510333030
Connections CSP, Inc.

2007 Client

WHISMAN, GIORDANO & ASSOCIATES, LLC
5201 W. WOODMILL DRIVE, SUITE 31
WILMINGTON, DE 19808-4068

Connections CSP, Inc.
Catherine Devaney McKay
500 West 10th Street
Wilmington, DE 19801

510333030

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2007, or fiscal year beginning 7/01, 2007, and ending 6/30, 20 08

▶ **Do not send to the IRS. Keep for your records.**

▶ **See instructions.**

OMB No. 1545-1878

2007

Return ID (20-digit number) ▶

Name of exempt organization: CONNECTIONS CSP, INC.

Employer identification number: 51-0333030

Name and title of officer: CATHERINE DEVANEY MCKAY
PRESIDENT & CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶	X	**b Total revenue,** if any (Form 990, line 12)	1b	18,286,681
2a Form 990-EZ check here ▶	☐	**b Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶	☐	**b Total tax** (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶	☐	**b Tax Based on Investment Income** (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶	☐	**b Balance Due** (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X I authorize WHISMAN, GIORDANO & ASSOCIATES, LL to enter my PIN 33030 as my signature
ERO firm name **do not enter all zeros**
on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ______________________ Date ▶ 1/07/09

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 51053651424
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶ ______________________ Date ▶ ______________

ERO Must Retain This Form—See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

510333030

Form 990 — Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning 7/01/07, and ending 6/30/08

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: CONNECTIONS CSP, INC.

Number and street (or P.O. box if mail is not delivered to street address): 500 WEST 10TH STREET — Room/suite:

City or town, state or country, and ZIP + 4: WILMINGTON DE 19801

D Employer identification number: 51-0333030

E Telephone number: 302-984-3380

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

I Group Exemption Number ▶

G Website: ▶ CONNECTIONSCSP.ORG

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

M Check ▶ ☐ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 18,396,838

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	923,920		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	**Total** (add lines 1a through 1d) (cash $ 905,144 noncash $ 18,776)			1e	923,920
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	17,321,281
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	
	5	Dividends and interest from securities			5	
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶)			7	
	8a	Gross amount from sales of assets other than inventory — (A) Securities: ; (B) Other:	8a			
	b	Less: cost or other basis and sales expenses — (A): ; (B): 110,157	8b	110,157		
	c	Gain or (loss) (attach schedule) — (A): ; (B): -110,157	8c	-110,157		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B) SEE STMT 1			8d	-110,157
	9	Special events and activities (attach schedule). If any amount is from **gaming,** check here ▶ ☐				
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a			
	b	Less: direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	151,637
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	18,286,681
Expenses	13	Program services (from line 44, column (B))			13	16,229,104
	14	Management and general (from line 44, column (C))			14	1,511,536
	15	Fundraising (from line 44, column (D))			15	180,312
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	17,920,952
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	365,729
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	5,360,733
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20			21	5,726,462

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ ______ non-cash $ ______) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ ______ non-cash $ ______) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A SEE STATEMENT 2	25a	265,195		265,195	
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	8,934,645	8,828,303		106,342
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a – 27	28	1,153,552	1,142,966		10,586
29 Payroll taxes	29	628,639	621,088		7,551
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36	1,688,724	1,677,928		10,796
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41	386,467	386,467		
42 Depreciation, depletion, etc. (attach schedule)	42	322,068	322,068		
43 Other expenses not covered above (itemize): a SEE STATEMENT 3	43a	4,541,662	3,250,284	1,246,341	45,037
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	17,920,952	16,229,104	1,511,536	180,312

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ ☐ **Yes** ☒ **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $ ______ ; **(ii)** the amount allocated to Program services $ ______ ;

(iii) the amount allocated to Management and general $ ______ ; and **(iv)** the amount allocated to Fundraising $ ______

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 4 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a PRIMARY MEDICAL AND PSYCHIATRIC TREATMENT, COUNSELING FOR MENTAL HEALTH AND SUBSTANCE USE CONDITIONS, ASSISTANCE TO GET AND KEEP EMPLOYMENT, OUTREACH AND CASE MANAGEMENT FOR HOMELESS PERSONS AND PERSONS WITH MENTAL HEALTH AND SUBSTANCE USE CONDITIONS AND/OR HIV/AIDS (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	7,407,087
b HOUSING FOR INDIVIDUALS AND FAMILIES WITH EXTREMELY LOW INCOMES, INCLUDING THOSE WHO ARE HOMELESS AND/OR ARE LIVING WITH/RECOVERING FROM MENTAL HEALTH AND SUBSTANCE USE CONDITIIONS AND/OR HIV/AIDS. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	8,822,017
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ▶	16,229,104

Part IV Balance Sheets (See the instructions.)

	Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
Assets						
45	Cash—non-interest-bearing			592,160	45	1,062,465
46	Savings and temporary cash investments			1,245,553	46	400,007
47a	Accounts receivable	47a	1,671,957			
b	Less: allowance for doubtful accounts	47b		1,382,314	47c	1,671,957
48a	Pledges receivable	48a				
b	Less: allowance for doubtful accounts	48b			48c	
49	Grants receivable				49	
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)				50b	
51a	Other notes and loans receivable (attach schedule)	51a				
b	Less: allowance for doubtful accounts	51b			51c	
52	Inventories for sale or use				52	
53	Prepaid expenses and deferred charges			167,109	53	158,208
54a	Investments—publicly-traded securities ▶ ☐ Cost ☐ FMV				54a	
b	Investments—other securities (attach schedule) ▶ ☐ Cost ☐ FMV				54b	
55a	Investments—land, buildings, and equipment: basis	55a				
b	Less: accumulated depreciation (attach schedule)	55b			55c	
56	Investments—other (attach schedule)				56	
57a	Land, buildings, and equipment: basis	57a	13,234,436			
b	Less: accumulated depreciation (attach schedule) SEE STATEMENT 5	57b	1,823,682	10,428,305	57c	11,410,754
58	Other assets, including program-related investments (describe ▶ SEE STATEMENT 6)			2,200,166	58	1,991,564
59	**Total assets** (must equal line 74). Add lines 45 through 58			16,015,607	59	16,694,955
Liabilities						
60	Accounts payable and accrued expenses			652,064	60	868,266
61	Grants payable				61	
62	Deferred revenue SEE STATEMENT 7			10,560	62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a	Tax-exempt bond liabilities (attach schedule)				64a	
b	Mortgages and other notes payable (attach schedule) SEE WORKSHEET			8,498,730	64b	8,401,723
65	Other liabilities (describe ▶ SEE STATEMENT 8)			1,493,520	65	1,698,504
66	**Total liabilities.** Add lines 60 through 65			10,654,874	66	10,968,493
Net Assets or Fund Balances						
	Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
67	Unrestricted			5,360,733	67	5,711,462
68	Temporarily restricted				68	15,000
69	Permanently restricted				69	
	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
70	Capital stock, trust principal, or current funds				70	
71	Paid-in or capital surplus, or land, building, and equipment fund				71	
72	Retained earnings, endowment, accumulated income, or other funds				72	
73	**Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			5,360,733	73	5,726,462
74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			16,015,607	74	16,694,955

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements			a	18,286,681
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1			
2	Donated services and use of facilities	b2			
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	
c	Subtract line **b** from line **a**			c	18,286,681
d	Amounts included on Part I, line 12, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	18,286,681

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			a	17,920,952
b	Amounts included on line **a** but not Part I, line 17:				
1	Donated services and use of facilities	b1			
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify):	b4			
	Add lines **b1** through **b4**			b	
c	Subtract line **b** from line **a**			c	17,920,952
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	17,920,952

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation (If not paid, enter -0-.)	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
SEE STATEMENT 9				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 12			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c		X
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See the instructions.)

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ SEE STATEMENT 10 and check whether it is [X] exempt **or** [X] nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information (continued)

			Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86	501(c)(7) orgs. Enter: **a** Initiation fees and capital contributions included on line 12 86a			
b	Gross receipts, included on line 12, for public use of club facilities 86b			
87	501(c)(12) orgs. Enter: **a** Gross income from members or shareholders 87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b			
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶	88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X

90a List the states with which a copy of this return is filed ▶ NONE

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 306

91a The books are in care of ▶ CATHERINE DEVANEY MCKAY Telephone no. ▶ 302-984-3380

Located at ▶ 500 WEST 10TH STREET WILMINGTON, DE ZIP + 4 ▶ 19801

			Yes	No
b	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 foreign country (such as a bank account, securities account, or other financial account)?	91b		X
	If " Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

			Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c		X

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of **Form 1041**—Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a NET PATIENT REVENUES			41	16,067,163	
b RESIDENCE FEES			41	1,254,118	
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-110,157
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					151,637
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		17,321,281	41,480

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 17,362,761

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	FEES FOR SERVICE INCOME
93B	FEES FOR RESIDENTIAL & ADMINISTRATIVE SERVICES

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to **(b)**, file Form 8870 **and** Form 4720 (see instructions).

Part XI **Information Regarding Transfers To and From Controlled Entities.** Complete only if the organization is a controlling organization as defined in section 512(b)(13).

	Yes	No
106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

	Yes	No
107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer — Date

CATHERINE DEVANEY MCKAY PRESIDENT & CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date 1/15/09	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Instr. X) P00578904
Firm's name (or yours if self-employed), address, and ZIP + 4	WHISMAN, GIORDANO & ASSOCIATES, LLC 5201 W. WOODMILL DRIVE, SUITE 31 WILMINGTON, DE 19808-4068	EIN ▶ 20-3934956	Phone no. ▶ 302-992-0129

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2007

Name of the organization: CONNECTIONS CSP, INC.

Employer identification number 51-0333030

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
STEPHANIE PAGE, WILMINGTON 500 WEST 10TH STREET, DE 19801	DOCTOR 40	235,500	542	0
SCOTT D. HOUSER, WILMINGTON 500 WEST 10TH STREET, DE 19801	DOCTOR 40	224,562	5,227	0
GERALD T. MEHALICK, WILMINGTON 500 WEST 10TH STREET, DE 19801	DOCTOR 40	222,000	556	0
NEIL MEISLER, WILMINGTON 500 WEST 10TH STREET, DE 19801	VICE PRES 40	163,004	1,701	13,004
JOHN GIULIANO, WILMINGTON 500 WEST 10TH STREET, DE 19801	DOCTOR 40	135,000	819	0
Total number of other employees paid over $50,000 ▶	7			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
UNITED HEALTHCARE, ELKRIDGE 6095 MARSHALEE DRIVE, MD 21075	MEDICAL CARE	875,639
FULCRUM PHARMACY, WILMINGTON 101 SOUTH CLEVELAND AVE., DE 19805	PHARMACEUTICALS	515,138
AMERICAN INTERNATIONAL GROUP, WILMINGTON ONE ALICA PLAZA, DE 19801	INSURANCE	451,379
COMMERCIAL CLEANING SERVICES, WILMINGTON 814 PHILADELPHIA PIKE, DE 19809	CLEANING	296,743
FIA CREDIT CARD SERVICES, WILMINGTON P.O. BOX 15019, DE 19850-5019	FOOD PURCHASES	261,221
Total number of other contractors receiving over $50,000 for other services ▶ 28		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. **Schedule A (Form 990 or 990-EZ) 2007**

Part III Statements About Activities (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ 0 (Must equal amounts on line 38, Part VI-A, or line **i** of Part VI-B.)	1	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		

d Enter the total number of donor advised funds owned at the end of the tax year ▶

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ 0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ 0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶** ....

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support
Total .... ▶					

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	403,725	337,773	482,292	1,326,188	2,549,978
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	15,873,936	14,234,151			30,108,087
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975				53,085	53,085
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets STMT 11	381,323	232,888	201,488		815,699
23 Total of lines 15 through 22	16,658,984	14,804,812	683,780	1,379,273	33,526,849
24 Line 23 minus line 17	785,048	570,661	683,780	1,379,273	3,418,762
25 Enter 1% of line 23	166,590	148,048	6,838	13,793	

26 **Organizations described on lines 10 or 11: a** Enter 2% of amount in column (e), line 24 ▶ 26a 68,375

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ 26c 3,418,762

d Add: Amounts from column (e) for lines: 18 53,085 19 ______
22 815,699 26b ______ ▶ 26d 868,784

e Public support (line 26c minus line 26d total) ▶ 26e 2,549,978

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 74.5878 %

27 **Organizations described on line 12: a** For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year: N/A

(2006) ______ (2005) ______ (2004) ______ (2003) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year: N/A

(2006) ______ (2005) ______ (2004) ______ (2003) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______
17 ______ 20 ______ 21 ______ ▶ 27c

d Add: Line 27a total ______ and line 27b total ______ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check ▶ **a** ☐ if the organization belongs to an affiliated group. Check ▶ **b** ☐ if you checked **"a"** and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		**(a)** Affiliated group totals	**(b)** To be completed for **all** electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	**36**		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	**37**		
38 Total lobbying expenditures (add lines 36 and 37)	**38**		
39 Other exempt purpose expenditures	**39**		
40 Total exempt purpose expenditures (add lines 38 and 39)	**40**		
41 Lobbying nontaxable amount. Enter the amount from the following table-			
If the amount on line 40 is- / **The lobbying nontaxable amount is-**			
Not over $500,000 / 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 / $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 / $175,000 plus 10% of the excess over $1,000,000 ▶	**41**		
Over $1,500,000 but not over $17,000,000 / $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 / $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	**42**		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	**43**		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	**44**		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2007	**(b)** 2006	**(c)** 2005	**(d)** 2004	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h.**)	X		
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines **c** through **h.**)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. SEE STATEMENT 12

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization: CONNECTIONS CSP, INC.

Employer identification number: 51-0333030

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule. (Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule—see instructions.)

General Rule—

[ ] For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules—

[X] For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of $5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year.) . . . . . ▶ $ ____________

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: CONNECTIONS CSP, INC.

Employer identification number: 51-0333030

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JP MORGAN CHASE FOUNDATION 270 PARK AVENUE, 33RD FLOOR NEW YORK NY 10017	$ 35,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	BANK OF AMERICA 1100 N. KING STREET WILMINGTON DE 19884	$ 50,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	WHISMAN, GIORDANO, & ASSOCIATES, LLC 5201 W. WOODMILL DRIVE, SUITE 31 WILMINGTON DE 19808	$ 18,776	Person [ ] Payroll [ ] Noncash [X] (Complete Part II if there is a noncash contribution.)
4	LONGWOOD FOUNDATION 100 WEST 10TH STREET, SUITE 1109 WILMINGTON DE 19801-1694	$ 500,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	WELFARE FOUNDATION 100 WEST 10TH STREET, SUITE 1109 WILMINGTON DE 19801-1694	$ 200,000	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: CONNECTIONS CSP, INC.

Employer identification number: 51-0333030

Part II **Noncash Property** (See Specific Instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
3	DISCOUNT OF AUDIT FEE	$ 18,776	
		$	
		$	
		$	
		$	
		$	

Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/ -Loss
1992 DODGE CAP	PURCHASE		7/10/92	7/01/07	$	$ 14,434	$ 14,434	$
1992 DODGE CAP	PURCHASE		8/18/92	7/01/07		14,889	14,889	
1992 MAZDA MP	PURCHASE		10/01/92	7/01/07		14,324	14,324	
1992 MAZDA MP	PURCHASE		10/01/92	7/01/07		12,314	12,314	
1993 PLYMOUTH	PURCHASE		8/01/93	7/01/07		15,168	15,168	
1994 PLYMOUTH	PURCHASE		8/01/93	7/01/07		17,642	17,642	
DODGE RAM TR	PURCHASE		9/01/98	7/01/07		24,753	24,753	
2004 FORD E456 VAN	PURCHASE		5/23/06	6/30/08		62,730	16,728	-46,002
LEASES WRITTEN OFF	PURCHASE		7/01/06			64,155		-64,155
TOTAL					$ 0	$ 240,409	$ 130,252	$ -110,157

Federal Statements

Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers

Name	Program Services	Management & General	Fundraising
EXPENSES	$	$	$
COMPENSATION		265,195	
TOTAL	$ 0	$ 265,195	$ 0

Federal Statements

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
EXPENSES	$	$	$	$
STAFF TRAINING	38,747	38,416		331
STAFF TRAINING	73,477	73,477		
TRANSPORTATION	656,101	655,442		659
CLIENT COSTS	1,536,019	1,536,019		
OPERATING	825,408	781,361		44,047
INDIRECT	1,246,341		1,246,341	
BAD DEBT	165,569	165,569		
TOTAL	$ 4,541,662	$ 3,250,284	$ 1,246,341	$ 45,037

Federal Statements

Statement 4 - Form 990, Part III - Organization's Primary Exempt Purpose

Description
CONNECTIONS PROVIDES A RANGE OF TREATMENT, SUPPORT, HOUSING AND EMPLOYMENT SERVICES FOR PERSONS LIVING WITH OR RECOVERING FROM MENTAL HEALTH AND SUBSTANCE USE CONDITIONS, HOMELESSNESS AND HIV/AIDS AND HOUSING FOR INDIVIDUALS AND FAMILIES WITH EXTREMELY LOW INCOMES.

Federal Statements

Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
	$ 9,903,993	$ 1,640,825	$10,972,449	$ 1,823,682
	2,165,137		2,261,987	
TOTAL	$12,069,130	$ 1,640,825	$13,234,436	$ 1,823,682

Statement 6 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
CONSTRUCTION IN PROGRESS	$ 450,594	$ 270,196
DEBT ISSUE COSTS	308,527	295,717
RELATED PARTY RECEIVABLES	749,081	743,916
CLIENT DEPOSITS	557,538	474,955
DEPOSITS	83,287	100,279
OTHER ASSETS	51,139	59,336
RESERVE		47,165
TOTAL	$ 2,200,166	$ 1,991,564

Statement 7 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
	$ 10,560	$ 0
TOTAL	$ 10,560	$ 0

Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
CLIENT DEPOSITS	$ 548,719	$ 475,100
ACCRUED PAYROLL AND RELATED COSTS	281,592	355,859
LINE OF CREDIT	638,226	830,000
SECURITY DEPOSITS	24,983	37,545
TOTAL	$ 1,493,520	$ 1,698,504

Federal Statements

Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
CATHERINE DEVANEY MCKAY 500 WEST 10TH STREET WILMINGTON DE 19801	PRESIDENT	40	163,746	1,741	0
PAUL A. PENNA 500 WEST 10TH STREET WILMINGTON DE 19801	CFO	40	101,449	706	0
LAWRENCE DREXLER, ESQ. 100 SOUTH WEST ST. WILMINGTON DE 19801	CHAIRMAN	3	0	0	0
REV. RANDALL T. CLAYTON, LCSW 500 EST 8TH STREET WILMINGTON DE 19801	VICE CHAIR	3	0	0	0
MARNIE KELLY 8 QUAIL RUN WILMINGTON DE 19807	SECRETARY	3	0	0	0
WILLIAM KRAUSS 1201 N. MARKET STREET, STE. 1501 WILMINGTON DE 19802	DIRECTOR	3	0	0	0
JAMES LOGULLO 669 S. UNION STREET WILMINGTON DE 19805	DIRECTOR	3	0	0	0
JANE MILLER LITTLE FALLS CENTER WILMINGTON DE 19804	DIRECTOR	3	0	0	0
MARCELLA WILLIAMS 1209 FLANDERS WAY NEWARK DE 19702	DIRECTOR	3	0	0	0

Statement 9 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
BART DUNN 824 N. WEST ST., APT 6 WILMINGTON DE 19801	DIRECTOR	3	0	0	0
JOHN COX III 101 WEST 9TH STREET WILMINGTON DE 19801	DIRECTOR	3	0	0	0
MARIA M. MATOS 3201 LANCASTER AVE. WILMINGTON DE 19801	DIRECTOR	3	0	0	0
BLAIR DICKINSON, J.D. 202 W. 34TH STREET WILMINGTON DE 19802	DIRECTOR	3	0	0	0
BETH DOTY 619 W. 27TH STREET WILMINGTON DE 19802	DIRECTOR	3	0	0	0

Federal Statements

Statement 10 - Form 990, Part VI, Line 80b - Name of Related Organization(s)

Name of related organization(s)	Type
SHELTER ASSOCIATES, L.P.	NON-EXEMPT
AFFORDABLE HOUSING OPPURTUNITIES INC	EXEMPT

Federal Statements

Statement 11 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2006	2005	2004	2003
OTHER INCOME	$ 381,323	$ 232,888	$ 201,488	$
TOTAL	$ 381,323	$ 232,888	$ 201,488	$ 0

Federal Statements

Statement 12 - Schedule A, Part VI-B - Description of Lobbying Activities

Description
CONNECTIONS CSP, INC.SPENT $13,863 ON DIRECT LOBBYING IN THE CURRENT ENDING 6/30/09. THE ORGANIZATION USES A CONTRACTED EMPLOYEE TO INFLUENCE LEGISLATIVE BODIES ON ISSUES RELATED TO CONNECTIONS CSP'S MISSION, AND THE FUNDING OF THIS MISSION. CONNECTIONS CSP, INC. HAS ELECTED WITH FORM 5768 FOR THE YEAR ENDING 6/30/09.

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2007

Attachment Sequence No. 67

Name(s) shown on return: CONNECTIONS CSP, INC.

Identifying number: 51-0333030

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	125,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2008. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	255,706

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2007	17	53,816
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B-Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	12,546
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	322,068
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use:								
2004 FORD E456 VAN	5/23/06	100.00%	62,730	62,730	5.0	S/L-	12,546	
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	12,546	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions):					
43 Amortization of costs that began before your 2007 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

Form **5768**

(Rev. December 2004)

Department of the Treasury
Internal Revenue Service

Election/Revocation of Election by an Eligible Section 501(c)(3) Organization To Make Expenditures To Influence Legislation

(Under Section 501(h) of the Internal Revenue Code)

For IRS Use Only ▶

Name of organization	Employer identification number
CONNECTIONS CSP, INC.	51-0333030
Number and street (or P.O. box no., if mail is not delivered to street address) 500 WEST 10TH STREET	Room/suite
City, town or post office, and state WILMINGTON / ZIP + 4 DE 19801	

1 **Election -** As an eligible organization, we hereby elect to have the provisions of section 501(h) of the Code, relating to expenditures to influence legislation, apply to our tax year ending 6/30/09 (Month, day, and year) and all subsequent tax years until revoked.

Note: This election must be signed and postmarked within the first taxable year to which it applies.

2 **Revocation -** As an eligible organization, we hereby revoke our election to have the provisions of section 501(h) of the Code, relating to expenditures to influence legislation, apply to our tax year ending .... (Month, day, and year)

Note: This revocation must be signed and postmarked before the first day of the tax year to which it applies.

Under penalties of perjury, I declare that I am authorized to make this (check applicable box) ▶ [X] election [ ] revocation on behalf of the above named organization.

....	....	....
(Signature of officer or trustee)	(Type or print name and title)	(Date)

510333030 Connections CSP, Inc.
51-0333030
FYE: 6/30/2008

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
9	5 FILING CABINET	7/14/94	691				691	7	HY	S/L	691	0
10	2 COMPUTER SY	7/19/94	2,810				2,810	5	HY	S/L	2,810	0
11	DESKJET 560C P	8/02/94	544				544	5	HY	S/L	544	0
14	ACCT'G SOFTWARE	6/08/95	2,735				2,735	3	HY	S/L	2,735	0
15	AMTECH 486 CO	6/08/95	1,685				1,685	5	HY	S/L	1,685	0
17	HP LASER 4L PRI	8/11/95	499				499	5	HY	S/L	499	0
21	8 SONY TRANSCP	10/02/95	240				240	7	HY	S/L	240	0
22	FAX MACHINE	10/02/95	260				260	7	HY	S/L	260	0
23	SPEAKER PHONE	10/02/95	50				50	7	HY	S/L	50	0
24	PRINTER HP LAS	10/03/95	1,627				1,627	5	HY	S/L	1,627	0
35	COMPAQ SVGA M	5/23/96	200				200	5	HY	S/L	200	0
37	500 W.10	12/01/96	2,137,180				2,137,180	39	MM	S/L	572,198	53,430
90	402 JEFFERSON	2/01/99	4,955				4,955	27	MM	S/L	1,291	124
109	402 JEFFERSON/1	5/01/00	10,490				10,490	27	MM	S/L	2,225	262
			2,163,966				2,163,966				587,055	53,816
Other Depreciation:												
2	PRE 7/1/94 EQUIP	11/01/91	49,764				49,764	6	MO	S/L	49,764	0
3	1992 DODGE CAP	7/10/92	14,434				14,434	3	MO	S/L	14,434	0
	Sold/Scrapped: 7/01/07											
4	1992 DODGE CAP	8/18/92	14,889				14,889	3	MO	S/L	14,889	0
	Sold/Scrapped: 7/01/07											
5	1992 MAZDA MP	10/01/92	14,324				14,324	5	MO	S/L	14,324	0
	Sold/Scrapped: 7/01/07											
6	1992 MAZDA MP	10/01/92	12,314				12,314	5	MO	S/L	12,314	0
	Sold/Scrapped: 7/01/07											
7	1993 PLYMOUTH	8/01/93	15,168				15,168	3	MO	S/L	15,168	0
	Sold/Scrapped: 7/01/07											
8	1994 PLYMOUTH	8/01/93	17,642				17,642	3	MO	S/L	17,642	0
	Sold/Scrapped: 7/01/07											
16	LAND - 500 W, 10TH ST	6/30/95	331,629				331,629	0	--	Land	0	0
36	COMPUTER(COM)	8/31/96	1,610				1,610	10	MO	S/L	1,610	0
39	402 JEFFERSON	6/01/97	72,000				72,000	40	MO	S/L	18,150	1,800
40	NETWORK PRIN	8/01/97	10,728				10,728	10	MO	S/L	10,639	89
41	PHONE EQUIP	8/01/97	1,140				1,140	10	MO	S/L	1,131	9
42	COMPU EQUIP	9/01/97	1,630				1,630	10	MO	S/L	1,603	27
43	NETWORK SOFT	9/01/97	4,170				4,170	10	MO	S/L	4,101	69
47	402 JEFFERSON	7/20/00	3,145				3,145	40	MO	S/L	550	79
48	OFFICE EQUIPMENT	7/22/00	6,058				6,058	10	MO	S/L	4,240	606
51	708 WEST ROOF	4/27/01	32,400				32,400	40	MO	S/L	5,063	810
52	708 WEST SIDEWALK	6/19/01	19,494				19,494	40	MO	S/L	2,779	488
54	OFFICE EQUIPMENT	10/16/01	7,783				7,783	7	MO	S/L	6,115	1,112
55	BLACKBIRD BLDG'	11/30/01	257,691				257,691	40	MO	S/L	35,061	6,442
56	402 JEFFERSON ADDITION	12/05/01	3,850				3,850	40	MO	S/L	537	97
57	FURNITURE & FIXTURE	1/16/02	14,962				14,962	7	MO	S/L	14,962	0
58	FURNITURE AND FIX	1/24/02	3,510				3,510	7	MO	S/L	3,510	0
59	FURNITURE AND FIX	1/24/02	3,510				3,510	7	MO	S/L	3,510	0
60	FURNITURE AND FIX	1/24/02	2,649				2,649	7	MO	S/L	2,649	0
61	FURNITURE AND FIX	1/24/02	4,448				4,448	7	MO	S/L	4,448	0
62	FURNITURE AND FIX	1/24/02	10,171				10,171	7	MO	S/L	10,171	0
63	FURNITURE AND FIX	2/08/02	6,985				6,985	7	MO	S/L	6,985	0
64	FURNITURE AND FIX	2/09/02	10,785				10,785	7	MO	S/L	10,785	0
65	ADDL COMPUTER	10/01/97	2,528				2,528	10	MO	S/L	2,465	63
66	NETWORK SOFT	10/01/97	4,170				4,170	10	MO	S/L	4,066	104
67	500 W 10TH WYMAN ELECTR	10/01/97	774				774	10	MO	S/L	755	19
68	ADDL COMPUT	12/01/97	749				749	10	MO	S/L	718	31
69	NETWORK SOFT	12/01/97	3,701				3,701	10	MO	S/L	3,547	154
70	TECHMATICS	1/01/98	575				575	10	MO	S/L	546	29
71	PHONE EQUIPMENT	1/01/98	209				209	10	MO	S/L	198	11
72	COMPUTER	1/01/98	1,166				1,166	10	MO	S/L	1,108	58
73	500 W 10TH BLDG ADDNS 50	1/01/98	135,844				135,844	40	MO	S/L	32,263	3,396
74	PRINTER/COMP	2/01/98	794				794	10	MO	S/L	748	46
75	266 MHZ COMPU	7/01/98	739				739	5	MO	S/L	739	0
76	402 JEFFERSON FIRE ESCAPE	7/01/98	64,571				64,571	39	MO	S/L	14,901	1,656
77	DODGE RAM TR	9/01/98	24,753				24,753	5	MO	S/L	24,753	0
	Sold/Scrapped: 7/01/07											
78	266 MHZ COMPU	9/01/98	719				719	5	MO	S/L	719	0

510333030 Connections CSP, Inc.
51-0333030
FYE: 6/30/2008

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
79	PRINTER	9/01/98	431				431	5	MO	S/L	431	0
80	266 MHZ COMPU	9/01/98	719				719	5	MO	S/L	719	0
81	PRINTER	9/01/98	431				431	5	MO	S/L	431	0
82	PRINTER	9/01/98	431				431	5	MO	S/L	431	0
83	500 W 10TH ST	10/26/98	2,235				2,235	39	MO	S/L	501	58
84	PORTABLE FOO	11/01/98	2,429				2,429	7	MO	S/L	2,429	0
85	500 W 10TH ST	12/01/98	9,000				9,000	15	MO	S/L	5,150	600
86	18 CHAIRS	12/01/98	1,500				1,500	7	MO	S/L	1,500	0
87	20 CHAIRS	12/01/98	2,000				2,000	7	MO	S/L	2,000	0
88	4 ACER/INTEL CO	12/01/98	3,836				3,836	5	MO	S/L	3,836	0
89	SOFTWARE CHE	12/01/98	799				799	3	MO	S/L	799	0
91	2 ACER MONITOR	3/01/99	3,118				3,118	5	MO	S/L	3,118	0
92	500 W 10TH ST	4/01/99	500				500	15	MO	S/L	275	33
93	500 W 10TH ST	4/01/99	88				88	39	MO	S/L	19	2
94	5 REFRIGERATORS	4/01/99	4,140				4,140	7	MO	S/L	4,140	0
95	RUG SHAMPOOER	4/01/99	1,570				1,570	7	MO	S/L	1,570	0
96	SOFTWARE ADD	5/01/99	1,024				1,024	3	MO	S/L	1,024	0
97	ACER COMPUTER	5/01/99	1,039				1,039	5	MO	S/L	1,039	0
98	ADP SOFTWARE	6/01/99	1,700				1,700	3	MO	S/L	1,700	0
99	1 PENTIUM CPU	6/01/99	1,179				1,179	5	MO	S/L	1,179	0
100	500 W 10TH ST	6/15/99	24,745				24,745	39	MO	S/L	5,129	634
101	500W 10TH ST	6/15/99	10,875				10,875	39	MO	S/L	2,252	279
102	500 W 10TH ST	6/15/99	258,559				258,559	39	MO	S/L	60,928	6,630
103	CHLLER A/C	7/01/99	31,790				31,790	20	MO	S/L	31,790	0
104	COMPUTER SYSTEM	9/01/99	1,439				1,439	5	MO	S/L	1,439	0
105	UPGRADE PHONE	10/01/99	536				536	7	MO	S/L	536	0
106	LAND 708 710 WE	12/08/99	66,016				66,016	0	--	Land	0	0
107	NETWORK INTE	2/01/00	599				599	5	MO	S/L	599	0
108	OVEN HY POINT	2/24/00	1,100				1,100	7	MO	S/L	1,100	0
110	FURNITURE AND FIX	2/09/02	6,985				6,985	7	MO	S/L	5,488	998
111	FUNITURE AND FIX	2/09/02	6,669				6,669	7	MO	S/L	5,240	953
112	FURN AND FIX	2/09/02	6,669				6,669	7	MO	S/L	5,717	952
113	COMPUTER	3/01/02	5,499				5,499	5	MO	S/L	5,499	0
114	FURN AND FIX	3/12/02	13,264				13,264	7	MO	S/L	12,629	635
115	708 WEST	5/01/02	740,558				740,558	40	MO	S/L	76,220	18,514
116	708 W BLDG ADDITION COS	5/01/02	19,472				19,472	40	MO	S/L	2,921	487
117	708 W BLDG COST	5/01/02	22,933				22,933	40	MO	S/L	3,153	574
118	FURN AND FIX	5/07/02	25,223				25,223	7	MO	S/L	19,818	3,603
119	FURNITURE	6/11/02	13,353				13,353	7	MO	S/L	11,445	1,908
120	MAZDA MPV WA	7/01/02	20,230				20,230	5	MO	S/L	15,752	4,046
122	CARPETING IN O	1/04/03	3,600				3,600	7	MO	S/L	2,332	515
123	708 W OFFICES WITHIN	1/09/03	3,375				3,375	20	MO	S/L	759	169
124	708 W OFFICES WITHIN	4/24/03	6,600				6,600	20	MO	S/L	1,375	330
125	708 W GATE	4/25/03	10,095				10,095	20	MO	S/L	2,103	505
126	LAND - PARKING LOT	5/05/03	944,308				944,308	0	--	Land	0	0
127	708 W OFFICES WITHIN	5/22/03	12,850				12,850	20	MO	S/L	2,624	642
128	TADIRAN DUCTLE	6/17/03	2,875				2,875	5	MO	S/L	2,300	575
129	COMPUTER AND PR	6/17/03	1,909				1,909	5	MO	S/L	1,527	382
130	COMPUTER AND PR	6/27/03	1,909				1,909	5	MO	S/L	1,527	382
131	5 COMPUTERS	6/27/03	7,464				7,464	5	MO	S/L	5,972	1,492
132	EXAM TABLE	6/27/03	1,250				1,250	5	MO	S/L	1,000	250
133	708 W BUILDING IMPRO	6/30/03	26,198				26,198	20	MO	S/L	5,240	1,309
134	708 W ARCHITECTURAL PLAN	6/30/03	34,210				34,210	5	MO	S/L	27,368	6,842
135	402 JEFFERSON	6/01/97	8,000				8,000	29	MO	S/L	4,214	276
136	816 WEST ST	11/01/04	957,100				957,100	40	MO	S/L	60,328	23,928
137	LAND - 816 WEST ST	9/12/03	84,869				84,869	0	--	Land	0	0
138	500 W 10TH	10/28/03	26,800				26,800	5	MO	S/L	19,583	5,360
139	2003 FORD VAN	11/25/03	27,882				27,882	5	MO	S/L	23,420	3,999
142	LAND - ZION CHURCH RD	6/01/05	238,423				238,423	0	--	Land	0	0
144	LAND - 2197 STILL RD	5/23/05	75,000				75,000	0	--	Land	0	0
146	LAND - 124 N. WEST ST.	6/03/05	108,122				108,122	0	--	Land	0	0
148	LAND - BLACK DIAMOND RD	6/29/05	147,690				147,690	0	--	Land	0	0
155	500 W 10TH - REPOINTING	4/18/05	30,360				30,360	40	MO	S/L	1,645	759
156	EQUIPMENT 2005	12/31/04	24,931				24,931	5	MO	S/L	12,466	4,986
157	VARIOUS 2005	12/31/04	551				551	5	MO	S/L	276	110
158	2006 Subaru Forester	8/26/05	22,370				22,370	5	MO	S/L	8,202	4,474
159	2006 Subaru Forester	9/20/05	22,337				22,337	5	MO	S/L	7,818	4,467
160	901 & 903 Washington St	3/08/06	306,257				306,257	40	MO	S/L	10,209	7,656
161	2197 STILL ROAD	4/26/06	698,229				698,229	40	MO	S/L	20,365	17,456
163	ROOFTOP HVAC COMPRESSOR	3/01/06	4,590				4,590	10	MO	S/L	612	459
164	FURN AND FIX ZION CHURCH	5/31/05	25,000				25,000	7	MO	S/L	7,441	3,571

510333030 Connections CSP, Inc.
51-0333030
FYE: 6/30/2008

Federal Asset Report
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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
165	OFFICE EQUIPMENT	10/01/04	36,372				36,372	7	MO	S/L	27,147	5,196
166	LAND - 901-903 WASHINGTON ST	6/30/06	50,000				50,000	0	--	Land	0	0
167	LAND - 402 JEFFERSON	6/30/06	8,080				8,080	0	--	Land	0	0
168	500 W 10TH STREET	6/30/06	75,000				75,000	33	MO	S/L	2,273	2,272
169	BLACK DIAMOND ROAD	5/01/07	914,861				914,861	40	MO	S/L	3,812	22,871
170	ZION CHURCH ROAD - BLDG IMPROV	8/31/06	834,503				834,503	40	MO	S/L	17,385	20,863
171	ZION CHURCH ROAD - BLDG IMPROV	5/07/07	31,835				31,835	40	MO	S/L	133	796
172	2197 STILL ROAD - BLDG IMPROVEMI	5/07/07	34,364				34,364	40	MO	S/L	143	859
173	LAND - 404 JEFFERSON STREET	11/29/06	16,000				16,000	0	--	Land	0	0
175	2197 STILL ROAD - HEAT PUMP	6/30/07	29,920				29,920	40	MO	S/L	0	748
176	2197 STILL ROAD - FURNACE	6/30/07	20,280				20,280	40	MO	S/L	0	507
177	901-903 WASH ST. - BLDG IMPROVEMI	6/30/07	5,343				5,343	40	MO	S/L	0	134
178	BUILDING IMPROVEMENTS	3/29/07	4,366				4,366	10	MO	S/L	109	437
179	BUILDING IMPROV. - LOBBY RENOVA	5/11/07	6,350				6,350	10	MO	S/L	106	635
180	500 W. 10TH ST. - BLDG IMPROV.	5/08/07	4,975				4,975	10	MO	S/L	83	497
181	LAND IMPROVEMENTS	1/01/07	7,995				7,995	10	MO	S/L	400	799
182	memo asset to agree to client cost basis.	6/30/07	-3,004				-3,004	0	--	Memo	0	0
183	BLACK DIAMOND ROAD ADDITIONS -	6/30/07	47,462				47,462	40	MO	S/L	0	1,187
184	2197 STILL ROAD - SHOWERSTALL	12/14/07	3,275				3,275	40	MO	S/L	0	48
185	204 GORDY PLACE	3/31/08	319,318				319,318	40	MO	S/L	0	1,996
186	204 GORDY PLACE - IMPOVEMENTS	4/30/08	2,484				2,484	40	MO	S/L	0	10
187	204 GORDY PLACE - IMPOVEMENTS	5/31/08	31,052				31,052	40	MO	S/L	0	65
188	124 N. WEST STREET	11/30/07	625,329				625,329	40	MO	S/L	0	9,119
189	124 N. WEST STREET - IMPROV	11/30/07	69,139				69,139	40	MO	S/L	0	1,008
190	124 N. WEST STEET - IMPOV	3/24/98	4,214				4,214	40	MO	S/L	0	105
191	124 N. WEST STREET - IMPROV	3/24/08	1,933				1,933	40	MO	S/L	0	12
192	124 N. WEST STREET	5/31/08	2,030				2,030	40	MO	S/L	0	4
193	BDR/CLINT WALKER GH	10/31/07	550				550	40	MO	S/L	0	9
194	944 BLACKBIRD LANDING - IMPROV	9/05/07	4,576				4,576	40	MO	S/L	0	95
195	BUILDING IMPROVEMENTS	10/09/07	784				784	40	MO	S/L	0	15
196	124 N. CAMDEN - CAPITAL LEASE	3/31/08	29,700				29,700	40	MO	S/L	0	186
197	675 BLACK DIAMOND - BOW WINDOV	12/31/07	4,755				4,755	40	MO	S/L	0	59
198	675 BLACK DIAMOND - CAPITAL LEA!	3/31/08	34,165				34,165	40	MO	S/L	0	214
199	204 GORDY PLACE - CAPITAL LEASE	3/01/08	36,200				36,200	40	MO	S/L	0	302
200	204 GODY PLACE - CAPITAL LEASE	6/01/08	3,469				3,469	40	MO	S/L	0	7
201	FILL DIRT - 5- TONS	3/24/08	6,850				6,850	0	--	Land	0	0
202	204 GORDY PLACE	3/31/08	90,000				90,000	0	--	Land	0	0
203	CRES BLDG #4 FLOOING	2/29/08	17,549				17,549	5	MO	S/L	0	1,170
204	MARTELL INV16049	3/11/08	489				489	5	MO	S/L	0	33
205	PHONE EQUIP & VIDEO SYSTEM	6/30/08	16,158				16,158	5	MO	S/L	0	0
207	Building	11/01/04	1,249,145				1,249,145	40	MO	S/L	83,276	31,229
208	Building Equipment	7/27/05	1,126				1,126	5	MO	S/L	450	225
209	Security System	10/01/07	39,990				39,990	10	MO	S/L	0	2,999
210	Land	11/01/04	95,000				95,000	0	--	Land	0	0
	Total Other Depreciation		11,183,994				11,183,994				1,040,629	255,706
	Total ACRS and Other Depreciation		11,183,994				11,183,994				1,040,629	255,706
Listed Property:												
162	2004 FORD E456 VAN Sold/Scrapped: 6/30/08	5/23/06	62,730				62,730	5	MO	S/L	13,591	12,546
			62,730				62,730				13,591	12,546
	Grand Totals		13,410,690				13,410,690				1,641,275	322,068
	Less: Dispositions		176,254				176,254				127,115	12,546
	Less: Start-up/Org Expensed		0				0				0	0
	Net Grand Totals		13,234,436				13,234,436				1,514,160	309,522