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Department of the Treasury Internat Revenue Service

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

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

OMB No 1545-0047

	0	2010 Calendar year, or tax year beginning	and.	ending_				
Вс	heck if	C Name of organization			D Employer identifi	cation number		
		THE CONNECTICUT CREDIT UNION						
⊢	Addres change Name				06 1	029942		
⊨	∐change ∏Initial			D = === /=*				
<u> </u>	_retum ∏Termın	Number and street (or P 0 box if mail is not delivered to street add 1064 EAST MAIN STREET		Room/suite 201	E Telephone numbe	265-5657		
<u> </u>	-Jated ∃Amend		<u>_</u>	201	G Gross receipts \$	92,404.		
-	lretum ∏Applica	City or town, state or country, and ZIP + 4 MERIDEN, CT 06450			H(a) Is this a group re			
	Deu⊄in ⊐tiọù	F Name and address of principal officer:ROBERT POWER	for affiliates?	Yes X No				
		SAME AS C ABOVE	(6		H(b) Are all affiliates inc			
		mpt status: X 501(c)(3)	4947(a)(1) c	or 527	1	list. (see instructions)		
		e: N/A		7 027	H(c) Group exemptio			
			Other >	L Year		A State of legal domicile CT		
	rt I	Summary		1 = 7007				
		Briefly describe the organization's mission or most significant activit	tes: TO MA	AKE DO	NATIONS TO	OTHER		
Activities & Governance		NONPROFIT ORGANIZATIONS ESTABLISHE	ED FOR I	PUBLIC	CHARITABLE	AND		
rna	2	Check this box if the organization discontinued its operat	tions or dispos	sed of more	than 25% of its net as	ssets.		
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)			3	23		
ž G	4	Number of independent voting members of the governing body (Pai	rt VI, line 1b)		4	21		
es	5	Total number of individuals employed in calendar year 2010 (Part V,	, lıne 2a)		5	0		
viti	6	Total number of volunteers (estimate if necessary)			6	0		
Acti	7 a '	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.		
	b l	Net unrelated business taxable income from Form 990-T, line 34 @			7ь	0.		
			ا. ر.د.		Prior Year	Current Year		
e		Contributions and grants (Part VIII, line 1h)	11 101	<u> </u>	1,473.	160.		
Revenue		Program service revenue (Part VIII, line 2g) 😇 📈 🚧 1 7 20	11 이	<u> </u>	0.	0.		
Rev		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	 اې!	<u> </u>	72.	69.		
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c; and 1,1	9)3	-	69,010.	60,089.		
	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column	(A), line 12)		70,555.	60,318.		
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>	68,096.	53,200.		
	l	Benefits paid to or for members (Part IX, column (A), line 4)	= 40		0.	0.		
Expenses	l	Salaries, other compensation, employee benefits (Part IX, column (A	A), lines 5-10)		0.	0.		
eus	l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	U •	U •		
Ext	ı	Total fundraising expenses (Part IX, column (D), line 25)			917.	604.		
	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	- 05)	 	69,013.	53,804.		
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line	e 25)		1,542.	6,514.		
es	18	Revenue less expenses. Subtract line 18 from line 12		Ro	ginning of Current Year	End of Year		
ets (20	Fotal assets (Part X, line 16)		100	35,194.	41,812.		
Ass	21	Fotal liabilities (Part X, line 10)		 	96.	200.		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20			35,098.	41,612.		
Pa	rt II	Signature Block						
Unde	er pena	ties of perjury, I declare that I have examined this return, including accompa	nying schedules	s and statem	ents, and to the best of m	y knowledge and belief, it is		
		, and complete Declaration of pepaler (other than officer) is based on all in						
-		E Vin			5/11/2	011		
Sign	ո	Signature of officer			Date /			
Her	e	ROBERT POWERS, TREASURER						
		Type or print name and title	· · · · · · · · · · · · · · · · · · ·	l r	Date , Check	PTIN		
n-:-		Print/Type preparer's name Preparer's signatu	ILE .		Jalu II -	'		
Paid	- 1	LOUIS CHISCUOLO Jours (FIRM'S name SEWARD AND MONDE, C.P.A.	<u>Inscrio</u> 'S	ω		30		
•	arer Only	Firm's name SEWARD AND MONDE, C.P.A. 'Firm's address 296 STATE STREET			Firm's EIN ▶			
USE	Omy	NORTH HAVEN, CT 06473-216	55		Phone no 2	03 248-9341		
Mari		S discuss this return with the preparer shown above? (see instruct			[FIIONE NO Z	Yes No		

THE CONNECTICUT CREDIT UNION

032002 12-21-10

Form 990 (2010) CHARITABLE F
Part IV Checklist of Required Schedules

			Yes	No_
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		l	
	If "Yes," complete Schedule A	1_	X	ļ.,,
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			x
	public office? If "Yes," complete Schedule C, Part I	3_	-	^
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			x
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 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	3		
ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	!	х
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] ,	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			-
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.	} ;		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
	Part VI	11a		X
b	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	11b		<u>X</u> _
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	 		v
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	ایمها		Х
_	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	11d 11e	-	X
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate or consolidated limitation statements for the tax year include a roomote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	 11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13		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, Parts I and IV	14b	\Box	<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			.,
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			v
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			X
18	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 Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
	complete Schedule G, Part III	19	х	
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20ь		
		Form	990 (2	2010)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	<u> </u>
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			v
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		Х
	Schedule K. If "No", go to line 25	24a	_	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24-		
الم	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		
2 3 q	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	250		
~	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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		_	
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	_	<u>X</u> _
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u> _
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			17
_	contributions? If "Yes," complete Schedule M	30		_X_
31	Did the organization liquidate, terminate, or dissolve and cease operations?	ا ۔ ا	ĺ	v
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
22	Schedule N, Part II	32		
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		Х
34	Was the organization related to any tax-exempt or taxable entity?	33		
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
_	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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	
		Form	990 (2	2010)

_	990 (2010) CHARITABLE FOUNDATION, INC.	06-1029	942	<u>P</u>	age :				
Par	Statements Regarding Other IRS Filings and Tax Compliance				_				
	Check if Schedule O contains a response to any question in this Part V				,				
				Yes	No				
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0	4						
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	1						
C	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eportable gaming							
	(gambling) winnings to prize winners?	1 1	1c		ļ				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a 0	ļ						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b	ļ	,				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	s)			٠.,				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
	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								
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х				
b	If "Yes," enter the name of the foreign country:								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial	Accounts							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	iction?	5b		Х				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne organization solicit			,				
	any contributions that were not tax deductible?		_6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ions or gifts							
	were not tax deductible?		_6b		ļ				
7	Organizations that may receive deductible contributions under section 170(c).		7a		х				
	·								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		 				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as required			۱.,				
	to file Form 8282?	1 1	7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	ł _		v				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f	-	^				
9	If the organization received a contribution of qualified intellectual property, did the organization file Fig. 1.		7g						
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz		7h		-				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				1				
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	. 8		 				
9	Sponsoring organizations maintaining donor advised funds.			1	1				
_	Did the organization make any taxable distributions under section 4966?		9a						
ь	Did the organization make a distribution to a donor, donor advisor, or related person?		9ь						
10	Section 501(c)(7) organizations. Enter:	10a							
a	Initiation fees and capital contributions included on Part VIII, line 12	_	ł						
_ b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	ł						
11	Section 501(c)(12) organizations. Enter:	11a							
a	Gross income from members or shareholders	118	1						
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against	116							
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	·	12a		1				
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		 				
	Section 501(c)(29) qualified nonprofit health insurance issuers.	140	t						
13	Is the organization licensed to issue qualified health plans in more than one state?		13a		 				
a	Note. See the instructions for additional information the organization must report on Schedule O.				· -				
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
D	organization is licensed to issue qualified health plans	13ь							
_	Enter the amount of reserves on hand	13c	1						
	Did the organization receive any payments for indoor tanning services during the tax year?	[]	14a		Х				
. 70	Did the distance receive any payments for mostly failing service define the tax four.								

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI Governance, Management, and Disclosure for each "exist response to lines 2 through 75 below, and for a "No" response to line 8s, 8b, or 10 below, describe the croumstances, processes, or changes in Schedule O. See instructions. Check fl Schedule O. Contains a response to any question in this Part VI X	Form	990 (2010) CHARITABLE FOUNDATION, INC. 06-1029	942	Pa	age 6
to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check 15 schedule O contains a response to gav question in this Part VI Section A. Governing Body and Management 15 Enter the number of voting members of the governing body at the end of the tax year 15 Enter the number of voting members of the governing body at the end of the tax year 16 Enter the number of voting members of the governing body at the end of the tax year 17 Did any officer, director, retice, or key employee 10 did not provided in line 1s, above, who are independent 18 Enter the number of voting members of the governing body at the end of the tax year 19 Did any officer, director, retice, or key employee 2 2 X 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, director, rustee, or key employee 2 3 Did the organization nake any supplicant changes of its governing documents since the prior Form 990 was filed? 4 X 5 Did the organization make any supplicant changes of its governing documents since the prior Form 990 was filed? 5 Did the organization nake any supplicant changes of its governing documents since the prior Form 990 was filed? 6 Desis the organization nake any supplicant changes of its governing documents since the prior Form 990 was filed? 7 Desistency and supplication that the supplication of the governing to make the organization of the governing body? 8 Did the organization nake any subject to approval by members, atochniders, or other persons? 8 Did the organization nake on the poverning body subject to approval by members, atochniders, or other persons? 9 Did the organization nake any subject to approval by members, atochniders, or other persons? 10 Did the organization nake any subject to approval by members, atochniders, or other persons? 10 Did the organization have during the persons the numbers of the organization of the subject to subject the numbers of the organi		000 (2010)			
Check of Schadule Coordinan a response to any question in this Part VI Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year before the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee a family relationship or a business relationship with any other officer, director, trustee, or key employees to a minagement durines customarily performed by or under the direct supervision of officers, director, trustee, or key employees to a management company or other person? 3 Did the organization become wave during the year of a significant diversion of the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Desite the organization have members or stockholders? 7 Did be the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Did the organization have members or stockholders? 10 Did the organization have members of the persons who may elect one or more members of the governing body? 11 Did the organization contemporaneously document the meetings hald or written actions undertaken during the year by the following: 12 The poverning body? 13 Did the organization contemporaneously document the meetings hald or written actions undertaken during the year by the following: 13 The governing body? 14 Did the organization have followed the persons and addresses in Schedulers. 15 Did the organization have local chapters, branches, or affiliates? 16 Did the organization have local chapters, branches, or affiliates? 17 Did the organization have local chapters, branches, or affiliates? 18 If Yes, does the organization have written politices and addresses in Schedule O the process. If any used to the organization to review the Form 19 Did to review the Form 19 Did to conflicts? 18 Did the organization have a written conflict of interest policy? If Yes, does the organization have	1 3427			,-	
Section A. Governing Body and Management Yes No					X
In Enter the number of voting members of the governing body at the end of the tax year 1a	202				
the first the number of voting members of the governing body at the end of the fax year be first the number of voting members included in line 1a, above, who are independent conflicter, director, trustee, or key amployeer officer, director, trustee, or key amployeer officer, director, trustee, or key amployeer officers, director, trustees, or key amployeer officers, director, trustees, or key amployeer of officers, director, trustees, or key amployeer of officers, director, trustees, or key amployees to a management company or other person? of officers, director, strustees, or key amployees to a management company or other person? Obt the organization necessary significant changes to its governing occurrents since the prior form 990 was filled? In the organization necessary significant changes to its governing occurrents since the prior form 990 was filled? Does the organization become aware during the year of a significant diversion of the organization's assists? Does the organization have members or altockholders, or other persons who may elect one or more members of the governing body? Note that the governing body subject to approval by members, stockholders, or other persons? The continuency of the organization on the governing body subject to approval by members, stockholders, or other persons? The poverning body? In the governing body? In the properties with authority to act on behalf of the governing body? In the properties with authority to act on behalf of the governing body? In the governing body subject to approve the governing body? In the governing body	<u> </u>	HOIT A. GOVERNING BODY and Management		Yes	No
b Enter the number of voting members included in line 1a, above, who are independent	12	Enter the number of voting members of the governing body at the end of the tax year 23			
Did any officer, director, rustees, or key employee have a family relationship or a business relationship with any other officer, director, rustees, or key employee? Z		21			
officer, director, fustes, or key employee? 3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or fusitees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents sance the pror Form 990 was filed? 5 Did the organization have members or stockholders? 6 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 6 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Did the organization on the powering body? 8 Is there any officer, director, frustee, or key employee listed in Part VIII, Section A, who cannot be reached at the organization's mailing address? If Yes, "provide the names and addresses in Schedule O 9 Section B, Policies (This Section B requests information about policies not required by the Internal Revenue Code.) 10a Does the organization have local chapters, branches, or affiliates? 10b If Yes, "does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b If Yes, "does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with these of the organization? 10b He secondary and consistently monitor and enforce compliance with the policy? If Yes," describe in Schedule O the process, if any, used by the organization to review the Form 990 10c be the organization in law a w		Enter the number of voting members members and the party of the numbers of voting members and the numbers of voting members of	1 1		
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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? 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? Section 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 □ 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: ▶	b		15b	X	
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statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ROBERT POWERS - 203 265-5657			nd 6	neiel	
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► ROBERT POWERS − 203 265−5657	19		iio iina	iicial	
ROBERT POWERS - 203 265-5657	00		ition:	•	
	20		alon.		

CHARITABLE FOUNDATION, INC.

Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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
- 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, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

Object this have disast has arganization now any related organization componented any current officer director, or trustee

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization (A)				C)			(D)	(E)	(F)	
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours per	(cl	heck	all	that	app	ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
PAUL DORNER										
CHAIRMAN	2.00	X		X		_		0.	0.	0.
MARY ANN POLLARO				l					55.56	10 000
EXECUTIVE DIRECTOR	2.00	X		X				0.	57,556.	18,938.
ROBERT POWERS				l					104 040	22 625
TREASURER	2.00	X		X			ļ	0.	104,843.	33,635.
SCOTT ALBRACCIO		ŀ								
TRUSTEE	1.00	X				<u> </u>	ļ	0.	0.	0.
CLINT BRAMLETT		ŀ								
TRUSTEE	1.00	X			_	ļ	ļ	0.	0.	0.
ALBERT FERRETTI										
TRUSTEE	1.00	X	L.					0.	0.	0.
ANNETTE JANOVIC		l		ŀ						
TRUSTEE	1.00	X					ļ	0.	0.	0.
JOHN E. KEET, JR.										
TRUSTEE	1.00	X		<u> </u>	_	_	ļ	0.	0.	0.
JEANNE KELLY		l		l						
TRUSTEE	1.00	X	_	ļ	_	_	<u> </u>	0.	0.	0.
ANDREW KLIMKOSKI		l		ļ						
TRUSTEE	1.00	X			_	ļ	<u> </u>	0.	0.	0.
GEORGE MACDONALD	1	١	ĺ		l					
TRUSTEE	1.00	X	<u> </u>	_	<u> </u>		<u> </u>	0.	0.	0.
BOB ARESTI	1	l								
TRUSTEE	1.00	X			<u> </u>	₩	┝	0.	0.	0.
JENNIFER NEVILLE	1									
TRUSTEE	1.00	Х	<u> </u>		├-	├	├	0.	0.	0.
GAIL TODD	1						ł			
TRUSTEE	1.00	X	ļ	_		-	<u> </u>	0.	0.	0.
BOB MURTHA	1 00	١,,								
TRUSTEE	1.00	X	\vdash	-	⊢	\vdash	\vdash	0.	0.	0.
LOREN RAMOS	1 00	١,,								۸ ا
TRUSTEE	1.00	X	├	├-	⊢	\vdash	<u> </u>	0.	0.	0.
KATHY CHARTIER	1 1 00	U						0.	0.	0.
TRUSTEE	1.00	X	<u> </u>	<u> </u>	L		L	I	<u> </u>	Form 990 (2010)

-		NECTICUT							N	06-1029	012	, .	Page 8
	990 (2010). CHARITA VII Section A. Officers, Directors, 1	BLE FOUN							Companyated Employ		7742		age O
1.01		(B)	mpi	oyee		<u>na i</u> C)	nign	esi	(D)	(E)		(F)	-
(A) Name and title		Average	Position						Reportable	Reportable	F	stımat	ed
	Name and title	hours per	(c	(check all that apply)				ly)	compensation	compensation	_	mount	
		week	_		T			ĺ	from	from related		other	٢
		(describe hours for	or director				_	ļ	the	organizations	1	npens	
			50 8	8			Jage		organization	(W-2/1099-MISC)	1	rom th	
		related organizations	Individual trustee	Institutional frustee		8	Highest compensated employee		(W-2/1099-MISC)		1 1	ganıza nd rela	
		ın Schedule	vdua	草	 R	Key employee	lest c	Former			1	anızat	
		O)	Ē	150	Officer	ş	哥哥	퉏					
CARL	SKUDLAREK												
TRUS	ree	1.00	X		L	<u> </u>	<u> </u>	<u> </u>	0.	0.	<u> </u>		0.
BARB	ARA PAUL				1								_
TRUS		1.00	X	-	-		ļ.,	L	0.	0.	-		0.
EDWA	RD V. CROWLEY, JR.	1 00	,,							0.			Λ
TRUS		1.00	X		├	⊢		┢	0.	<u> </u>	 		0.
	ROUGEOT	1.00	X						0.	0.			0.
TRUS	A BROWN	1.00	┢	+	\vdash			 	•		+		
TRUS		1.00	x			İ			0.	0.			0.
	ON MALONEY		İ								İ		
TRUS	ree	1.00	X						0.	0.			0.
			<u> </u>	_				_			ļ		
				├	├		-	L					
	Cub total			<u> </u>	<u> </u>	<u> </u>		<u> </u>	0.	162,399.	5	2.5	73.
	Sub-total Total from continuation sheets to Part	VII Section A							0.	0.			0.
	Total (add lines 1b and 1c)	vii, Section A					•		0.	162,399	52,573		73.
2	Total number of individuals (including bu	t not limited to the	nose	liste	ed a	bov	e) w	ho i	received more than \$100	<u>-</u>			
_	compensation from the organization						-,						0
												Yes	No
3	Did the organization list any former office	er, director or tru	stee	e, ke	y en	nplo	yee,	or	highest compensated er	mployee on			
	line 1a? If "Yes," complete Schedule J fo										3	<u> </u>	X
4	For any individual listed on line 1a, is the									the organization			.,
	and related organizations greater than \$										4	├─	X
5	Did any person listed on line 1a receive of	=						rela	ted organization or indiv	idual for services	_		Х
Sect	rendered to the organization? If "Yes," colors Independent Contractors	omplete Schedul	e J	tor s	ucn	per	son		<u> </u>		5		<u> </u>
1	Complete this table for your five highest	compensated in	den	ende	ent c	ont	racto	ors	that received more than	\$100,000 of compen	sation	from	
•	the organization NONE	oompondated in	ССР	0110	J				mat room of more than	4100,000 0. 00111po			
	(A)		(B)		(C)							
	Name and busine						Description of s	services	Compe	ensatio	on		
		·								-	_		
													-
_						_		_					

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 in compensation from the organization

Page 9

Pa	rt V	111	Statement of Rever	nue			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts ts	1 :	a	Federated campaigns		1a					
필	1		Membership dues		1b					
s, g			Fundraising events		1c					
ar ar	(d	Related organizations		1d					
Ş.E		е	Government grants (contribut	ions)	1e					
Contributions, gifts, grants and other similar amounts	1	f	All other contributions, gifts, gran	ts, and						
혈			similar amounts not included abo	ve	1f	160.				
들	•	9	Noncash contributions included in lines	1a-1f \$			1.50			
<u>3 ē</u>		h_	Total. Add lines 1a-1f			<u> </u>	160.			
						Business Code				
<u>.</u>	2 :	а								
E e	١	b		· · · · -						
S E	•	С								
Ra	•	d								
Program Service Revenue		e	All -Al							
_			All other program service reve	enue						
\rightarrow	3	9_	Total. Add lines 2a-2f Investment income (including	dividend	e inter					
	•		other similar amounts)	GIVIGOIIG	o,	>>, and	69.			69.
	4		Income from investment of ta	x-exempt	bond r	oroceeds	_			
	5		Royalties			>				
1			1.0,2	(i) F	eal	(II) Personal				
i	6	а	Gross Rents							
		ь	Less: rental expenses							
		C	Rental income or (loss)							
ŀ		d	Net rental income or (loss)							
	7	а	Gross amount from sales of	(ı) Sec	urities	(ii) Other				
			assets other than inventory							
		b	Less: cost or other basis							
			and sales expenses			<u> </u>				
		C	Gain or (loss)			<u></u>				
			• • •			<u> </u>				
Other Revenue	8	а	Gross income from fundraisin including \$	c	f					
₩			contributions reported on line	1c). See		F 2 004				
ē			Part IV, line 18		а					
ㅎ			Less: direct expenses		b	23,260.	20 544			30,544.
			Net income or (loss) from fund			P	30,544.			30,344.
	9	а	Gross income from gaming at	ctivities. S		38,371.				
		.	Part IV, line 19 Less: direct expenses		a b	2 22 6				
			Net income or (loss) from gan	nina activ	_	<u> </u>	29,545.	i		29,545.
			Gross sales of inventory, less		illes		25/0100			
	10	u	and allowances	710101115	а					
		h	Less: cost of goods sold		b	-	1			
			Net income or (loss) from sale	s of inve	•	<u> </u>	Í			
		<u> </u>	Miscellaneous Revenu			Business Code				
	11	a								
		b								
		C								
		đ	All other revenue							
		e	Total. Add lines 11a-11d			•				
====	12	_	Total revenue. See instructions			<u> </u>	60,318.	0.	0.	60,158.
0320 12-21	∪9 I-10									Form 990 (2010)

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (B) Do not include amounts reported on lines 6b, Fundraising Management and Total expenses Program service 7b, 8b, 9b, and 10b of Part VIII. <u>expenses</u> expenses general expenses Grants and other assistance to governments and 53,200. 53,200 organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees): Management Legal Accounting C Lobbying Professional fundraising services See Part IV, line 17 Investment management fees Advertising and promotion 12 13 Office expenses Information technology 14 15 Royalties 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0) 604. 604 MISCELLANEOUS All other expenses Ō. 53,200 604. 53,804 25 Total functional expenses. Add lines 1 through 24f Joint costs. Check here If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

032010 12-21-10

		(A) Beginning of year		(B) End of year
1	Cash · non-interest-bearing		1	
2	Savings and temporary cash investments	35,194.	2	41,812
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
	employees, and highest compensated employees. Complete Part II			
	of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	employers and sponsoring organizations of section 501(c)(9) voluntary			
	employees' beneficiary organizations (see instructions)		6	
7 8	Notes and loans receivable, net		7	
² 8	Inventories for sale or use	_	8	
9	Prepaid expenses and deferred charges		9	
10a				
	basis. Complete Part VI of Schedule D			
ь	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	35,194.	16	41,812
17	Accounts payable and accrued expenses	96.	17	200
18	Grants payable		18	<u>.</u> .
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
g 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
21 22	Payables to current and former officers, directors, trustees, key employees,			
8	highest compensated employees, and disqualified persons. Complete Part II			
۱ ۱	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	96.	26	200
-	Organizations that follow SFAS 117, check here 🕨 📖 and complete			
ន	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
ž 28	Temporarily restricted net assets		28	
29	Permanently restricted net assets	·····	29	
	Organizations that do not follow SFAS 117, check here			
27 28 29 30 31 32 32	complete lines 30 through 34.	25 000		41 (10
30	Capital stock or trust principal, or current funds	35,098.	30	41,612
ĝ 31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0
32	Retained earnings, endowment, accumulated income, or other funds	0.	32	0
33	Total net assets or fund balances .	35,098.	33	41,612
34	Total liabilities and net assets/fund balances	35,194.	34	41,812

Form	990 (2010) CHARITABLE FOUNDATION, INC.	06-	1029942	Pag	ge 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u> </u>	_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	60),3	18.
2	Total expenses (must equal Part IX, column (A), line 25)	2			04.
3	Revenue less expenses. Subtract line 2 from line 1	3			14.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35	<u>, 0</u>	98.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	_ 6	41	L,6	<u>12.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
			p	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b	Were the organization's financial statements audited by an independent accountant?		_2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		ļ.,,
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	int		
	Act and OMB Circular A-133?		3a	_	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	lit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		<u> </u>

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.

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CONNECTICUT CREDIT UNION CHARITABLE FOUNDATION, INC.

Employer identification number 06-1029942

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III · Functionally integrated _l Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes 11g(i) the governing body of the supported organization? 11g(ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (vii) Amount of (ii) EIN (i) Name of supported organization in col organization organization in col in col. (i) listed in your (i) organized in the support organization (described on lines 1-9 aovernina document? (i) of your support? above or IRC section (see instructions)) Yes Yes No

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

Schedule A (Form 990 or 990-EZ) 2010

Total

	art II Support Schedule for	Organization	s Described in	Sections 170	(h)(1)(Δ)(iv) a	nd 170(b)(1)(A)(vi)
L	(Complete only if you checke						
	fails to qualify under the tests				,	,	
Sec	ction A. Public Support	<u> </u>		<u> </u>			
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(4) 2000	12/2001	(0) 2000	(9, 2000	3,7	V7 / 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a	A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A STATE AND A					
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)	ļ					
	Public support. Subtract line 5 from line 4	<u> </u>	<u> </u>				
	ction B. Total Support		1		T	4) 0040	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
_	Amounts from line 4			-	 	-	
8	Gross income from interest,				1		
	dividends, payments received on						
	securities loans, rents, royalties						
_	and income from similar sources				 		
9	Net income from unrelated business				i		
	activities, whether or not the						
40	business is regularly carried on Other income. Do not include gain				 		
10	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities.	etc. (see instruct	lons)	±	.1,.,	12	
	First five years. If the Form 990 is fo	•	•	rd. fourth. or fifth t	ax vear as a sect		
	organization, check this box and stop	•	,			,	▶ □
Se	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2010 (ine 6, column (f) c	divided by line 11,	column (f))		14	%
15	Public support percentage from 2009	Schedule A, Part	t II, line 14			15	%
16a	33 1/3% support test - 2010.if the o	rganization did no	ot check the box or	n line 13, and line	14 is 33 1/3% or	more, check this	box and
	stop here. The organization qualifies	as a publicly supp	oorted organizatioi	า			▶□
t	33 1/3% support test - 2009.If the c	rganization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/39	% or more, check	this box
	and stop here. The organization qua	ifies as a publicly	supported organiz	ation			▶□
17a	10% -facts-and-circumstances tes	t - 2010.If the org	anization did not d	heck a box on line	e 13, 16a, or 16b,	and line 14 is 10	% or more,
	and if the organization meets the *fac					art IV how the org	ganization
	meets the "facts-and-circumstances"						▶
t	10% -facts-and-circumstances tes	_					
	more, and if the organization meets t	ne "facts-and-circi	umstances" test, c	heck this box and	stop here. Expla	ain in Part IV how	the

Schedule A (Form 990 or 990-EZ) 2010

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

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

Schedule A (Form 990 or 990-EZ) 2010 CHARITABLE FOUNDATION, INC.

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support (e) 2006 (e) 2007 (e) 2008 (e) 2009 (e) 2010 (f) Total standard year (in less year beginning in		qualify under the tests listed b	elow, please comp	lete Part II.)	-			
3 Gross necepts from admissions, and membership fees received. (Do not miclude any "unusual grants.") 2 Gross necepts from admissions from some state of the organization's tax-exempt purpose of the organization's tax-exempt purpose of the organization's tax-exempt purpose of the organization's tax-exempt purpose of the organization's tax-exempt purpose of the organization's benefit and either paid to or expanded on the shell? 5 The value of services facilities furnished to the organization's benefit and either paid to or expanded on the shell? 5 The value of services facilities furnished to a governmental unit to the organization without charge of the organization witho								
membeship fees received. (Do not include any in vitusual grants.) clinicula any vitusual grants.) correct process receipts from admissions more thanks and of services performed, or facilities furnished in any activity that it related to the organization's tax-exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513 d. Tax revenues level for the organization's travels believed to or expended on its behalf. The value of services or facilities furnished by a governmental unit to the organization's behalf or several from activities for displaying the persons of the part of the organization's behalf or the program of the part of the part of the par	Cale	ndar year (or fiscal year beginning in) 🏲 🏻	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) lotal
1,835. 1,999. 1,577. 1,473. 160. 7,044.	1							
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activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, 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 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 17	c	Add lines 10a and 10b	1,453.	1,417.	833.	72.	69.	3,844.
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Total support (Add lines 9, 10c, 11, and 12) 105, 340 l 133, 663 l 135, 263 l 102, 511 l 92, 404 l 569, 181 l 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 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) 16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2010. 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 b 33 1/3% support tests - 2009. 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 X	12	or loss from the sale of capital						
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16 Public support percentage from 2009 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2010. 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 19					olumn (f))		15	
Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2010. 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 b 33 1/3% support tests - 2009. 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	16	Public support percentage from 2009	Schedule A, Part	III, line 15			16	99.19 %
17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)) 18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2010. 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 17								
18 Investment income percentage from 2009 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2010. 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 b 33 1/3% support tests - 2009. 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					ne 13. column (f))		17	.68 %
19a 33 1/3% support tests - 2010. 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 b 33 1/3% support tests - 2009. 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						T		
more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2009. 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		•			on line 14, and line			17 is not
b 33 1/3% support tests - 2009. 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	. 30							
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	ŀ							•
· · · · · · · · · · · · · · · · · · ·	•							ightharpoons
20 111000 1001100111 1110 1130110011111111	20							▶□

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 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE CONNECTICUT CREDIT UNION

Employer identification number

CHARITA	BLE FOUNDATION, IN	<u>IC . </u>			106-1029	942
Fundraising Activities. required to complete this part	Complete if the organization answer.	ered "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 Indicate whether the organization rais a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the ten highest paid indirecompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) purs	tion of tion of fundra (includ	non-g gover Ising Jing o onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cu or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						
					_ .	
					· · · · · · · · · · · · · · · · · · ·	
otal			•		. 	
List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
		_				
		-				

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

Schedule G (Form 990 or 990-EZ) 2010

THE CONNECTICUT CREDIT UNION

Schedule G (Form 990'or 990-EZ) 2010 CHARITABLE FOUNDATION, INC. 06-1029942 Page 2

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List	events with gross receip	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GOLF	BOWLING		(add col. (a) through
		·	TOURNAMENT	TOURNAMENT	_11	col. (c))
Ф			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	44,208.	9,005.	591.	53,804.
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	44,208.	9,005.	591.	53,804.
	4	Cash prizes				
ses	5	Noncash prizes	1,761.	664.	· ·	2,425.
Direct Expenses	6	Rent/facility costs	16,746.	3,396.		20,142.
Direct	7	Food and beverages	580.			580.
	8	Entertainment				
	9	Other direct expenses	113.	·		113.
	10	Direct expense summary. Add lines 4 through			.	(23,260,
О.		Net income summary. Combine line 3, column Gaming. Complete if the organization a	n (d), and line 10	000 D-4 IV has 40 and		30,544.
70	irt l	\$15,000 on Form 990-EZ, line 6a.	answered tes to form	990, Part IV, line 19, or r	eported more than	
		\$10,000 OH 1 OHH 000 EZ, III/C 04.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
	1	Gross revenue			38,371.	38,371.
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes	:		6,770.	6,770.
Direct	4	Rent/facility costs				
	5	Other direct expenses			2,056.	2,056.
	6	Volunteer labor	Yes % No	Yes % No	Yes % X No	
	7	Direct expense summary. Add lines 2 through	ı 5 ın column (d)		•	(8,826)
	8	Net gaming income summary. Combine line 1	, column d, and line 7	<u>-</u>	•	29,545.
		ter the state(s) in which the organization operat the organization licensed to operate gaming ac				X Yes No
		No," explain:				<u> </u>
		ere any of the organization's gaming licenses re	•			Yes X No
~~~		1 10 11			Schadula G /Eor	m 990 or 990-F7\ 2010

# THE CONNECTICUT CREDIT UNION 06-1029942 Page 3 Schedule G (Form 990' or 990-EZ) 2010 CHARITABLE FOUNDATION, 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed Yes X No to administer charitable gaming? 13 Indicate the percentage of gaming activity operated in: 13a 100.00 % a The organization's facility **b** An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ► ROBERT POWERS Address ► 1064 EAST MAIN STREET, NO. 201 - MERIDEN, CT 06450 Yes X No 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party > \$ c If "Yes," enter name and address of the third party: Gaming manager information: Name ► ROBERT POWERS Gaming manager compensation ▶ \$ Description of services provided ▶ CONTROLS ALL ASPECTS OF RAFFLE SALES, ACCOUNTING, REPORTING AND PAY OUTS. X Director/officer Independent contractor 17 Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to X Yes No retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$ Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, Part IV lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2010

032083 01-13-11

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

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

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

		•
OMB No 1545-0047	2010	Open to Public Inspection

**2 Employer identification number** 06 - 1029942X Yes 1 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 ▶ Attach to Form 990. UNION INC. THE CONNECTICUT CREDIT CHARITABLE FOUNDATION, Part i General Information on Grants and Assistance criteria used to award the grants or assistance? Name of the organization

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures tor mon	toring the use of grant	funds in the United	states.			
	Governments an	d Organizations in the	United States. C	omplete if the orga	ınızatıon answered "Y	es to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Check thi	s box if no one recipien	it received more th	an \$5,000. Part II	can be duplicated if a	additional space is nee	<b>▲</b> pep
1 (a) Name and address of organization	( <b>p</b> ) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	Ξ
or government		if applicable	cash grant	non-cash assistance	FMV, appraisal, other)	non-cash assistance	or assistance
COMNECTICITY POOD BANK							
P.O. BOX 8686							
NEW HAVEN, CT 06531	06-1063025	501(C)(3)	30,400.	0.			FOOD FOR NEEDY
POODSHARE							
450 WOODLAND AVENUE						-	
BLOOMFIELD, CT 06002	22-2474771	501(C)(3)	15,800.	0.			FOOD FOR NEEDY
OPERATION FUEL							
ONE REGENCY DRIVE, STE 200	_		,	,			HEATING ASSISTANCE FOR
BLOOMFIELD, CT 06002	06-1253091	501(C)(3)	7,000.	0.			NEEDY
				-			
2 Enter total number of section 501(c)(3) and government organizations	and government o	rganizations					3.
3 Enter total number of other organizations	S						<b>^</b>
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruc	tions for Form 990.					Schedule I (Form 990) (2010)

THE CONNECTICUT CREDIT UNION

INC. CHARITABLE FOUNDATION,

Page 2

06-1029942

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2010)

Part ##

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. NO MONITORING OF THE CONTRIBUTIONS MADE TO RECOGNIZED LOCAL 501(C)(3) ORGANIZATIONS (d) Amount of non-cash assistance (c) Amount of cash grant PROVIDING SERVICES TO QUALIFIED RECIPIENTS. (b) Number of recipients CONTRIBUTIONS IS DEEMED NECESSARY SCHEDULE I, PART 1, LINE 2: (a) Type of grant or assistance

032102 01-13-11

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

THE CONNECTICUT CREDIT UNION CHARITABLE FOUNDATION, INC.

Employer identification number 06-1029942

CHARITABLE FOUNDATION, INC.	00-1023342
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
EDUCATIONAL PURPOSES.	
FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO OTHER	COMMITTEES WITH
AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11: THE RETURN IS REVIE	WED BY THE
OFFICERS OF THE ORGANIZATION PRIOR TO FILING. THE ENTIRE	BOARD OF TRUSTEES
WILL BE PROVIDED A FINAL COPY OF THE RETURN FOR THEIR REVI	EW BUT NOT BEFORE
THE RETURN IS FILED.	
FORM 990, PART VI, SECTION B, LINE 15: THIS ORGANIZATION D	OOES NOT HAVE ANY
PAID EMPLOYEES. THE CREDIT UNION LEAGUE OF CONNECTICUT, I	NC. PROVIDES
ADMINISTRATIVE SUPPORT AS NEEDED WITHOUT CHARGE.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DO	DES NOT MAKE ITS
GOVERNING DOCUMENTS OR ITS FINANCIAL STATEMENTS AVAILABLE	TO THE PUBLIC.
THE ORGANIZATION DOES NOT HAVE A CONFLICT OF INTEREST POLI	CY.
SCHEDULE G, PART III, LINE 16	
GAMING MANAGER RECEIVES COMPENSATION AS AN EMPLOYEE OF A R	RELATED
ORGANIZATION.	

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2010 Open to Public Inspection Employer identification number ŝ × OMB No 1545-0047 entity? Direct controlling Yes 06-1029942 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.) Direct controlling entity End-of-year assets status (if section Public charity 501(c)(3)) ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total Income Exempt Code ত section 501(C)(6) ত্র ▶ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) CONNECTICUT SERVICES TO MEMBER CREDIT ► Attach to Form 990. THE CONNECTICUT CREDIT UNION THE CREDIT UNION LEAGUE OF CONNECTICUT, INC. PROVIDE PROGRAMS AND Primary activity Primary activity INC. 9 For Paperwork Reduction Act Notice, see the Instructions for Form 990. CHARITABLE FOUNDATION, UNIONS - 06-0606505, 1064 EAST MAIN STREET, NO. Name, address, and EIN Name, address, and EIN of related organization of disregarded entity MERIDEN, CT 06492 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) Part II Part #

THE CONNECTICUT CREDIT UNION

Schedule R (Form 990) 2010 CHARITABLE FOUNDATION, INC.

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

Page 2

06-1029942

Percentage ownership Seneral or Percentage Code V-UBI General or Percentage amount in box managing ownership 20 of Schedule Person No. 1065) Yes No. 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.) 3 Share of end-of-year assets  $\equiv$ Share of total income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e 6 Direct controlling entity Share of total income ত্ত  $\boldsymbol{\varepsilon}$ Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) Û <u>e</u> Primary activity Direct controlling entity ত্ত (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> Part IV

Schedule R (Form 990) 2010

032162 12-21-10

# THE CONNECTICUT CREDIT UNION

INC CHARITABLE FOUNDATION, Schedule R (Form 990) 2010

Page 3

06 - 1029942

Schedule R (Form 990) 2010 ŝ × × X × × Yes 19 ξ 두 ٩ g 4 ဗ 9 <del>1</del> **=** 두 ¥ 1 4 = ÷ ÷ Method of determining amount involved 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. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.) (c) Amount involved (b) Transaction type (a-r) 25 Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Receipt of (i) interest (ii) annuttes (iii) royalties or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets from other organization(s) Lease of facilities, equipment, or other assets to other organization(s) Sharing of facilities, equipment, mailing lists, or other assets Other transfer of cash or property from other organization(s) Gift, grant, or capital contribution from other organization(s) q Other transfer of cash or property to other organization(s) Gift, grant, or capital contribution to other organization(s) Reimbursement paid by other organization for expenses Reimbursement paid to other organization for expenses d Loans or loan guarantees to or for other organization(s) (a) Name of other organization e Loans or loan guarantees by other organization(s) Purchase of assets from other organization(s) Sale of assets to other organization(s) Sharing of paid employees Exchange of assets 032163 12-21-10 PartV

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06-1029942

Page 4

THE CONNECTICUT CREDIT UNION

Schedule R (Form 990) 2010 CHARITABLE FOUNDATION, INC.

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

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

inat was not a related organization. Occurrent straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining of the straining	(4)	(3)	(C)	(e)	9	(5)	3
(0)			2				
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- year assets	Uspropor- tionate	Code V-UBI amount in box 20	General or managing
			Yes No	i	1 1	(Form 1065)	1 ' 1
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