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DLN: 93493266007091

Form **990** 

### **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)

2010

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury ► The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Г Γ

	r the 201 eck if appli	C Name of organization	-	1-2010		D Employer i	identification number			
	Iress chang	ge CONNECTION COUNCIL FO	DR PHILANTHROPY			23-7024	016			
┌ Nan	ne change	Doing Business As				E Telephone	number			
_	ial return minated	Number and street (or P O 221 Main Street	box if mail is not delivered to street address)		Room/suite	(860) 52!	25-5585			
_	ended retu	Hartford, CT 06106	ry, and ZIP + 4			<b>G</b> Gross receip	ots \$ 584,669			
j App	olication pe									
		<b>F</b> Name and address Nancy P Roberts	o principal officer		H(a) Isthisa	group return for affil	ıates?			
		221 Main Street Hartford, CT 06106			H(b) Are all	affiliates included	Yes No			
							t (see instructions)			
I Tax	x-exempt	status 501(c)(3) 501(c)	( ) ◀ (insert no )		H(c) Grou	exemption n	umber 🗜			
J W	ebsite: 🕨	www ctphilanthropy org								
		ization Corporation Trust A	ssociation Other -		L Year of for	mation 1969	<b>M</b> State of legal domicile CT			
Pa		Summary								
Governance	Fou	unded in 1969, the Connecticut	mission or most significant activities t Council for Philanthropy is the State's for the public good in Connecticut	associa	tion of grant	makers comm	nitted to promoting and			
rem										
50	<b>2</b> Ch	eck this box দ if the organiza	tion discontinued its operations or disp	osed of	more than 2!	5% of its net a	assets			
×δ	<b>3</b> Nu	mber of voting members of the	governing body (Part VI, line 1a)			3	24			
Activities		, , , , , , , , , , , , , , , , , , ,	mbers of the governing body (Part VI, li	•		4	23			
Ĭ.			yed ın calendar year 2010 (Part V, line	2a) .		5	(			
Ac		tal number of volunteers (estim	• •			6	50			
			from Part VIII, column (C), line 12 .	•		7a				
	Бие	t unrelated business taxable in	come from Form 990-T, line 34		Duise	7b	Comment Value			
	8 0	Contributions and grants (Part )	/III line 1h)		Prior	Year 161 607	Current Year			
횰		Program service revenue (Part \	/III, line 1h)			161,697 309,084	269,923 305,827			
Revent		•	column (A), lines 3, 4, and 7d)			10,531	8,919			
Щ÷			nn (A), lines 5, 6d, 8c, 9c, 10c, and 11e			319	0,515			
			ugh 11 (must equal Part VIII, column (A	•						
			<u> </u>			481,631	584,669			
		·	d (Part IX, column (A), lines 1-3).			0	0			
			(Part IX, column (A), line 4)			0	С			
8		salaries, otner compensation, e LO)	mployee benefits (Part IX, column (A), l	ines 5-		331,822	336,918			
Expenses	<b>16a</b> P	rofessional fundraising fees (P	art IX, column (A), line 11e)			0	0			
ੜੇ	<b>b</b> ⊤	otal fundraising expenses (Part IX, co	lumn (D), line 25) 🕒							
	<b>17</b> C	) ther expenses (Part IX, colum	nn (A), lines 11a-11d, 11f-24f)			134,117	114,844			
	<b>18</b> T	otal expenses Add lines 13-1	l7 (must equal Part IX, column (A), line	25)		465,939	451,762			
	<b>19</b> F	levenue less expenses Subtra	ct line 18 from line 12			15,692	132,907			
Net Assets or Fund Balances						of Current ear	End of Year			
ege Bage	<b>20</b> T	otal assets (Part X, line 16) .		ı		417,549	633,325			
et A Indi	21 T	otal liabilities (Part X, line 26)				178,191	261,060			
ZΞ	<b>22</b> N	let assets or fund balances Su	ibtract line 21 from line 20			239,358	372,265			
		Signature Block								
	ledge and		examined this return, including accompan mplete. Declaration of preparer (other than		is based on a					
Sign Here		Signature of officer			Da					
11616		Nancy Roberts President Type or print name and title								
		nt/Type	Preparer's signature	Date		Check if self-	PTIN			
Paid		eparer's name m's name			(	employed 🕨 🦵				
Prepa	arer						Firm's EIN			
Use C	I FIN	m's address 🕨					Phone no 🕨			
May t	:he IRS o		parer shown above? (see instructions)				┌Yes ┌No			

Par	t III	Statement of Program S Check if Schedule O contains a				F
1	Brief	fly describe the organization's mis	sion			
		cticut Council for Philanthropy is by for the public good in Connection		rantmakers committed	d to promoting and suppor	ting effective
-						
2		he organization undertake any sig irior Form 990 or 990-EZ?				es <b>▼</b> No
	If "Ye	es," describe these new services o	on Schedule O			
3	servi	he organization cease conducting ices?		es in how it conducts,		es 🔽 No
	If "Ye	es," describe these changes on So	hedule O			
4	Secti	ribe the exempt purpose achiever ion 501(c)(3) and 501(c)(4) orga ations to others, the total expens	nizations and section 4947	(a)(1) trusts are requi	red to report the amount o	
4a	(Cod	de ) (Expenses \$	382,629 including	grants of \$	0 ) (Revenue \$	305,827 )
	comr grant on gr public Comr broch direct more includ locati grant to en repre Conn	Inded in 1969, the Connecticut Council for munity foundations, corporate foundation it making community, the nonprofit community is making and charitable giving in the Sications include Capital Campaigns Reportmenty Foundation Survey, Giving in Confure, Guiding Principles and Effective Practory of over 2,100 Connecticut funders we than 71 programs for close to 1,160 atteded programs and workshops on topics of tions around the state to help grantmaker it makers with common interests to come ingage in dialogue. The Council actively mentioned in the state to the programs of the mineraticut. It serves as an advocate for philiphilanthropy for the public good in the state.	s and giving programs and federa unity, and the public, as well as it tate, provides analysis and conte: tris for Greater Hartford, Greater National intecticut, Ways to Share, A Holida ctices for Grantmakers, the Conneith nearly 170 subscribers state-wendees focused on providing grant interest to funders as well as "ho is make the most of their giving together to share knowledge and anages its website which is a content interior meetings, both local and anothropy by sharing with elected	ted funds that fund in Conics members. Knowledge and the Market and disseminates knowledwidth and Fairfield Conics with the Market and Fairfield Conics and Fairfield Conics and Fairfield Conics and Professional Education and professional states with learning and with sessions among grantmexperiences. Periodically, in pendium of local and national Leadership - The Conics and Market and Fairfield Pairfield Pairfiel	necticut The work of the Council cond information - The Council condedge broadly to the philanthrop bunty, Corporate Civic and Charving, Connecticut Network of Coand Connecticut Grantmakers Oonal development - During 2010 networking opportunities to help in building particular skills The phakers and others - The Council it also offers grantmakers and gonal resources, timely news and Council is a leader in enhancing	all benefits the larger in piles data and information y sector. Regular itable Giving Report, immunity Foundations nline, a web-based of the Council presented of them in their work. These programs are delivered in provides opportunities for rantseekers the opportunity updates. The Council also philanthropy in
4b	(Cod	de ) (Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
4c	(Cod	de ) (Expenses \$	ıncludıng	grants of \$	) (Revenue \$	)
	O+L	er program services (Describe in	Schodulo O \			
4u		penses \$ 0	including grants of \$	0 ) (R	Revenue \$	0 )
 4е		al program service expenses►\$	382,629	- / (		·

Part IV	Checklist	of Red	uired	Sched	ules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 😼	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
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		No
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		Νο
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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		No
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		Νo
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, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
c	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.	11c		Νο
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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		Νο
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Parts I and IV	14b		No
15	organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		N o
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		Νο
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

1 01111	990 (2010)			Page -
Par	t IV Checklist of Required Schedules (continued)			
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 $1^7$ If "Yes," complete Schedule I, Parts I and II	21		No
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		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		No
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-24d and complete Schedule K. If "No," go to line 25	24a		No
b	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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Νο
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		No
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		No
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		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		Νο
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
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		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		Νo
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		Νο
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		No
а	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 Yes Vo			
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		Νο
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		Νο
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	Yes	

Part V	Statements	Regarding	Other TRS	Filings a	and Tax	Compliance
	ota to illoilto	itegai ailig	Othio: 2110	95 4		Compilation

Check in Schedule O contains a response to my suestion in this Pert V  Let Check in Schedule O contains a response to my suestion in this Pert V  Let Check in Schedule O contains a response to my suestion in this Pert V  Let Check in Schedule O contains a response to my suestion in this Pert V  Let Check in Schedule O contains a response to my suestion in this Pert V  Let Check in Schedule O contains a response to my suestion in this Pert V  Let Check in Schedule O contains a response to my such a response to the schedule O contains a response to the schedule O contains a response to my such a response to my such a response to the schedule O contains a response to my such a response to my such a response to the schedule O contains a response to my such a response to the schedule O contains a response to my such as schedule O contains the schedule O contains the schedule O contains a response to my such as schedule O contains the sched	Form	990 (2010)			Page <b>5</b>
Etter the number resorted in 50x 3 of Form 1095. Enter-0- if not applicable 1.0	Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
be Enter the number reported in Box 3 of Form 1096. Enter -0 - if not applicable be there the number of Forms W-20 included in line 1a enter -0 - if not applicable c. Did the organization comply with backup withholding rates for reportable payments to vendors and reportable gaming (gambing) winnings to prize winner?  20 Enter the number of fermiovases reported on Form W-3, Transmitted Mage and Tark game of the control of the collection of t		Check if Schedule O contains a response to any question in this Part V		.୮	
Enter the number of Forms W-2G included in line 1a. Enter-0- if not applicable  c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gramma (gambling) without price without any control of the complete services of				Yes	No
Enter the number of Forms W-26 included in line 1a. Enter-0- if not applicable 1b 0 0  c Die the arganization comply with backup with back	1a				
E Dud the organization comply with backup withholding rules for reportable payments to wedoes and reportable againing (pambling) withings to prize without a present of the property of the pr	h				
Enter the number of employees reported on form W-3, Transmittal of Mage and Tax Statements filed for the calendar year ending with or within the year covered by this 2a	U				
The state that number of temployees reported on Form W-3. Transmitted of Wave and Tax Statements fide for the calinary year ending which on within the year covered by this return.  • If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions).  • Note, If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions).  • Note, If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions).  • Note, If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions).  • On the organization have unrelated business gress income of \$1,000 or more during the year?  • If Yes, The is if filed a form 990. That is year? If Yo, Trowde an explanation is segment or other authority over, a financial secount in a foreign country. ▶  • If Yes, The interded is the filed is greater than 250, you may be required to e-file (see instructions).  • If Yes, The interded is greater than 250, You may be required to e-file (see instructions).  • If Yes, The interded is greater than 250, You may be required to e-file (see instructions).  • If Yes, The interded is greater than 250, You may be required to e-file (see instructions).  • If Yes, The see it file the form 990. The file that year? If Yo, Trowde an explanation is segment than 250, You and the required interded in the year of the year?  • If Yes, The file is See of Set, did the organization file form 886-T?  • Organization is select any contributions that was not as year of sea provided to the space of the year of the year?  • Organization select any contributions that was not seen year of the year	c				
Statements field for the calendar year ending with or within the year covered by this  b if at least one is reported on line 2a, did the organization file all required federal employment tex returns?  2b	2-		10	Yes	
Note. If the sum of lines is and 2 a is greater than 250, you may be required federal employment tax returns?  Note. If the sum of lines is a and 2 a is greater than 250, you may be required to e-file (see instructions)  30 but the organization have unrelated business gross income of \$1,000 or more during the sum of lines is a and 2 a is greater than 250, you may be required to e-file (see instructions)  10 If Yes, has it filed a Form 980-T for they year? If You' provide an explanation in Schedule 0.  30 but it Yes, has it filed a Form 980-T for they year? If You' provide an explanation in Schedule 0.  31 but it Yes, has it filed a Form 980-T for they year? If You' provide an explanation in Schedule 0.  32 but it Yes, has it filed a Form 980-T for they year?  33 but it Yes, has it filed a Form 980-T for they year? If You' provide an explanation in Schedule 0.  34 at any time during the casindary year, did the organization for Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts for filing requirements for Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts.  35 but If Yes, and the production of the requirement of the Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts.  36 but any time during the tax shelter transaction at any time during the tax year?  37 but If Yes, and the granization in Form 10 F 90-22 1, Report of Foreign Bank and Financial Accounts.  38 but the organization has a annual gross receipts that are normally greater than 5100,000, and did the organization solicit any contributions that twice or is a party to a prohibited tax shelter transaction at any time during the tax year?  39 but If Yes, did the organization include with every solicitation an express statement that such contributions or girls were not tax deductible?  40 but the organization that any receive deduct ble contributions under section 170(c).  41 but the year provided to the payor?  42 but the organization receive a payment in excess of \$75 made partity as a contribution and party for year	Za				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a Did the organization have unrelated business gross incerne of \$1,000 or more during the year?  b If "Yes", has in filed a form 990. The the year If "No" provide an explanation in Schedule 0.  3b J.  A faint time during the calendary year, did the organization have an interest in or a sensitive or other authority over, a financial account?  b If "Yes," hater the name of the foruge country (such as a bank account, securities account, or other authority over, a financial account?  b If "Yes," enter the name of the foruge country P.  See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5b Was the organization a party to a prohibited tax shelter transaction?  c If "Yes" to line 5s or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5s or 5b, did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did any facility that the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization that may receive deductible contributions under section 170(c).  9 Did the organization that may receive deductible contributions under section 170(c).  10 If "Yes," indicate the number of Forms 8282 filed during the year.  2 Did the organization that may receive deductible contributions for the sales of the goods or services provided?  7 Did the organization that may receive deductible contributions for the sales of the goods or services provided?  10 If the organization received a contribution of contribution of contributions for the goods or servic					
13. Did the organization have unrelated business gross income of \$1,000 or more during the year?  14. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a ferring country.  15. If "Yes," enter the name of the foreign country.  16. If "Yes," enter the name of the foreign country.  16. See instructions for filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  16. If "Yes," enter the name of the foreign country.  16. See instructions for filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.  16. Was the organization a party to a prohibited tax sheller transaction at any time during the tax year?  16. Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt are normally greater than \$100,000, and did the organization shelt are normally are services that the contributions or gifts were not tax deductible.  16. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible.  17. Organizations that may receive deductible contributions under section 170(c).  18. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  18. If "Yes," did the organization notify the donor of the value of the goods or services provided?  19. If "Yes," indicate the number of Forms B282 filed during the year.  20. Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  21. If "Yes," indicate the number of Forms B282 filed during the year.  22. If "Yes," indicate the number of Forms B282 filed during the year.  23. If "Yes," indicate the number of Forms B282 filed during the year.  24. If the organization receive any funds, directly or indirectly, on a personal benefi	Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
year?  b If Yes, has it field a form 990-1 for this year? If Yeo, provide an explanation in Schedule O.  da At any time during the calendar year, add the organization have an interest in, or a signature or other authority over a financial account in a foreign country (such as a bank account, or other financial accounts and foreign country (such as a bank account, securities account, or other financial accounts and financial accounts and financial accounts over a financial account in a foreign country.  See instructions for filing requirements for form TD F90-22 1, Report of Foreign Bank and Financial Accounts  See the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
b If "Yes," has it filed a Form 998-T for this year? If "No," provide an explanation in Schedule 0  4a At any time during the celendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securines account, or other financial account in a foreign country (such as a bank account, securines account, or other financial accounts of the securines of the foreign country    See instructions for filing requirements for Form T.P. 90-22.1, Report of Foreign Bank and Financial Accounts  5a Was the organization is party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line 5a or 5b, did the organization file Form 8885-T?  5c Does the organization have annual gross receipts that are normally greater than \$100.000, and did the organization include with very solicitation in express statement that such contributions or giffs were not tax deductible?  6d Does the organization have made include with every solicitation an express statement that such contributions or giffs were not tax deductible?  6d Organization that may receive deductible contributions under section 170(c).  6d Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file form 2822?  6d If "Yes," indicate the number of Forms \$282 filed during the year.  7d If "Yes," indicate the number of Forms \$282 filed during the year.  7d If the organization received a contribution of qualified mitellectual property, did the organization file a form 1094-00 file organization and partly for goods and section 509(a)(3) supp	3a	Did the organization have unrelated business gross income of \$1,000 or more during the			
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over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts)  b. If "Yes," enter the name of the foreign country is see instructions for filling requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts  5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c. C. If "Yes," to line Sa or 5b, did the organization file Form 8885-T7  5c. C. Deas the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  5c. C. Deas the organization accounts with the state and the end of the contributions and the organizations shelt are provided to the payor?  6c. Did the organizations receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7d. Did the organization accounts of the donor of the value of the goods or services provided?  7d. If "Yes," did the organization for excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  7d. If "Yes," did the organization notify the donor of the value of the goods or services provided?  7d. If "Yes," did the organization notify the donor of the value of the goods or services provided?  7d. If "Yes," did the organization notify the donor of the value of the goods or services provided?  7d. If "Yes," did the organization notify the donor of the value of the goods or services provided?  7d. If "Yes," did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d. If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7d. If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			ЗЬ		
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year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule 0  b Enter the amount of reserves the organization is required to maintain by the states			12a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule 0  b Enter the amount of reserves the organization is required to maintain by the states	b	1126			
a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states	13	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1		
Note. See the instructions for additional information the organization must report on Schedule O  b Enter the amount of reserves the organization is required to maintain by the states					
	-		13a		
in which the organization is licensed to issue qualified health plans	Ь	1401			
		III which the organization is needed to issue qualified health plans	-		
c Enter the amount of reserves on hand	С				
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a	14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> <b>14b</b>	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
	year	_		
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
ь	7b		No	
8	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		No
Ь	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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	Yes	
	Other officers or key employees of the organization	15b	Yes	
	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		No
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		
Se	ection C. Disclosure			<u> </u>
17				
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

18 Section 6104 requires an organization to make its Form 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 🔽 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization Nancy Roberts

221 Main Street Hartford, CT 06106 (860) 525-5585

#### Part VII 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, and current key employees 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
- 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 no<u>r any related organization compensated any current officer, director, or trustee</u>

(A) Name and Title	(B) Average hours per	Posi t	( <b>(</b> tion ( hat a	che	II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	week (describe hours for related organizations in Schedule O)  week (describe hours for related organizations in Schedule O)		from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations				
(1) Lucy Ball Board Member	1 0	х					0	0	0
(2) Andrew Boone Board Member	1 0	х					0	0	0
(3) Penny Canny Board Member	1 0	х					0	0	0
(4) Glenn Cassis Board Member	1 0	х					0	0	0
(5) Barbara Fernandez Board Member	1 0	х					0	0	0
(6) Christopher Hall Board Member	1 0	х					0	0	0
(7) John M Horak Board Member	1 0	х					0	0	0
(8) Debra Hertz Board Member	1 0	х					0	0	0
(9) Lori Lindfors Board Member	1 0	х					0	0	0
(10) Patrıcıa McGowan Board Member	1 0	х					0	0	0
(11) Sue Murphy Board Member	1 0	х					0	0	0
(12) Holly Nuechterlein Board Member	1 0	х					0	0	0
(13) Anıta Ford Saunders Board Member	1 0	х					0	0	0
(14) Judith Meyers Board Member	1 0	х					0	0	0
(15) David Davison Board Member	1 0	х					0	0	0
(16) Robert Haggett Board Member	1 0	х					0	0	0

Part VIII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<b>(A)</b> Name and Title	(B) A verage hours per	(C) Position (check all that apply)						(D) (E)  Reportable Reportable compensation compensation from the		-	(F) Estima mount o compens	ated fother
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	01	from t rganizati relati organiza	the ion and ed
17) Emily Tow Jackson Board Member	1 0	х							0	0		0
18) Rick Mayer 3oard Member	1 0	х							0	0		0
19) Shelly Saczynski Board Member	1 0	х							0	0		0
(20) Dean Andrews Freasurer	1 5			Х					0	0		0
(21) Pat Baker Board Chair	2 0			Х					0	0		0
(22) Yvette melendez Secretary	1 5			Х					0	0		0
23) Kım A Healey //ce Chair	1 5			Х					0	0		0
(24) Nancy Roberts President	40			х				95,96	1	0		4,798
										+		
1b Sub-Total				•	٠.		<b>&gt;</b>					
c Total from continuation sheet:	to Part VII, Sec	tion A				<b> -</b> -						
d Total (add lines 1b and 1c) .						•	<b>•</b>	95,961	0			4,798
Total number of individuals (inc \$100,000 in reportable compe	-				ted	above	) who	received more th	an			
2 2 1				. 1.							Yes	No
3 Did the organization list any fo on line 1a? If "Yes," complete So					еу е •	inbioà	ee, o	rnignest compen	sated employee	3		No
4 For any individual listed on line organization and related organization	,							•		4		No
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule I for such person										5		No
Section B. Independent Cor	ntractors											
Complete this table for your five \$100,000 of compensation from			ndep	ende	ent c	ontra	tors	that received mo	re than			
(A)  Name and business address  (B)  Description of services									(C) Compensation			

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

\$100,000 in compensation from the organization **>**0

Form 9							Pa	age <b>9</b>
Part \	/111	Statement of Reven	ue		(A) Total revenue	or exempt function	(C) Unrelated business revenue	excluded from tax
						revenue		under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts		Federated campaigns Membership dues	1a . 1b	0				
ts, g amo	c	Fundraising events	1c	0				
gi ilar	d	Related organizations	. 1d	0				
ons, sim	е	Government grants (contributions)	1e	0				
keri Per	f	All other contributions, gifts, grants similar amounts not included above	, and <b>1f</b>	269,923				
trib  ot	q	Noncash contributions included in li		0				
Sud and	_	Total. Add lines 1a-1f			269,923			
	••	Totali Add IIIICS Id II I		Business Code	,			
Program Serwce Revenue	2a	Subscription income		900099	26,888	26,888	0	
Rev	b	Program income		900099	18,259	18,259		(
ce l	c							
ier vi	d							
٦ (L	е							
×gra	f	All other program service re	venue		260,680	0	0	260,680
ŁΣ	g	Total. Add lines 2a-2f			305,827			
	3	Investment income (includir	ng dividends, interest					
		and other similar amounts)			8,919	0		
	4 5	Income from investment of tax-ex  Royalties			0	0	0	
	5	Royalties	(ı) Real	(II) Personal		Ŭ		`
	6a	Gross Rents	(i) iceai	(II) I CISOIIdi				
	ь	Less rental						
	С	expenses Rental income	0	0				
	d	or (loss)   Net rental income or (loss)						
		Tractional meaning of (1885)	(ı) Securities	(II) O ther				
		Gross amount from sales of assets other than inventory Less cost or						
		other basis and sales expenses						
	С	Gain or (loss)	0	0				
	d	Net gain or (loss)	<u> </u>					
Other Revenue	8a	Gross income from fundraisi (not including \$ 0 of contributions reported on	line 1c)					
ē		See Part IV, line 18	а					
≢∣	ь	Less direct expenses .						
_		Net income or (loss) from fu	_					
	9a	Gross income from gaming a	ctivities See Part IV, line 19 .	а				
				ь				
		Net income or (loss) from ga Gross sales of inventory, les						
		returns and allowances .	а					
	h	Less cost of goods sold .	u h					
		Net income or (loss) from sa						
	•	Miscellaneous Revenue		Business Code				
	11a	<u> </u>						
	Ь							
	c	:						
	d	All other revenue	<del></del>					
	е	: <b>Total.</b> Add lines 11a-11d						
			•		0			
	12	Total revenue. See Instructi	ons		584.669	45.147	0	269.599

### Part IX Statement of Functional Expenses

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

Δ	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).										
Do no	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0								
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0								
4	Benefits paid to or for members	0	0								
5	Compensation of current officers, directors, trustees, and key employees	100,759	90,683	10,076							
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0							
7	Other salaries and wages	194,481	156,579	37,902	_						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,866	6,971	1,895							
9	Other employee benefits	8,255	6,974	1,281							
10	Payroll taxes	24,557	20,693	3,864							
а	Fees for services (non-employees) Management	0	0	0							
b	Legal	0	0	0							
c	Accounting	4,000	0	4,000							
d	Lobbying	0	0	0							
e	Professional fundraising services See Part IV, line 17										
f	Investment management fees	0	0	0							
g	Other	21,834	21,834	0							
12	Advertising and promotion	4,065	3,781	284							
13	Office expenses	12,315	9,616	2,699							
14	Information technology	13,882	12,647	1,235							
15	Royalties	0	0	0							
16	Occupancy	28,226	24,557	3,669							
17	Travel	4,865	4,865	0							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0							
19	Conferences, conventions, and meetings	0	0	0							
20	Interest	0	0	0							
21	Payments to affiliates	0	0	0							
22	Depreciation, depletion, and amortization	2,645	2,301	344							
23	Insurance	4,558	3,210	1,348							
24	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 O)										
а	Program Expenses	16,974	16,974	0							
b	Dues and Subscriptions	536	0	536							
c											
d											
e											
f	All other expenses	944	944	0							
25	Total functional expenses. Add lines 1 through 24f	451,762	382,629	69,133	0						
26	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										

Part X Balance Sheet (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing . . . . . . . . . . . . . 354,603 2 Savings and temporary cash investments . . . . . . . 2 421.826 3 3 52,736 4 96,926 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L . . . 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 Inventories for sale or use . . . . . . 8 Prepaid expenses and deferred charges . . . . 2,721 9 10,870 10a Land, buildings, and equipment cost or other basis Complete Part 51.875 10a VI of Schedule D 10b 49.532 ь Less accumulated depreciation . . . . 4.989 10c 2,343 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 2,500 101,360 15 15 16 417,549 16 633,325 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 10,375 17 24,742 17 Accounts payable and accrued expenses . 18 18 70.159 19 19 74.881 20 20 Liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 97.657 25 161,437 Other liabilities Complete Part X of Schedule D . . . . . 26 178,191 26 261,060 Total liabilities. Add lines 17 through 25 . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . 150,427 27 162,619 Temporarily restricted net assets . . . . . 88,931 209,646 28 28 Fund 0 29 0 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here 🕨 🥅 and complete lines 30 through 34. 5 30 30 Capital stock or trust principal, or current funds . . . . . Assets 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 239,358 33 372,265 33 Total net assets or fund balances . . . . 34 Total liabilities and net assets/fund balances . . . . . 417.549 633,325 34

Pal	Check if Schedule O contains a response to any question in this Part XI			.୮			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5	584,66		
2	Total expenses (must equal Part IX, column (A), line 25)	2			151,76		
3	3 Revenue less expenses Subtract line 2 from line 1						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4						
5	5 Other changes in net assets or fund balances (explain in Schedule O)						
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		3	372,26		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response to any question in this Part XII			୮			
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash Accrual Other  If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No		
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes			
c							
d	d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both  ▼ Separate basis						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	!	3a		Νο		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b	_			

**Employer identification number** 

#### :55 | AS FIIEU Data - |

SCHEDULE A (Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**Public Charity Status and Public Support** 

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

OMB No 1545-0047

2010

Open to Public Inspection

CONN	NECTICU	IT COUNCIL FOR PHILANTHROPY	. ,					
			23-7024016					
Pa	irt I 📗	Reason for Public Charity Status (All organizations must complete this pa	rt.) See ınstru	ictions				
The	organı	zation is not a private foundation because it is (For lines 1 through 11, check only one box	)					
1	Г	A church, convention of churches, or association of churches described in section 170(b)	(1)(A)(i).					
2	$\sqcap$	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )						
3	Γ	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A	A)(iii).					
4	Γ	A medical research organization operated in conjunction with a hospital described in <b>secti</b> hospital's name, city, and state	on 170(b)(1)(A	)(iii). Ente	r the			
5	Γ	An organization operated for the benefit of a college or university owned or operated by a g	jovernmental ur	nit describe	d in			
	_	section 170(b)(1)(A)(iv). (Complete Part II)						
6	<u> </u>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)</b>						
7	V	An organization that normally receives a substantial part of its support from a government described in section 170(b)(1)(A)(vi) (Complete Part II)	al unit or from t	he general	public	:		
8	Γ	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )						
9	Γ	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross						
		receipts from activities related to its exempt functions—subject to certain exceptions, and	d (2) no more th	an 331/3%	of			
		its support from gross investment income and unrelated business taxable income (less se	ction 511 tax)	from busine	esses			
		acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part	III)					
10	Г	An organization organized and operated exclusively to test for public safety. See <b>section 5</b>						
11	Γ	An organization organized and operated exclusively for the benefit of, to perform the functione or more publicly supported organizations described in section 509(a)(1) or section 500 the box that describes the type of supporting organization and complete lines 11e through a Type I b Type II c Type III - Functionally integrated	9(a)(2) See <b>se</b> 11h		a)(3).	Checl		
e	Γ	By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organization section 509(a)(2)	•					
f		If the organization received a written determination from the IRS that it is a Type I, Type I check this box	I or Type III s	upporting o	rganız	ation,		
g		Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons?						
		(i) a person who directly or indirectly controls, either alone or together with persons descr	ribed in (ii)		Yes	No		
		and (III) below, the governing body of the the supported organization?		11g(i)				
		(ii) a family member of a person described in (i) above?		11g(ii)				
		(iii) a 35% controlled entity of a person described in (i) or (ii) above?		<b>11</b> g(iii)				
h		Provide the following information about the supported organization(s)						

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	e ion in ted in rning	(v) Did you notify the organization in col (i) of your support?		(vi)  Is the organization in col (i) organized in the US?		(vii) A mount of support
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

## Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	under Fart III. II tile	e organizacion id	ans to quanty u	iluei tile tests i	isted below, pie	ase co	ilibiete r	art III.)
S	ection A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	<b>(e)</b> 2	010	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	385,054	515,408	505,727	421,163		530,603	2,357,955
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to	)						
4	the organization without charge <b>Total.</b> Add lines 1 through 3	385,054	515,408	505,727	421,163		530,603	2,357,955
5	The portion of total contributions be each person (other than a governmental unit or publicly	У						
	supported organization) included or line 1 that exceeds 2% of the amount shown on line 11, column (f)	n						195,186
6	Public Support. Subtract line 5 from line 4	1						2,162,769
S	ection B. Total Support							
Cale	endar year (or fiscal year beginning in) 📂	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	( <b>e</b> ) 20	010	<b>(f)</b> Total
7	A mounts from line 4	385,054	515,408	505,727	421,163		530,603	2,357,955
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	21,279	43,139	26,827	10,531		8,919	110,695
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	55,245	61,813	59,884	49,937		45,147	272,026
11	Total support (Add lines 7 through 10)							2,740,676
12	Gross receipts from related activiti	ies, etc (See instr	uctions )			12		0
13	<b>First Five Years</b> If the Form 990 is check this box and <b>stop here</b>	for the organization	n's first, second,	thırd, fourth, or fı	fth tax year as a	501(c)(		ation,
S	ection C. Computation of Pul							
14	Public Support Percentage for 201			11 column (f))		14		78 914 %
15	Public Support Percentage for 200	·	·			15		82 744 %
	<b>33 1/3% support test—2010.</b> If the and <b>stop here.</b> The organization qua	alıfıes as a publıcl	y supported orgai	nization				<b>►</b>  ✓
	<b>33 1/3% support test—2009.</b> If the box and <b>stop here.</b> The organization	n qualifies as a pu	blicly supported o	organization			·	heck this
17a	10%-facts-and-circumstances test- is 10% or more, and if the organiza in Part IV how the organization med	tion meets the "fa	cts and circumst	ances" test, chec	k this box and <b>st</b>	op here.	Explain	ed
b	organization  10%-facts-and-circumstances test  15 is 10% or more, and if the organ	nızatıon meets the	"facts and circui	mstances" test, c	heck this box and	d <b>stop h</b> e	ere.	<b>▶</b> ┌
18	Explain in Part IV how the organiza supported organization <b>Private Foundation</b> If the organizat							<b>▶</b> ┌
	instructions		,	, ,	,	-		<b>▶</b> □

Schedule A (Form 990 or 990-EZ) 2010 Page 3 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 qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 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 7a Amounts included on lines 1, 2, and 3 received from disqualified **b** A mounts 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 c Add lines 7a and 7b Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning **(e)** 2010 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (f) Total ın) 9 Amounts from line 6 Gross income from interest, 10a 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 c 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 12 gain or loss from the sale of capital assets (Explain in Part 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

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15								
16	Public support percentage from 2009 Schedule A, Part III, line 15	16								
S	Section D. Computation of Investment Income Percentage									
17	Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	17								
18	Investment income percentage from 2009 Schedule A , Part III, line 17	18								

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

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

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

Schedule A (For	orm 990 or 990-EZ) 2010	Pa
Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this	•
	additional information. (See instructions).	

Facts	Ana	Circumstances	ı esi

**Explanation** 

Schedule A, Part II, Line 10, Explanation for other income Program income, Miscellaneous income \$45,147

Schedule A (Form 990 or 990-EZ) 2010

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DLN: 93493266007091

#### OMB No 1545-0047

### **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.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization  Provide a description of the organization's direct and indirect political campaign activities in Part IV  Political expenditures  Volunteer hours  Part I-B Complete if the organization is exempt under section 501(c)(3).  Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  If Yes," describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).  Enter the amount directly expended by the filing organization for section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Senter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the fire organization made payments For each organization listed, enter the amount paid from the filing organizations to which the forganization made payments For each organization listed, enter the amount paid from the filing organizations or sectived that were promptly and directly delivered to a separate political organization, such separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address (c) EIN (d) Amount paid from filing organization's funds also entered and promy directly delivered to a separate political organization and promy directly delivered to a separate political organization, such and promy filing organization's funds also entered the separate political organization's funds also entered the separate political organization's funds also entered the separate polit		ction 501(c)(4), (5), or (6) organi me of the organization	Zations Complete Part III		Employer ide	ntıfıcatıon number
Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization  Provide a description of the organization's direct and indirect political campaign activities in Part IV  Political expenditures  Volunteer hours  Part I-B Complete if the organization is exempt under section 501(c)(3).  I Enter the amount of any excise tax incurred by the organization under section 4955  Enter the amount of any excise tax incurred by organization managers under section 4955  If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  Was a correction made?  Vers,' describe in Part IV  Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).  Enter the amount of the filing organization is exempt under section 527 exempt function activities  Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  Did the filing organization file Form 1120-POL for this year?  Fyes  Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  In the filing organization file Form 1120-POL for this year?  Yes  Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization received that were promptly and directly delivered to a separate political organization's funds. Also entry the separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization of organization and promising directly delivered to a separate political organization and promising organization is exempted for the filing organization's funds and promising organization is considered that were promptly and directly delivered to a separate political organization and promising organization is considered that			DPY			
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Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).  1 Enter the amount directly expended by the filing organization for section 527 exempt function activities  2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities  3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b  4 Did the filing organization file Form 1120-POL for this year?  5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the fi organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also ent amount of political contributions received that were promptly and directly delivered to a separate political organization, such separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.  (a) Name  (b) Address  (c) EIN  (d) Amount paid from filing organization's funds. If none, enter -0-directly delivered to a separate political contributions and promp directly delivered to a separate political contributions and promp directly delivered to a separate political contributions and promp directly delivered to a separate political contributions and promp directly delivered to a separate political contributions and promp directly delivered to a separate political contributions and promp directly delivered to a separate political contributions and promp directly delivered to a separate political contributions and promp directly delivered to a separate political contributions and promp directly delivered to a separate political contributions and promp directly delivered to a separate political contributions and promp directly delivered to a separate political contributions and promp directly delivered to a separate political contributions.	4a	Was a correction made?				┌ Yes ┌ No
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		(a) Name	( <b>b)</b> Address	(c) EIN	filing organization's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
						+

Sc	hedule C (Form 990 or 990-EZ) 2010						Page <b>2</b>
P	art II-A Complete if the organization under section 501(h)).	is ex	cempt under	section 501(c	)(3) and fi	led Form 5768	
A B	Check   If the filing organization belongs to a Check   If the filing organization checked bo			" provisions apply	/		
	Limits on Lobbying E (The term "expenditures" means a			)		<b>(a)</b> Filing Organization's Totals	<b>(b)</b> Affiliated Group Totals
<u>1</u> a	Total lobbying expenditures to influence public o	pinion	(grass roots lob	oyıng)			
b	Total lobbying expenditures to influence a legisl	atıve b	ody (direct lobby	ıng)			
c	Total lobbying expenditures (add lines 1a and 1	b)					
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lines 1	c and :	Ld)				
f	Lobbying nontaxable amount Enter the amount columns	from th	e following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The	lobbying nontaxa	ble amount is:			
	Not over \$500,000	20%	of the amount on lin	e 1e			
	Over \$500,000 but not over \$1,000,000	\$100	,000 plus 15% of the	excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175	,000 plus 10% of the	excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225	,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,00	00,000				
	Grassroots nontaxable amount (enter 25% of lir	ne 1 f)					
_	Subtract line 1g from line 1a If zero or less, ent	-					
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -					
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h d	or line 11, did the	organization file F	orm 4720 rep	orting	┌ Yes ┌ No
	4-Year Av (Some organizations that made a columns below. See t	secti	on 501(h) ele		havè to co		ne five
	Lobbying Exp	endit	ures During 4	l-Year Averag	jing Period		
	Calendar year (or fiscal year						

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	<b>(a)</b> 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	<b>(d)</b> 2010	<b>(e)</b> Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
С	Total lobbying expenditures									
d	Grassroots non-taxable amount									
e	Grassroots ceiling amount (150% of line 2d, column (e))									
f	Grassroots lobbying expenditures									

•			
Part II-B	Complete if the	organization is exempt under section 501(c)(3) and has NOT filed Form 576	58
	(election under	section 501(h)).	

		(a	2)	(b)	
		Yes	No	A mount	
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?		No		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		Νο		
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?		Νo		
e	Publications, or published or broadcast statements?		Νo		
f	Grants to other organizations for lobbying purposes?		Νo		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		500	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Νo		
i	Other activities? If "Yes," describe in Part IV		Νo		
j	Total lines 1c through 1i			500	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No		
ь	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		Ī		
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	
c	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	

#### Part IV Supplemental Information

5 Taxable amount of lobbying and political expenditures (see instructions)

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

Ident if ier	Return Reference	Explanation
SchC_P2B_S00_L01	,	Time spent meeting with federal and state legislative representatives regarding issues of concern to the philanthropic sector

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DLN: 93493266007091

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury Internal Rev

**Supplemental Financial Statements** 

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

Open to Public

anai i	Revenue Service P- Attach to Fo	orm 990. F See separate instructions.			Tilsher	uon
	ne of the organization NECTICUT COUNCIL FOR PHILANTHROPY		Emp	loyer identificat	ion numb	er
				7024016		
Par	t I Organizations Maintaining Donor Ac		unds	or Accounts.	Comple	te if the
	organization answered "Yes" to Form 99			'h) Eunda and at	h	
	Takal assash anak and after a	(a) Donor advised funds	•	( <b>b)</b> Funds and ot	neraccou	ints
	Total number at end of year					
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		nor advi	sed	┌ Yes	∏ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit				☐ Yes	┌ No
ar	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forn	n 990, Part IV	, lıne 7.	
	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat.  Preservation of open space  Complete lines 2a-2d if the organization held a qualication on the last day of the tax year.	on or pleasure)	certıfıe	d historic struct	•	а
	, ,			Held at the	End of the	Year
а	Total number of conservation easements		2a			
ь	Total acreage restricted by conservation easements		2b			
	Number of conservation easements on a certified his	toric structure included in (a)	2c			
	Number of conservation easements included in (c) a	, ,	2d			
<b>.</b>						
	Number of conservation easements modified, transfe the taxable year ▶	ried, released, extiliguistied, or terminate	eu by ti	ie organizacion c	iuiiiig	
	Number of states where property subject to conserva	ition easement is located ►				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of	violations, and	┌ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	ecting and enforcing conservation easen	nents d	uring the year ►		
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easement	s durin	g the year ► \$ _		
	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$ ?	(d) above satisfy the requirements of sec	tion		┌ Yes	┌ No
	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financia				
art	Organizations Maintaining Collection Complete if the organization answered '		or Ot	her Similar <i>A</i>	Assets.	
a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch ın fu			 e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	oublic exhibition, education, or research i				
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			<b>►</b> \$		
	If the organization received or held works of art, histo	orical tragellings or other similar access 6	or finan			
	following amounts required to be reported under SFA		or miali	ciai gani, provid	C IIIE	
а	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$		

**b** Assets included in Form 990, Part X

3	Using the organization's accession and othe										(cont	<u>inuea)</u>
	items (check all that apply)			_								
а	Public exhibition		d	<u> </u>			ange progr	ams				
b	Scholarly research		e	Г	O the	r						
c	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and expla	ain ho	w the	y furth	er the or	ganızatıon	's ex	empt purpose	ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									┌ Yes	: Г	- No
Pai	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to Form 9	90,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	edıary	forc	ontribi	utions or	other ass	ets n	ot	┌ Yes	: Г	- No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Γ		An	nount		
c	Beginning balance						-	1c				
d	Additions during the year						 	1d				
e	Distributions during the year						 	1e				
f	Ending balance						 	1f				
2a	Did the organization include an amount on Fo	orm 990 Bort V III	0 212	ı			L			┌ Yes		 _ No
			ie Zī,							, res	,	NO
	If "Yes," explain the arrangement in Part XIV rt V Endowment Funds. Complete		n and	wor	od "Vo	s" to Fo	orm 990	Dart	+ T\/ line 10			
Fa	Lindowinent i unus. Complete	(a)Current Year		)Prior			Years Back		hree Years Back	<b>(e)</b> Fou	ır Year	s Back
1a	Beginning of year balance	, ,										
b	Contributions											
С	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held	as			•						
а	Board designated or quasi-endowment											
b	Permanent endowment											
c 3a	Term endowment ►  Are there endowment funds not in the posse:	ssion of the organiz	ation	that	are hel	d and ad	ministere	d for t	·he			
<b>5</b> u	organization by	oston of the organiz		ciiac		a ana aa		. 101 (		Ye	es	No
	(i) unrelated organizations								3a	(i)		
	(ii) related organizations								3a(	ii)		
	If "Yes" to 3a(II), are the related organizatio							•	3	b		
4	Describe in Part XIV the intended uses of th					) O O D		10				
261	rt VI Investments—Land, Buildings	s, and Equipme	ent. S			•			I	.		
	Description of investment					or other estment)	( <b>b)</b> Cost or basis (ot		(c) Accumulate depreciation		l) Boo	k value
1a	Land					0		0				0
b	Buildings					0		0		0		0
c	Leasehold improvements		•			0		4,640	4,	640		0
d	Equipment					0	4	7,235	44,	892		2,343
е	Other	<u> </u>				0		0		0		0
Tota	<b>il.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colu	mn (B,	), line	10(c).	)			►			2,343
									Schedule [	) (Form	n 990	) 2010

Investments—Other Securities. See	Form 990, Part X, line 12	<u>.</u>	
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)	(5,233	Cost or end-of-year market v	/alue
(1)Financial derivatives			
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See		13	
		(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market	/alue
		, , , , , , , , , , , , , , , , , , , ,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descrip		<b>(b)</b> Book	value
(1) Security Deposit			2,500
(2) CD			98,860
(2) CD			90,000
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5.)		101,360
Part X Other Liabilities. See Form 990, Part X			
1 (a) Description of Liability	( <b>b</b> ) A mount		
	(b) Amount		
Federal Income Taxes	0		
Agency Funds Payable	161,437		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	161,437		

T		
Total expenses (Form 990, Part IX, column (A), line 25)	2	451,762
Excess or (deficit) for the year Subtract line 2 from line 1	3	132,907
Net unrealized gains (losses) on investments	4	
Donated services and use of facilities	5	
Investment expenses	6	
Prior period adjustments	7	
	8	
	9	
	10	132,907
	er Return	
Total revenue, gains, and other support per audited financial statements	1	584,669
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
Net unrealized gains on investments		
Donated services and use of facilities		
Recoveries of prior year grants		
Other (Describe in Part XIV) 2d 0		
Add lines <b>2a</b> through <b>2d</b>	2e	C
Subtract line <b>2e</b> from line <b>1</b>	3	584,669
A mounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
Other (Describe in Part XIV) 4b 0		
Add lines <b>4a</b> and <b>4b</b>	4c	C
Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	584,669
XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Retu	r <b>n</b>
Total expenses and losses per audited financial		451,762
	2e	ſ
•		451,762
		131,701
	40	C
		451,762
		131,702
	Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other (Describe in Part XIV)  Total adjustments (net) Add lines 4 - 8  Excess or (deficit) for the year per financial statements. Combine lines 3 and 9  XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Total revenue, gains, and other support per audited financial statements.  A mounts included on line 1 but not on Form 990, Part VIII, line 12  Net unrealized gains on investments.  A mounts included services and use of facilities.  Donated services and use of facilities.  Ca 0  Other (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Add lines 4a and 4b  Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  XIII Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial statements  A mounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities.  Prior year adjustments  Other (Describe in Part XIV)  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Add lines 2a through 2d  Subtract line 2e from line 1  Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b  Ada 0	Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Other (Describe in Part XIV)  Total adjustments (net) Add lines 4 - 8  Excess or (deficit) for the year per financial statements Combine lines 3 and 9  XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements With Revenue per Return Total revenue, gains, and other support per audited financial statements With Revenue per Return Total revenue, gains, and other support per audited financial statements With Revenue per Return Total revenue, gains, and other support per audited financial statements With Revenue per Return Total revenue, gains, and other support per audited financial statements With Revenue per Return Total revenue, gains, and other support per audited financial statements With Revenue per Return Total revenue, gains, and other support per audited financial statements With Revenue per Return Total revenue, gains, and other support per audited financial statements With Revenue Per Return Total Revenue and use of facilities

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
SchD_P10_S00_L02	Schedule D, Part X, Line 2	The Organization was organized as a nonprofit corporation as described under Section 501(c)(3) of the Internal Revenue Code and, as such, is not subject to Federal and state income taxes. The Organization adopted the new accounting for uncertainty in income taxes guidance on January 1, 2009. The adoption of that guidance did not result in the recognition of any unrecognized tax benefits and the Organization has no unrecognized tax benefits at December 31, 2010 and 2009. The Organization's U.S. Federal information returns prior to calendar year 2007 are closed and management continually evaluates expiring statutes of limitations, audits, proposed settlements, changes in tax law and new authoritative rulings. If the Organization had unrelated business income taxes, it would recognize interest and penalties associated with any tax matters as part of the income tax provision and include accrued interest and penalties with the related tax liability in the statements of financial position.

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OMB No 1545-0047 2010

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#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization CONNECTICUT COUNCIL FOR PHILANTHROPY **Employer identification number** 

23-7024016

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11a	Form 990, Part VI, Section B, Line 11a	The Council's Form 990 is prepared by the Council's Director of Finance and Administration and is review ed by the Council's president. The audit committee of the Council's board of directors then review's and approves the Form 990, acting on behalf of the Board of Directors, before it is filed. Once approved by the audit committee, the completed Form 990 is sent to all board members for review.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	A copy of the Council's Conflict of Interest Policy is given to the Board of Directors and all staff members annually, and is also available on the Council's website. A Conflict of Interest Disclosure Statement is obtained annually from all members of the Board of Directors and all staff members. When any conflict of interest is relevant to a matter requiring action by the Board of Directors, the interested person shall call it to the attention of the Board of Directors and the director concerned shall not vote on the matter. Moreover, the person having a conflict shall retire from the room in which the Board is meeting and may not participate in the final deliberation or decision regarding the matter under consideration. However, that person may provide the Board or committee with any and all relevant information before retiring. The minutes of the meeting of the Board or any committee shall reflect that the conflict of interest was disclosed and that the interested person was not present during the final discussion or vote and did not vote. When there is a doubt as to whether a conflict of interest exists, the matter shall be resolved by a vote of the Board of Directors, excluding the person whose situation will be discussed.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The Executive Committee of the Board of Directors establishes compensation for the Council president annually under the Council's Compensation Determination Policy which includes the following elements 1) Review and approval. The compensation of the person is reviewed and approved by the Board of Directors or compensation committee of the Organization, provided that persons with conflicts of interest with respect to the compensation arrangement at issue are not involved in this review and approval. 2) Use of data as to comparable compensation. The compensation for the person is reviewed and approved using comparable compensation data for a similarly qualified person in functionally comparable positions at similarly situated organizations. 3) Contemporaneous documentation and recordkeeping. There is contemporaneous documentation and recordkeeping with respect to the deliberations and decisions regarding the compensation arrangement.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19		The Council's governing documents and all policies, including the Conflict of Interest Policy, and year-end audited or reviewed financial statements are posted on the Council's website

ldentifier	Return Reference	Explanation
F990_P10_S00_L02	Form 990, Part X, Line 2	The Organization was organized as a nonprofit corporation as described under Section 501(c)(3) of the Internal Revenue Code and, as such, is not subject to Federal and state corporate income taxes. The Organization adopted the new accounting for uncertainty in income taxes guidance on January 1, 2009. The adoption of that guidance did not result in the recognition of any unrecognized tax benefits and the Organization has no unrecognized tax benefits at December 31, 2010. The Organization's US Federal information returns prior to calendar year 2007 are closed and management continually evaluates expiring statutes of limitations, audits, proposed settlements, changes in tax law and new authoritative rulings. If the Organization had unrelated business income taxes, it would recognize interest and penalties associated with any tax matters as part of the income tax provision and include accrued interest and penalties with the related tax liability in the statements of financial position.