the organization changed either its oversight process or selection	process during the tax year, explain in			
	Schedule O				
d	f "Yes" to line 2a or 2b, check a box below to indicate whether the f	inancial statements for the year were			
ا	ssued on a consolidated basis, separate basis, or both				
	Separate basis Consolidated basis X Both consolida	ted and separate basis			
3a .	As a result of a federal award, was the organization required to unde	ergo an audit or audits as set forth in			
1	he Single Audit Act and OMB Circular A-133?		3a		X
b	f "Yes," did the organization undergo the required audit or audits? If	f the organization did not undergo the			
	equired audit or audits, evoluin why in Schedule O and describe an	vietone takon to undergo euch audite	3h		l

OMB No 1545-0047

SCHEDULE A (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.

2009 Open to Public

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

			CJR FUND, INC	1					06-	-126	5380			
P	art I	Reas	on for Public Charity	Status (All organizations	s must o	complet	e this	part.)	See ir	struc	tions.			
Гһе	orga	nization is not	a private foundation because	se it is (For lines 1 through 11, o	check only	y one box)							
1		A church, co	nvention of churches, or ass	ociation of churches described	ın sectio r	170(b)(1)(A)(i).							
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3		A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)(iii).							
4	П	A medical re	search organization operate	d in conjunction with a hospital	described	ın sectio	n 170(b)(1)(A)(i	ii). Ente	r the ho	ospital's n	ame	,	
		city, and stat					•		·					
5		An organizat	on operated for the benefit	of a college or university owned	or operat	ed by a g	overnme	ental uni	t descri	bed in				
			(b)(1)(A)(iv). (Complete Part		•	, ,								
6				overnmental unit described in s	ection 17	'0(b)(1)(A)(v).							
7	X			substantial part of its support from				from the	aenera	al public	:			
			section 170(b)(1)(A)(vi). (C		Ū				•	•				
8				170(b)(1)(A)(vi). (Complete Part	:11.)									
9	П			1) more than 33 1/3 % of its sup		contribut	ions, me	embersh	ıp fees.	and or	oss			
				npt functions—subject to certain						-				
				nd unrelated business taxable in			•							
			•	0, 1975 See section 509(a)(2)	,			,						
10			~	exclusively to test for public safe			•							
11	П	•	•	exclusively for the benefit of, to	•				out the	Э				
				ed organizations described in s							1			
		509(a)(3). Ch	neck the box that describes t	he type of supporting organizati	on and co	mplete li	nes 11e	through	11h					
		a Type	el b Type II	c Type III–Function	ally integr	ated	d	Тур	e III–Ot	her				
е		By checking	this box, I certify that the org	ganization is not controlled direc	tly or indii	rectly by o	ne or m	ore disq	ualified					
		persons othe	er than foundation managers	and other than one or more pul	blicly supp	orted org	janizatio	ns desc	ribed in	section	ו			
		509(a)(1) or s	section 509(a)(2)											
f		If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting					
		organization,	check this box											
g		Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	n any of th	ne							
		following per	rsons?											
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ibed in (II)			_		Yes	No
		and (III)	below, the governing body o	f the supported organization?							1	1g(i)		
		(ii) A famıly	member of a person descril	ped in (i) above?							1	1g(iı)		
		(iii) A 35% c	controlled entity of a person of	described in (i) or (ii) above?							1	1g(III)		
h		Provide the	following information about t	he supported organization(s)										
(i)		of supported	(iı) EIN	(iii) Type of organization	1 ' '	organization		ou notify		s the	(VII		ount of	
	org	anization		(described on lines 1–9 above or IRC section	1	sted in your document?	col (I)	nization in of your	organızat			supp	οπ	
				(see instructions))	· ·			oort?		5?				
					Yes	No	Yes	No	Yes	No				
						1								
					 									
					-									
			- '											
ota														

Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2,035,907 2,220,205 2,041,685 547,960 1,351,304 8,197,061 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 Total. Add lines 1 through 3 2,035,907 2,220,205 2,041,685 547,960 1,351,304 8,197,061 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) Public support. Subtract line 5 from line 4 8,197,061 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 2,035,907 2,220,205 2,041,685 547,960 1,351,304 8,197,061 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 191,190 303,508 197,556 37,226 20,460 749,940 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets 439 (Explain in Part IV) 11 Total support. Add lines 7 through 10 8,947,440 12 Gross receipts from related activities, etc. (see instructions) 12 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 ightharpoonupSection C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 91.61% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 89.95% 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 stop here. The organization qualifies as a publicly supported organization 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 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 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

Schedule A (Form 990 or 990-EZ) 2009 CJR FUND, INC. 06-1265380 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 6 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 10a Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2008 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 Investment income percentage from 2008 Schedule A, Part III, line 17 18 18 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line

17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization **33 1/3 % support tests—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 line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2009 CJR FUND, INC.

06-1265380

Page 4

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

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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

Complete if the organization is described below.

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

OMB No 1545-0047 2009

Open to Public Inspection

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

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations Complete Part III

Na	me of organization			Employer identif	cation number
	CJR FUND, INC.			06-12653	
Pa	rt I-A Complete if the organization is	s exempt under section 501(c) or is a section	on 527 organizatio	on
1	Provide a description of the organization's direct a	nd indirect political campaign activities	s in Part IV		
2	Political expenditures			▶\$_	
3	Volunteer hours			_	
Pa	rt I-B Complete if the organization is	s exempt under section 501(c)(3).		
1	Enter the amount of any excise tax incurred by the	organization under section 4955		▶ \$ _	
2	Enter the amount of any excise tax incurred by org	ganization managers under section 49	55	▶ \$ _	- <u>-</u> -
3	If the organization incurred a section 4955 tax, did	it file Form 4720 for this year?			Yes No
4a	Was a correction made?				Yes No
	If "Yes," describe in Part IV				
Pa	ert I-C Complete if the organization is	•		tion 501(c)(3).	
1	Enter the amount directly expended by the filing or	ganization for section 527 exempt fun	ction		
	activities			▶\$_	
2	Enter the amount of the filing organization's funds	contributed to other organizations for	section		
	527 exempt function activities			▶ \$ _	
3	Total exempt function expenditures Add lines 1 ar	nd 2 Enter here and on Form 1120-Po	DL,		
	line 17b			▶ \$	
4	Did the filing organization file Form 1120-POL for	this year?			Yes No
5	Enter the names, addresses and employer identifi-	cation number (EIN) of all section 527	political organizati	ions to which payments	
	were made For each organization listed, enter the			•	
	contributions received that were promptly and dire	ctly delivered to a separate political or	ganization, such a	s a separate segregate	d
	fund or a political action committee (PAC) If addit	ional space is needed, provide informa	ation in Part IV		T
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0-	contributions received and promptly and directly
				lulius il lione, enter -o-	delivered to a separate
					political organization If
					none, enter -0-
				 	
				<u>.</u>	
				 	
			ļ		
			<u> </u>	<u></u>	<u> </u>
For I	Privacy Act and Paperwork Reduction Act Notice,	, see the Instructions for Form 990 o	r 990-EZ.	Schedule C (Forn	n 990 or 990-EZ) 2009

Schedule C (Form 990 or 990-EZ) 2009 C3	JR FUND, INC	•		06-12653	80 Page 2
Part II-A Complete if the organ			501(c)(3) and	filed Form 5768 (ele	
under section 501(h)					
A Check ► ☐ If the filing organiz					
B Check ▶ ☐ if the filing organiz			ontrol" provis	ions apply.	
	obbying Expendi			(a) Filing	(b) Affiliated
(The term "expenditures		•		organization's totals	group totals
1a Total lobbying expenditures to influence			<u> </u>		
b Total lobbying expenditures to influence	•	ect lobbying)	<u> </u>		
c Total lobbying expenditures (add lines 1	a and 1b)		<u> </u>		
d Other exempt purpose expenditures			F		
e Total exempt purpose expenditures (add	· ·		F		
f Lobbying nontaxable amount Enter the	amount from the follow	wing table in both			
columns			——————————————————————————————————————		
If the amount on line 1e, column (a) or (b) is	The lobbying nont				
Not over \$500,000	20% of the amount of				
Over \$500,000 but not over \$1,000,000		of the excess over \$500,0			
Over \$1,000,000 but not over \$1,500,000		of the excess over \$1,000	71		
Over \$1,500,000 but not over \$17,000,000		f the excess over \$1,500,0			
g Grassroots nontaxable amount (enter 2	\$1,000,000		1		
h Subtract line 1q from line 1a If zero or I					
i Subtract line 1f from line 1c If zero or le	•				
j If there is an amount other than zero on		did the organization	∟ file Form 4720 re	enorting	
section 4911 tax for this year?	entrer line in or line i	i, did the organization	1116 1 01111 4720 16	porting	☐ Yes ☐ No
Scotlon 4011 tax for this year.					1.00 1.10
		ng Period Under			
(Some organizations the					he tive
columns b	elow. See the ins	structions for line	es 2a through	2f on page 4.)	
Lo	bbying Expenditu	res During 4-Ye	ar Averaging	Period	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable 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					

Schedule C (Form 990 or 990-EZ) 2009

Page 3

cinequie C (F	3711 990 01 990-EZ) 2009 COR TOND / TINC .	00-1203	300	Page
Part II-B	Complete if the organization is exempt under section 501(c)(3)	and has NOT filed For	n 5768	
	(election under section 501(h)).			
<u> </u>		(a)	(b)	

		(a)		(b)	
		Yes	No	Amount	
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?	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
С	Media advertisements?		Х		
d	Mailings to members, legislators, or the public?		Х	•	
е	Publications, or published or broadcast statements?		Х		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		14,318	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		X		
i	Other activities? If "Yes," describe in Part IV		Х		
j	Total Add lines 1c through 1i			14,318	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3_	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political		
	expenses for which the section 527(f) tax was paid).		
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		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

SCHEDULE C, PART II-B, LINE 1I

DETAILED DESCRIPTION OF LOBBYING ACTIVITIES

CONNECTICUT JUNIOR REPUBLIC ASSOCIATION, INC.

CJR FUND, INC.

JULY 1,2009 - JUNE 30,2010

DURING FY 2009-10, THE CJR FUND, INC., ENGAGED IN THE FOLLOWING ACTIVITIES

Page 4

Part IV Supplemental Information (continued)

TO EDUCATE LEGISLATORS AND ELECTED OFFICIALS ABOUT ITS PROGRAMS AND SERVICES TO HELP AT-RISK AND TROUBLED YOUNG PEOPLE AND THEIR FAMILIES:

- RETAINED THE SERVICES OF SULLIVAN AND LESHANE, INC., A LOBBYING FIRM.
- SENT PUBLICATIONS (NEWSLETTERS AND ANNUAL REPORTS) TO GOVERNMENT OFFICIALS, LEGISLATORS, AMD OTHER KEY CONSTITUENTS, INCLUDING DONORS, REFERRING AGENCIES, ETC.
- INVITED GOVERNMENT OFFICIALS AND LEGISLATORS TO AGENCY EVENTS BASED ON THEIR POSITION OR RELATIONSHIP WITH JUNIOR REPUBLIC.
- EXECUTIVE DIRECTOR, WHO IS REGISTERED AS A LOBBYIST, SPOKE WITH ELECTED OFFICIALS REGARDING SPECIFIC PROGRAMS AND ISSUES RELATING TO REFERRALS AND FUNDING.

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.

OMB No 1545-0047 **2009**

Open to Public Inspection

ame of the organization		Employer identification number
CJR FUND, INC.		06-1265380
Part I Organizations Maintaining Donor Advise the organization answered "Yes" to Form		
	(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)		
Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing	ng that the assets held in donor advised	
funds are the organization's property, subject to the organization	's exclusive legal control?	Yes No
6 Did the organization inform all grantees, donors, and donor advis	sors in writing that grant funds can be	
used only for charitable purposes and not for the benefit of the d	onor or donor advisor, or for any other	
purpose conferring impermissible private benefit?		Yes No
Part II Conservation Easements. Complete if the		orm 990, Part IV, line 7.
1 Purpose(s) of conservation easements held by the organization		
Preservation of land for public use (e.g., recreation or pleasu	·	
Protection of natural habitat	Preservation of certified historic	c structure
Preservation of open space	and the form of the first of th	
2 Complete lines 2a through 2d if the organization held a qualified easement on the last day of the tax year	conservation contribution in the form of a con	servation
casement on the last day of the tax year		Held at the End of the Tax Year
a Total number of conservation easements		2a
b Total acreage restricted by conservation easements		2b
c Number of conservation easements on a certified historic structu	ire included in (a)	2c
d Number of conservation easements included in (c) acquired after	• •	2d
3 Number of conservation easements modified, transferred, release		
the taxable year ▶	· · · · · · · · · · · · · · · · · · ·	
Number of states where property subject to conservation easem	ent is located ▶	
5 Does the organization have a written policy regarding the periodi	-	
violations, and enforcement of the conservation easements it ho		Yes No
6 Staff and volunteer hours devoted to monitoring, inspecting, and	enforcing conservation easements during the	e year
>		
7 Amount of expenses incurred in monitoring, inspecting, and enfo	orcing conservation easements during the year	r
▶ \$		
8 Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section	
170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		Yes No
9 In Part XIV, describe how the organization reports conservation	•	
balance sheet, and include, if applicable, the text of the footnote	to the organization's financial statements that	t describes
the organization's accounting for conservation easements		0: " 4 1
Part III Organizations Maintaining Collections of Complete if the organization answered "Ye		r Similar Assets.
1a If the organization elected, as permitted under SFAS 116, not to	report in its revenue statement and balance s	sheet works of
art, historical treasures, or other similar assets held for public ex	hibition, education, or research in furtherance	of public service,
provide, in Part XIV, the text of the footnote to its financial staten	nents that describes these items	
b If the organization elected, as permitted under SFAS 116, to repo	ort in its revenue statement and balance shee	et works of art,
historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtherance of p	public service,
provide the following amounts relating to these items		
(i) Revenues included in Form 990, Part VIII, line 1		> \$
(ii) Assets included in Form 990, Part X		* - - - - - - - - - -
2 If the organization received or held works of art, historical treasur	res, or other similar assets for financial gain, p	provide the
following amounts required to be reported under SFAS 116 relati	ing to these items	
a Revenues included in Form 990, Part VIII, line 1		\$
b Assets included in Form 990, Part X		<pre>\$</pre>

Sche	edule D (Form 990) 2009 CJR FUND, 3				65380	Page 2
Pa	art III Organizations Maintaining	Collections of Art	, Historical Treas	sures, or Other	Similar Ass	sets (continued)
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, ch	eck any of the following	ng that are a signific	ant use of its	
а	Public exhibition	d Loan	or exchange progran	ns		
b	Scholarly research	e Othe				
c	Preservation for future generations					_
4	Provide a description of the organization's coll Part XIV	ections and explain how	they further the orga	ınızatıon's exempt pu	ırpose ın	
5	During the year, did the organization solicit or	receive donations of art	, historical treasures,	or other similar		
	assets to be sold to raise funds rather than to				"Voo" to Eo	Yes No
Pē	art IV Escrow and Custodial Arra		•	alion answered	Tes to Fo	iiii 990, Part
	IV, line 9, or reported an am					
1a	Is the organization an agent, trustee, custodial	n or other intermediary f	or contributions or oti	ner assets not		
	included on Form 990, Part X?					Yes No
þ	If "Yes," explain the arrangement in Part XIV a	ind complete the following	ng table			A
					<u> </u>	Amount
	Beginning balance				1c	
	Additions during the year				1d	<u> </u>
е	Distributions during the year				1e	
f	J				1f	
	Did the organization include an amount on For	rm 990, Part X, line 21?				Yes ∟ No
	If "Yes," explain the arrangement in Part XIV	ata if annonination		to Form 000 De		
Pa	art V Endowment Funds. Comple	7		1		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	back (e) Four years back
	Beginning of year balance			<u> </u>		
	Contributions	-		 		
С	Net investment earnings, gains,					
	and losses			<u> </u>		
	Grants or scholarships			<u> </u>		
е	Other expenditures for facilities					
_	and programs	-		 	-	
t	Administrative expenses			<u> </u>		
g	•				1	
2	Provide the estimated percentage of the year					
a		%				
	Permanent endowment %					
	Term endowment ▶ %					
3a	Are there endowment funds not in the possess	sion of the organization	that are held and adn	ninistered for the		[,],
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(II), are the related organizations	•				3b
Pr-	Describe in Part XIV the intended uses of the			O Dort V line 1		
Pě	art VI Investments—Land, Buildin	T T	T			(d) Book value
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other		cumulated reciation	(d) Book value
	Land	(mixeamient)	Dasis (Other	, depi		
	Land					<u> </u>
	Buildings					
	Leasehold improvements					
	Equipment					
	Other		aluma (D) lui - 40()			
ota	I. Add lines 1a through 1e (Column (d) must eq	uai Form 990, Part X, c	olumn (B), line 10(c))	<u> </u>	
					Sch	redule D (Form 990) 2009

Schedule D (Form 990) 2009 COR FOND, INC.	000 D 1 V II 10	00-1203380	Page
Part VII Investments—Other Securities. See Form			
 (a) Description of security or category (including name of security) 	(b) Book value	(c) Method of valuation	-1
		Cost or end-of-year market va	alue
Financial derivatives			
Closely-held equity interests	-		
Other	_		 -
	-		
	_		
	-		
	-		
	-	<u> </u>	
	_		
	_		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	>		
Part VIII Investments—Program Related. See Form	990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market va	alue
			-
			-
		· · · · · · · · · · · · · · · · · · ·	
	·		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	>	······································	
Part IX Other Assets. See Form 990, Part X, line 15	<u> </u>		
(a) Description		(b)	Book value
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		•	
Part X Other Liabilities. See Form 990, Part X, line	25.	·	
1 (a) Description of liability	(b) Amount		
Federal income taxes			
DUE TO CJR ASSOCIATION INC.	3,653,981		
ANNUITY PAYABLE	120,333		
·			
· · · · · · · · · · · · · · · · · · ·			
	+		
	+		
Total (Column /h) must equal Form 000. Part V and (D) line 05.)	→ 3,774,314		
		n that reports the	
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the or	ganization's financial statements	s mai reports the	
organization's liability for uncertain tax positions under FIN 48			

Sche	gule D (Form 990) 2009 CJR FUND, INC.	06-126538	0	Page 4				
Pa	Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements							
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	1,361,263				
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	1,676,429				
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-315,166				
4	Net unrealized gains (losses) on investments		4	1,008,565				
5	Donated services and use of facilities		5					
6	Investment expenses		6					
7	Prior period adjustments		7					
8	Other (Describe in Part XIV)		8					
9	Total adjustments (net) Add lines 4 through 8		9	1,008,565				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	693,399				
Pa	art XII Reconciliation of Revenue per Audited Financial Statements	With Revenue per Re	turn					
1	Total revenue, gains, and other support per audited financial statements		1	2,411,036				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12							
а	Net unrealized gains on investments	1,008,565						
b	Donated services and use of facilities 2b							
С	Recoveries of prior year grants 2c]					
d	Other (Describe in Part XIV)	41,208]					
е	Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	1,049,773				
3	Subtract line 2e from line 1		3	1,361,263				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1					
а	Investment expenses not included on Form 990, Part VIII, line 7b							
b	Other (Describe in Part XIV)]					
С	Add lines 4a and 4b		4c					
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	1,361,263				
Pa	art XIII Reconciliation of Expenses per Audited Financial Statements	With Expenses per f	Return					
1	Total expenses and losses per audited financial statements		1	1,717,637				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25							
а	Donated services and use of facilities 2a]					
b	Prior year adjustments 2b]					
С	Other losses 2c]					
d	Other (Describe in Part XIV)	41,208]]					
e	Add lines 2a through 2d		2e	41,208				
3	Subtract line 2e from line 1		3	1,676,429				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b							
b	Other (Describe in Part XIV)							
С	Add lines 4a and 4b		4c					
_ 5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,676,429				
Pa	nt XIV Supplemental Information							
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1	a and 4, Part IV, lines 1b						
and 2	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d	d and 4b Also complete						
	part to provide any additional information							
_P	<u> ART XI, LINE 8 - RECONCILIATION OF CHANGES - C</u>	OTHER						
G	OLF TOURNAMENT EXPENSES REDUCE REVENUE ON RETU	UR <u>N</u> \$		41,208				
G	OLF TOURNAMENT EXPENSES REDUCE REVENUE ON RETU	JRN \$;	-41,208				
				. –				
P.	ART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN	N FINANCIALS -	OTH	⊆R				
يى_	<u> DLF TOURNAMENT EXPENSES REDUCE REVENUE ON RETU</u>	7 <u>vn</u>		41,208_				

<u>S</u>	chec	ule	D (F	orm	990	200	9	C	<u>JR</u>	FU	ואט	D,:	IN	<u>c.</u>												C	<u> 6 -</u>	12	6:	38	30						Page	2 5
	Pa	t X	IV	Sı	upp	lem	nent	tal	Info	orm	ati	on	(co	ntir	ue	<u>(t</u>															_							
_	P <u>/</u>	RI	<u> </u>	ΙĪ	I <u>,</u>	Ŀ	ΙŅ	<u>E</u> _	2 <u>D</u>		_E	ΧP	ĒΝ	SE	_A	MO	ŪΝ	īĒS	_ I]	NС	<u>୮</u> n	DΕ	D	<u>I</u> N	_ F	<u>I</u> I	1 <u>A</u> 1	1 <u>C</u>]	[<u>A</u>]	<u> '8</u>	<u>-</u>	<u>o</u> :	гні	ΞR	_			_
_	GC	LF	· <u>1</u>	ַטַ	RN	<u>AM</u>	EN'	r_ :	EX:	PE:	<u>ns</u>	ES	_R	ΕD	ŪC	E	<u>R</u> E	<u>V</u> E	NU:	E	<u>o</u> n	_R	ΕT	<u>'U</u> R	N	_	_	_	_	_:	\$_	_	_	4:	1 <u>,</u> 2	208	<u>. </u>	
_	-	_	-	-	-	_	_	_	_	_	_	_	_	_	_	-	_	_	-		_	-	_	-	_	_	_	_	_	_	-	_	_	_	_			-
_	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_
	_			_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_
_	-	-	-	-	-	_	-	-	-	-	_	-	-	_	_	-	-	-	-	_	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_			-
_	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_
																								_														
			_	_	_	_	_	_	_	_	_			_	_		_	_	_	_	_	_	_	_	_	_	_	_					_		_			
_	-	-	_	-	-	-	-	_	-	-	-	-	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_			-
_	- –	-	-	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	-			-
_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_
	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			-
-	_	_	-	· –	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_			-
_		_		_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_			_
		_	-	_	_	_	_	_	_	_	_	_	_	_	_		_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_
_	-	-	-	· –	-	_	_	_	-	_	-	_	_	_	-	_	_	_	-	_	_	-	_	-	-	-	_	-	_	_	-	_		-	_			-
_	-		_	. –	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_
					_																											_			_			_
						_			_				_		_			_	_	_	_				_													
_	-	-	-	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	-	_	_	-	_	_	_	_	_	-	_	_			-
_				· –	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_
_				_	_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_		_	_	_	_	_	_	_	_	_	_	_			_
_	-	-	-	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	-	_	_	_	_	-	_	_	_	_	-	_	-	_	_	_	_			-
_		-	-	-	_	_	_	_	_	_	-	_	_	_	_	_	_	_	_	_	_	_	_	_	-	_	_	_	_	_	_	_	-	_	_	_		-
_	_	_		_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_
_	_	_	_	· –	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			-
_	-	-	-	-	_	_	_	_	_		_	_	_	_	_	_	-	_	_	_	_	_	_	_	_	_	-	-	_	_	_	_	-	_	_			-
_		_	. <u>-</u>	. _	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_			_	_	_		_			-

SCHEDULE G (Form 990 or 990-EZ)

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. See separate instructions.

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

CJR FUND, INC.				06-12653	80
Part I Fundraising Activities. Com Form 990-EZ filers are not re				orm 990, Part IV, li	ne 17.
1 Indicate whether the organization raised funds	through any of the followin	g activities	Check all that apply		
a Mail solicitations	e Solicitation	of non-g	overnment grants		
b Internet and email solicitations	f Solicitation	of govern	ment grants		
c Phone solicitations	g 🗌 Special fur	ndraising (events		
d In-person solicitations					
2a Did the organization have a written or oral agre or key employees listed in Form 990, Part VII)	ement with any individual (including professio	officers, directors, trus nal fundraising service	stees es?	Yes No
b If "Yes," list the ten highest paid individuals or to be compensated at least \$5,000 by the orga		ant to agre	eements under which	the fundraiser is	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(III) Did fun- raiser have custody o control of contribution	from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes No	<u> </u>		
			-		
		1 1			
Totai	<u> </u>	<u> </u>			

_		G (Form 990 or 990-EZ)		FUND, I					06-12			Page 2	
P	art i		vents. Complete								or repor	ted	
·		more man \$15	5,000 on Form 9 (a) Event #		6 0a.	(b) Event #2	in gross	(c) Other					
			GOLF TOUR	NAMENT		(event type)		NONE (total nu	mher)		Total event col (a) thro col (c))		
Revenue		Cross receipts				(event type)		(total nat	11001)		102,	700	
Re	2	Gross receipts Less Charitable	_	61,492						_		. 492	
	3	contributions Gross revenue (line 1 minus line 2)		41,208							-	208	
	4	Cash prizes											
	5	Noncash prizes	•		ļ <u>.</u>								
sesu	6	Rent/facility costs											
Direct Expenses	7	Food and beverages				_							
Direc	8	Entertainment											
	9	Other direct expenses		41,208							41,	208	
	10	Direct expense summary	•						•	(41,	208	
	11 art	Net income summary C	ombine line 3, colum plete if the orgar	n (d), and line	e 10 SWOT	ed "Yes" to Fo	rm 990	Part IV line	19 or ren	orted r	nore		
	<u> </u>		on Form 990-EZ		134401				10, 01 100	ortea r			
e			(a) Bingo	1		(b) Pull tabs/instar		(c) Other (aming		al gamıng (through co		
Revenue	bingo/progressive bingo									coi (a)	<u> </u>		
<u>~</u>	1	Gross revenue		<u>-</u>									
enses	2	Cash prizes											
Expens	3	Noncash prizes											
Direct Exp	4	Rent/facility costs					·						
	5	Other direct expenses											
	6	Volunteer labor	Yes No	%		Yes No	%	Yes No	%				
	7	Direct expense summary	y Add lines 2 through	n 5 ın column	(d)				▶	()	
	8	Net gaming income sum	mary Combine line	1, column d, a	and line	e 7			•				
9	En	ter the state(s) in which th	ie organization opera	tes gaming a	ctivitio					Г	Yes	No	
a b	ls	the organization licensed the No," Explain.	•							-	9a	-	
	"	то, Ехрівін.											
10a b		ere any of the organization Yes," Explain	n's gamıng licenses re	evoked, susp	ended	or terminated duri	ng the tax	year [?]		-	10a	-	
11 12		es the organization operation operation	= =			nher of a nartheral	hin or othe	r entity		-	11	_	
		med to administer charital		o or a must of	a me	nuer or a partificisi	inp or othe	Gracy			12		

Sche	equie G (Form 990 or 990-EZ) 2009 CJR FUND, INC.	06-126538	0	Р	age 3
`				Yes	No
13	Indicate the percentage of gaming activity operated in				
а	The organization's facility	13a %		•	
b	An outside facility	13b %			
14	Provide the name and address of the person who prepares the organization's gaming/special events books				
	and records				
	Name				
	Address ▶				
15a	5				
	revenue?		15a		
D	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	and the			
	amount of gaming revenue retained by the third party ► \$:			
С	If "Yes," enter name and address of the third party	i			
	Name ►				
	Address ▶				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent				
	in the organization's own exempt activities during the tax year ▶ \$				L

Schedule G (Form 990 or 990-EZ) 2009

ᅎ
ч-
21
S
3
٠.,
_
-
ŝ
Ç.
-
S
≊
8
J
4
S
\sim
70254
^

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

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

▶ Attach to Form 990.

OMB No 1545-0047	2009	Open to Public Inspection

		X Yes	Yes" to 1\$5,000. Use	(h) Purpose of grant or assistance						
-1265380			I Organizations in the United States. Complete if the organization answered "Yes" to seived more than \$5,000. Check this box if no one recipient received more than \$5,000. Use bace is needed	(g) Description of non-cash assistance						•
06-126		or assistance, and	plete if the orga no one recipien	(f) Method of valuation (book, FMV, appraisal, other)						
		eligibility for the grants	ited States. Com Check this box if	(e) Amount of non-cash assistance				,		
		istance, the grantees' in the United States.	zations in the Un ore than \$5,000. eeded	(d) Amount of cash grant (e) Amount of non-cash assistance						
		ants or ass rant funds	d Organi seived m sace is n	(c) IRC section of applicable						
	Assistance	ie amount of the grince? Intering the use of g	vernments and cipient that rectified if additional specified in the contract of the contract o	(b) EIN						organizations
CJR FUND, INC.	Gener	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection cntena used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	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 \$5,00 Part IV and Schedule I-1 (Form 990) if additional space is needed	(a) Name and address of organization or government						Enter total number of section 501(c)(3) and government organizations
	Part	2 the De De	Part II	-						2 En

Schedule I (Form 990) 2009

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

3 Enter total number of other organizations

Page 2

Schedule I (Form 990) 2009 CJR FUND, INC.	U	0	06-1265380		Page 2
Part III Grants and Other Assistance to Individuals in the United States. Con Use Part IV and Schedule I-1 (Form 990) if additional space is needed	e to Individuals in the (Form 990) if addition	e United States. Con nal space is needed	nplete if the organiza	United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22, all space is needed.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ALUMNI SCHOLARSHIP	6	11,325			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	complete this part to p	provide the information	on required in Part I,	line 2, and any other addit	ional information.
PART I, LINE 2 - PROCEDURES		FOR MONITORING THE USE OF	OF GRANT FUNDS	81	
PRIOR TO RELEASING OF ALUMNI SCHOLARSHIP	MNI SCHOLARSH	IP FUNDS TO I	FUNDS TO INDIVIDUALS, S	STUDENTS	
THAT ARE AWARDED SCHOLARSHIPS MUST		PROVIDE EVIDENCE OF ENROLLMENT IN CLASS	OF ENROLLMEN	T IN CLASS	
TO THE AGENCY BUSINESS OF	OFFICE. WITH THIS		INFORMATION, THE AGENCY BUSINESS	BUSINESS	
OFFICE PROCESSES SCHOLARSI	SCHOLARSHIP PAYMENTS DIRECTLY PAYABLE TO THE EDUCATIONAL	DIRECTLY PAYA	BLE TO THE ED	UCATIONAL	
INSTITUTION THAT THE SCHOLARSHIP AWARDEE HAS ENROLLED IN TO OFFSET	LARSHIP AWARDI	EE HAS ENROLL	ED IN TO OFFS	ET	
APPROPRIATE TUITION COSTS.	•				

SCHEDULE O

Department of the Treasury Internal Revenue Service

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.

2009
Open to Public Inspection

Name of the organization

CJR FUND, INC.

Employer identification number 06-1265380

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES
THE PURPOSE OF THE ORGANIZATION IS TO ASSIST MARY BUEL
MEMORIAL, INCORPORATED AND THE CONNECTICUT JUNIOR REPUBLIC,
INCORPORATED BY

- A) SOLICITING AND RECEIVING CONTRIBUTIONS, GRANTS, BEQUESTS, AND DEVISES, FOR THE CHARITABLE PURPOSES OF THOSE ORGANIZATIONS
- B) ACCEPTING, HOLDING, INVESTING, REINVESTING, AND ADMINISTERING ANY SUCH FUNDS
- C) MAKING DISTRIBUTIONS TO THOSE ORGANIZATIONS FOR ANY PROPER PURPOSE

FORM 990, PART I, LINE 6

DESCRIPTION OF THE ORGANIZATIONS VOLUNTEERS AND THEIR ACTIVITIES:

THE MAJORITY OF THE ORGANIZATIONS VOLUNTEERS ARE THE MEMBERS OF THE

ORGANIZATION'S BOARD OF DIRECTORS THAT ATTEND QUARTERLY MEETINGS OF THE

FULL BOARD AND VARIOUS MEETINGS FOR ANY COMMITTEE THAT A BOARD MEMBERS

SERVES ON.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE ORGANIZATIONS BOARD OF DIRECTORS HAS ASSIGNED THE DUTY OF REVIEWING THE
ANNUAL 990 TO ITS STANDING AUDIT COMMITTEE. THE ANNUAL 990 IS PREPARED BY
THE ORGANIZATIONS ACCOUNTING FIRM WORKING CLOSELY WITH THE CONTROLLER AND
EXECUTIVE DIRECTOR. COPIES OF THE COMPLETED RETURN ARE PROVIDED TO THE
AUDIT COMMITTEE FOR REVIEW BEFORE FILING. UPON REVIEW AND APPROVAL BY THE
AUDIT COMMITTEE, COPIES OF THE 990 FORM ARE PROVIDED TO ALL BOARD OF

Name of the organization

CJR FUND, INC.

Employer identification number 06-1265380

DIRECTOR MEMBERS BEFORE THE RETURN IS FILED. THE RETURN IS THEN FILED WITH THE INTERNAL REVENUE SERVICE AS REQUIRED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
ALL BOARD OF DIRECTOR MEMBERS, OFFICERS AND KEY EMPLOYEES OF THE
ORGANIZATION ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT
DISCLOSURE ANNUALLY. THIS DISCLOSURE STATEMENT REQUIRES THE INDIVIDUAL TO
ANSWER A SERIES OF QUESTIONS REGARDING TRANSACTIONS, EVENTS AND
CIRCUMSTANCES WHICH COULD LEAD TO CONFLICTS OF INTEREST. THE DISCLOSURE
STATEMENT ALSO REQUIRES THE INDIVIDUAL TO SIGN THAT THEY HAVE READ AND
UNDERSTAND THE ORGANIZATIONS CONFLICT OF INTEREST POLICY AND THAT THEIR
RESPONSES TO THE OUESTIONS ARE COMPLETE AND ACCURATE.

THE COMPLETE ANNUAL CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND THE CONTROLLER OF THE ORGANIZATION.

THE EXECUTIVE DIRECTOR AND THE CONTROLLER CONTACT ANY INDIVIDUAL IF THERE ARE QUESTIONS OR ANSWERS TO QUESTIONS ON THE DISCLOSURE STATEMENT THAT NEED CLARIFICATION OR FURTHER RESEARCH. IF IT IS DETERMINED THAT A CONFLICT DOES EXIST WITH RESPECT TO A MATTER, THE ORGANIZATION ENFORCES THE POLICY BY MAKING SURE THAT THE PERSON WITH THE CONFLICT DOES NOT PARTICIPATE IN THE DECISION-MAKING PROCESS. CONTEMPORANEOUS DOCUMENTATION IS MAINTAINED OF HOW ALL CONFLICT MATTERS ARE RESOLVED.

THE CONTROLLER MAINTAINS RECORDS OF INDIVIDUAL BUSINESS TRANSACTIONS
AND RELATIONSHIPS REPORTED ON THE DISCLOSURE STATEMENTS AS WELL AS KNOWN
TRANSACTIONS FROM ACCOUNTS PAYABLE AND GENERAL LEDGER RECORDS. THESE
TRANSACTIONS AND OTHER CONFLICT MATTERS ARE COMPILED AND PROVIDED TO THE
ORGANIZATIONS ACCOUNTING FIRM FOR INCLUSION IN THE ANNUAL 990 RETURN AS
NECESSARY.

Name of the organization

CJR FUND, INC.

Employer identification number 06-1265380

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE ORGANIZATIONS EXECUTIVE DIRECTOR AND CONTROLLER WHO ARE RESPONSIBLE FOR DAY TO DAY OPERATIONS ARE COMPENSATED FROM CONNECTICUT JUNIOR REPUBLIC ASSOCIATION, INCORPORATED (EIN# 06-0646590) WHICH IS A RELATED 501(C)3 EXEMPT ORGANIZATION AS OUTLINED IN SCHEDULE R. SEE FORM 990 FOR CONNECTICUT JUNIOR REPUBLIC ASSOCIATION, INCORPORATED FOR ALL COMPENSATION INFORMATION RELATED TO THESE TOP MANAGEMENT OFFICIALS. NO COMPENSATION WAS PAID TO THESE OFFICERS FROM CJR FUND, INC.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS SEE EXPLANATION FOR OUESTION 15A ABOVE.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE ORGANIZATIONS ANNUAL 990 FILING IS AVAILABLE FOR INSPECTION ON THE
PUBLICALY AVAILABLE WEBSITE GUIDE STAR.

THE ORGANIZATIONS ANNUAL 990 FILING AND ANNUAL CERTIFIED AUDIT ARE

AVAILABLE FOR PUBLIC INSPECTION AT THE CONNECTICUT PUBLIC CHARITIES UNIT OF

THE CONNECTICUT ATTORNEY GENERALS OFFICE IN HARTFORD CT. THE ORGANIZATION

REGISTERS ANNUALLY UNDER THE CT SOLICITATION OF CHARITABLE FUNDS ACT AND

SUBMITS THESE DOCUMENTS ANNUALLY AS REQUIRED.

THE ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, ANNUAL AUDITED FINANCIAL STATEMENTS AND ANNUAL 990 FILING ARE AVAILABLE FOR INSPECTION BY MEMBERS OF THE PUBLIC AT THE ORGANIZATIONS PLACE OF BUSINESS DURING NORMAL BUSINESS HOURS. APPOINTMENTS FOR REVIEW OF THESE DOCUMENTS MUST BE MADE WITH THE ORGANIZATIONS CONTROLLER IN ADVANCE.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Part

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions. ▶ Attach to Form 990.

OMB No 1545/0047

2009

Open to Public Inspection

(f)
Direct controlling entity Employer identification number 06-1265380 End-of-year assets <u>e</u> Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Total income (c)
Legal domicile (state or foreign country) (b) Primary activity (a)
Name, address, and EIN of disregarded entity CUR FUND, INC Name of the organization

(f) Direct controlling 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.) N/A N/A N/A (e)
Public charity status
(if section 501(c)(3)) -1 (d) Exempt Code section 501C 3 501C 2 50103 (c) Legal domicile (state or foreign country) f g Ę HOLDING CO OPERATING (b)
Primary activity REAL EST. 06-0646590 06-1265384 06-1265383 (a) Name, address, and EIN of related organization CONNECTICUT JUNIOR REPUBLIC ASSOC 06759 06759 06759 ij H G MARY BUEL MEMORIAL, INC. INC BUEL REAL ESTATE, 550 GOSHEN ROAD 550 GOSHEN ROAD 550 GOSHEN ROAD LITCHFIELD LITCHFIELD LITCHFIELD Part II

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

Schedule R (Form 990) 2009

06-1265380

CJR FUND, INC.

Schedule R (Form 990) 2009

Page 2 (J) General or managing Yes No Schedule R (Form 990) 2009 partner? Percentage ownership Ξ 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 20 of 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.) Schedule K-1 (Form 1065) end-of-year assets Share of **6** (h)
Disproportionate
alloc ? Yes No (g) Share of end-of-year Share of total income assets (f) Share of total income (C corp, S corp, Type of entity or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections
512-514) Direct controlling entity ਉ (d)

Direct controlling | Legal domicite foreign country) (state or foreign country) (c) Legal domicile (state or Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part III DAA

Schedule R (Form 990) 2009 CJR FUND, INC.

£age 3

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

			}	
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes,	s, No
1 Dunng the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?]	_	
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		×
b Gift, grant, or capital contribution to other organization(s)		1p	×	
c Gift, grant, or capital contribution from other organization(s)		10		x
d Loans or loan quarantees to or for other organization(s)		7		×
e Loans or loan guarantees by other organization(s)		16	×	<u> </u>
f Sale of assets to other organization(s)		11		×
g Purchase of assets from other organization(s)		19		x
h Exchange of assets		#		x
i Lease of facilities, equipment, or other assets to other organization(s)		=	L	×
j Lease of facilities, equipment, or other assets from other organization(s)		<u>-</u>	\downarrow	×
k Performance of services or membership or fundraising solicitations for other organization(s)		1		×
I Performance of services or membership or fundraising solicitations by other organization(s)		=		×
m Sharing of facilities, equipment, mailing lists, or other assets		1	_	×
n Sharing of paid employees		4	_	×
		2	۲	+
p Reimbursement paid by other organization for expenses		<u>무</u>	4	×
A Other transfer of each or proporty to other proporty (a)				>
		<u>-</u>	_	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	action thresholds	-		
(a)	(q)	(c)		
Name of other organization	Transaction	Amount involved	volved	
	type (a-r)			
(1) CONNECTICUT JUNIOR REBUBLIC ASSOC.	В	1	1,347	7,857
(2) CONNECTICUT JUNIOR REBUBLIC ASSOC.	អ	3	, 653	3,981
(3) CONNECTICUT JUNIOR REPUBLIC ASSOC.	0		226,	5,982
(4)				
(5)				
(9)				
	67	Schedule R (Form 990) 2009	.m 99	0) 2009

₹Page 4

Schedule R (Form 990) 2009 CJR FUND, INC.

Part Vi

06-1265380

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

<u> </u>	٩									g
(h) General or managing partner?	ш			-					 	 90) 20
ල සි ස	Yes		_	<u>-</u>					 	 orm 9
(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)										Schedule R (Form 990) 2009
nonate ins?	N _o									
(f) Disproportionate allocations?	Yes	1								
(e) Share of end-of-year assets										
ss cs	٥									
(d) Are all partners section 501(c)(3) organizations?	S No							_		
	Yes								 	
(c) Legal domicile (state or foreign country)										
(b) Primary activity										
(a) Name, address, and EIN of entity										