

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2009**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

**A For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p><b>C</b> Name of organization <b>CONNECTIONS CSP, INC.</b></p> <p>Doing Business As</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>500 WEST 10TH STREET</b></p> <p>City or town, state or country, and ZIP + 4 <b>WILMINGTON DE 19801</b></p>	<p><b>D</b> Employer identification number <b>51-0333030</b></p> <p><b>E</b> Telephone number <b>302-984-3380</b></p> <p><b>G</b> Gross receipts\$ <b>25,205,286</b></p>
<p><b>F</b> Name and address of principal officer: <b>CATHY MCKAY</b> <b>500 WEST 10TH STREET</b> <b>WILMINGTON DE 19801</b></p>			<p><b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No," attach a list. (see instructions)</p>
<p><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p>			
<p><b>J</b> Website: ▶ <b>CONNECTIONSCSP.ORG</b></p>			
<p><b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>			<p><b>L</b> Year of formation: <b>1985</b></p>
			<p><b>M</b> State of legal domicile: <b>DE</b></p>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>13</b>
<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	<b>502</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	
<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	<b>215,688</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	<b>19,734,778</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	<b>1,714</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	<b>259,038</b>
<b>12</b>	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	<b>20,211,218</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>13</b>	<b>1,434,453</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>15</b>	<b>12,147,471</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>197,918</b>	<b>b</b>	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<b>17</b>	<b>7,698,716</b>
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>18</b>	<b>19,846,187</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	<b>365,031</b>
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	<b>18,066,827</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	<b>12,006,330</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	<b>6,060,497</b>

**Part II Signature Block**

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.

<b>Sign Here</b>	<p>Signature of officer <b>CATHERINE DEVANEY MCKAY</b></p> <p>Type or print name and title <b>PRESIDENT &amp; CEO</b></p>	<p>Date</p>
<b>Paid Preparer's Use Only</b>	<p>Preparer's signature ▶</p> <p>Firm's name (or yours if self-employed), address, and ZIP + 4 <b>WHISMAN, GIORDANO &amp; ASSOCIATES, LLC</b> <b>5201 W. WOODMILL DRIVE, SUITE 31</b> <b>WILMINGTON, DE 19808-4068</b></p>	<p>Date <b>01/12/11</b></p> <p>Check if self-employed <input type="checkbox"/></p> <p>Preparer's identifying number (see instructions) <b>P00578904</b></p> <p>EIN ▶</p> <p>Phone no. ▶ <b>302-992-0129</b></p>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission:

**SEE SCHEDULE O**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ **9,029,226** including grants of\$ ) (Revenue \$ )

**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 AND/OR COGNITIVE DISABILITIES**

**4b** (Code: ) (Expenses \$ **12,699,321** including grants of\$ **1,434,453** ) (Revenue \$ )

**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 CONDITIONS AND/OR HIV/AIDS AND/OR COGNITIVE DISABILITIES**

**4c** (Code: ) (Expenses \$ **621,032** including grants of\$ ) (Revenue \$ )

**CONNECT TO WORK IS A COMPREHENSIVE EMPLOYMENT, CASE MANAGEMENT, MENTORING AND FINANCIAL LITERACY PROGRAM FOR INDIVIDUALS WHO HAVE BARRIERS TO EMPLOYMENT SUCH AS CRIMINAL JUSTICE INVOLVEMENT, DISABILITIES AND LOW RATES OF EDUCATIONAL ATTAINMENT. INDIVIDUALS WHO ARE SERVED IN THE PROGRAM RECEIVE VOCATIONAL ASSESSMENT, CAREER PLANNING AND COUNSELING, JOB TRAINING AND JOB PLACEMENT SERVICES. CONNECT TO WORK ALSO DEVELOPS SMALL BUSINESSES IN WHICH INDIVIDUALS WITH DISABILITIES AND DISADVANTAGES SUCH AS LOW RATES OF EDUCATIONAL ATTAINMENT AND CRIMINAL JUSTICE INVOLVEMENT CAN OBTAIN COMPETITIVE EMPLOYMENT. THE SMALL BUSINESSES WE HAVE DEVELOPED INCLUDE 1) JANITORIAL AND MAINTENANCE SERVICES; 2) CONSTRUCTION CLEAN UP;**

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of\$ ) (Revenue \$ )

**4e Total program service expenses ▶ 22,349,579**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
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		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	X	
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
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		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> <li>● Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>● 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.</li> <li>● 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.</li> <li>● Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>● Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> <li>● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.</li> </ul>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
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 United States? If "Yes," complete Schedule F, Part III		X
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? If "Yes," complete Schedule G, Part I		X
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		X
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		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		<b>X</b>
<b>22</b> 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	<b>X</b>	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	<b>X</b>	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	<b>X</b>	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		<b>X</b>
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		<b>X</b>
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		<b>X</b>
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>b</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		<b>X</b>
<b>26</b> 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		<b>X</b>
<b>27</b> 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		<b>X</b>
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		<b>X</b>
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	<b>X</b>	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		<b>X</b>
<b>33</b> 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		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	<b>X</b>	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		<b>X</b>
<b>37</b> 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		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>X</b>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> <b>11</b>		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> <b>0</b>		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> <b>502</b>		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>X</b>
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</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)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does 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?		<b>X</b>
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	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?		<b>X</b>
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>X</b>
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>X</b>
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>X</b>
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<b>X</b>
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		<b>X</b>
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body		
<b>1b</b>	Enter the number of voting members that are independent		
<b>2</b>	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?	<b>X</b>	
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		<b>X</b>
<b>6</b>	Does the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	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		<b>X</b>

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>10b</b>	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?		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<b>X</b>	
<b>11a</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<b>X</b>	
<b>13</b>	Does the organization have a written whistleblower policy?	<b>X</b>	
<b>14</b>	Does the organization have a written document retention and destruction policy?	<b>X</b>	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>15b</b>	Other officers or key employees of the organization	<b>X</b>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **CATHERINE DEVANEY MCKAY**      **500 WEST 10TH STREET**  
**WILMINGTON**      **DE 19801**      **302-984-3380**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees. See instructions for definition of "key employee."
  - 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LAWRENCE DREXLER, ESQ. CHAIRMAN	1.00	X						0	0	0
REV. RANDALL T. CLAYTON, LCSW VICE CHAIR	1.00	X						0	0	0
MARNIE KELLY SECRETARY	1.00	X						0	0	0
CHRISTY CRKVENAC DIRECTOR	1.00	X						0	0	0
JAMES LOGULLO DIRECTOR	1.00	X						0	0	0
MARCELLA WILLIAMS DIRECTOR	1.00	X						0	0	0
MARIA M. MATOS DIRECTOR	1.00	X						0	0	0
BLAIR DICKERSON, J.D. DIRECTOR	1.00	X						0	0	0
JUSTEN WRIGHT DIRECTOR	1.00	X						0	0	0
CARRIE CASEY DIRECTOR	1.00	X						0	0	0
MARK WAGNER DIRECTOR	1.00	X						0	0	0
BONNIE SILBERMAN DIRECTOR	1.00	X						0	0	0
CATHERINE DEVANEY MCKAY PRESIDENT	40.00			X				168,339	0	0
CHRISTOPHER DEVANEY VP OPERATION	40.00			X				115,361	0	0
MELODY LASANA CFO	40.00			X				97,500	0	0
GERALD T. MEHALICK PSYCHIATRIST	40.00				X			270,383	0	0
SCOTT D. HOUSER PSYCHIATRIST	40.00				X			257,405	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>STEVEN DAVIS</b> LAWYER	40.00				X			180,269	0	0
<b>JOHN GIULIANO</b> MED DOCTOR	40.00					X		136,881	0	0
<b>JOSE CAPIRO</b> PSYCHIATRIST	40.00					X		127,412	0	0
<b>CHARLIE CHANEY</b> PSYCH N. P.	40.00					X		118,246	0	0
<b>PAUL PENNA</b> CFO	40.00			X			X	111,410	0	0
<b>LAURA HUMMEL</b> PSYCH N.P.	40.00					X	X	102,454	0	0
<b>1b Total</b>								<b>1,685,660</b>		

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **10**

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

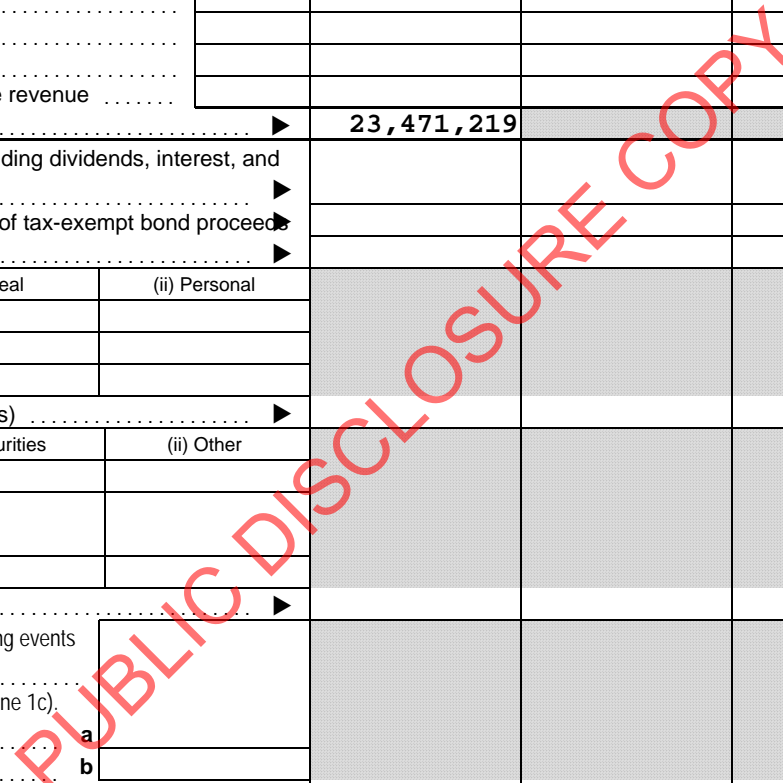
**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
<b>COVENTRY HEALTHCARE, INC.</b> <b>CAROL STEAM</b> IL 60197-6471	<b>P.O. BOX 6471</b> <b>HEALTHCARE INSU</b>	<b>1,139,345</b>
<b>ARTHUR HALL INSURANCE</b> <b>WEST CHESTER</b> PA 19381-0512	<b>P.O. BOX 512</b> <b>INSURANCE</b>	<b>653,754</b>
<b>FIA CREDIT CARD SERVICES</b> <b>WILMINGTON</b> DE 19850-5019	<b>P.O. BOX 15019</b> <b>FOOD PURCHASES</b>	<b>435,912</b>
<b>FULCRUM PHARMACY</b> <b>WILMINGTON</b> DE 19801	<b>501 N. SHIPLEY STREET</b> <b>PHARMACEUTICALS</b>	<b>369,603</b>
<b>DELMARVA POWER</b> <b>SALISBURY</b> MD 21802	<b>P.O. BOX 17000</b> <b>ENERGY</b>	<b>292,658</b>

**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 **14**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>978,579</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f		<b>978,579</b>				
Program Service Revenue			<b>Busn. Code</b>				
	<b>2a</b> NET PATIENT REVENUES		<b>21,589,047</b>			<b>21,589,047</b>	
	<b>b</b> RESIDENCE FEES		<b>1,882,172</b>			<b>1,882,172</b>	
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		<b>23,471,219</b>				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)						
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross Rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental exps.						
	<b>c</b> Rental inc. or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis & sales exps.						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)						
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>					
		<b>b</b> Less: direct expenses	<b>b</b>				
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
Miscellaneous Revenue		<b>Busn. Code</b>					
<b>11a</b> EMPLOYMENT		<b>610,713</b>			<b>610,713</b>		
<b>b</b> OTHER REVENUE		<b>186,374</b>			<b>186,374</b>		
<b>c</b> EQUITY EARNING SHELTER ASSOC.		<b>-41,599</b>			<b>-41,599</b>		
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d		<b>755,488</b>					
<b>12 Total Revenue.</b> See instructions.		<b>25,205,286</b>	<b>0</b>	<b>0</b>	<b>24,226,707</b>		



**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**  
**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,434,453	1,434,453		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,114,565	671,723	442,842	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	10,520,652	10,390,929	66,282	63,441
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,750,873	1,743,587		7,286
10 Payroll taxes	829,694	825,037		4,657
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	2,570,480	2,557,965		12,515
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	374,846	374,846		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	382,890	382,928	-38	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a CLIENT COSTS	1,712,604	1,712,604		
b INDIRECT	1,575,628		1,567,035	8,593
c OPERATING	1,490,529	1,389,483		101,046
d TRANSPORTATION	663,886	663,764		122
e BAD DEBT	99,746	99,696		50
f All other expenses	102,772	102,564		208
25 Total functional expenses. Add lines 1 through 24f	24,623,618	22,349,579	2,076,121	197,918
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	1	Cash—non-interest bearing	603,147	1	937,678
	2	Savings and temporary cash investments	302,049	2	88,507
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,818,730	4	1,669,616
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	241,271	9	225,122
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 15,885,605		
	b	Less: accumulated depreciation	10b 2,096,314	10c	13,789,291
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,230,954	15	2,528,517
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	18,066,827	16	19,238,731	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	843,413	17	1,372,391
	18	Grants payable		18	
	19	Deferred revenue		19	244,928
	20	Tax-exempt bond liabilities	6,790,000	20	6,345,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,666,105	23	3,396,123
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	1,706,812	25	1,400,124
	26	<b>Total liabilities.</b> Add lines 17 through 25	12,006,330	26	12,758,566
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	6,060,497	27	6,480,165
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	6,060,497	33	6,480,165	
34	<b>Total liabilities and net assets/fund balances</b>	18,066,827	34	19,238,731	

**Part XI Financial Statements and Reporting**

**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? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>	<b>X</b>	
<b>3b</b>	<b>X</b>	

Form **990** (2009)

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

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

Employer identification number

**CONNECTIONS CSP, INC.**

**51-0333030**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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 an organization 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**

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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 990-EZ that received from any one contributor, during the year, 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.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization <b>CONNECTIONS CSP, INC.</b>	Employer identification number <b>51-0333030</b>
--	---

**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	..... ..... .....	\$ ..... <b>50,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	..... ..... .....	\$ ..... <b>25,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	..... ..... .....	\$ ..... <b>82,186</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	..... ..... .....	\$ ..... <b>500,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	..... ..... .....	\$ ..... <b>100,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	..... ..... .....	\$ ..... <b>25,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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Name of organization <b>CONNECTIONS CSP, INC.</b>	Employer identification number <b>51-0333030</b>
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**Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	..... ..... .....	\$ 85,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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 VI, line 46 (Political Campaign Activities), then

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

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

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

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

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>CONNECTIONS CSP, INC.</b>	Employer identification number <b>51-0333030</b>
--	---

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV.

**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 function 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?  Yes  No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a 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-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).****A** Check  if the filing organization belongs to an affiliated group.**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		23,067													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		23,067													
<b>d</b> Other exempt purpose expenditures		22,326,512													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		22,349,579													
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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.														
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.														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0													
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

**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 2a through 2f on page 4.)

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
<b>2a</b> Lobbying non-taxable amount	879,609	960,762	1,000,000	1,000,000	3,840,371
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					5,760,557
<b>c</b> Total lobbying expenditures		13,863	18,981	23,067	55,911
<b>d</b> Grassroots nontaxable amount	219,902	240,191	250,000	250,000	960,093
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,440,140
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009



**Part IV** Supplemental Information (continued)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

CONNECTIONS CSP, INC.

51-0333030

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements and a summary table for lines 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-1b and 2a-2b regarding art and historical treasures.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

**3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other \_\_\_\_\_

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.**

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
<b>c</b> Beginning balance	
<b>d</b> Additions during the year	
<b>e</b> Distributions during the year	
<b>f</b> Ending balance	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.**

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

**2** Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment  \_\_\_\_\_ %
- b** Permanent endowment  \_\_\_\_\_ %
- c** Term endowment  \_\_\_\_\_ %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
<b>(i)</b> unrelated organizations		
<b>(ii)</b> related organizations		
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

**4** Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.**

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		<b>2,356,782</b>		<b>2,356,782</b>
<b>b</b> Buildings		<b>13,252,798</b>	<b>2,013,651</b>	<b>11,239,147</b>
<b>c</b> Leasehold improvements		<b>41,347</b>	<b>18,596</b>	<b>22,751</b>
<b>d</b> Equipment		<b>152,982</b>	<b>35,429</b>	<b>117,553</b>
<b>e</b> Other		<b>81,696</b>	<b>28,638</b>	<b>53,058</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>13,789,291</b>

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives .....		
Closely-held equity interests .....		
Other _____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
_____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
<b>CONSTRUCTION IN PROGRESS</b>	<b>677,848</b>
<b>INVESTMENT IN SUBSIDIARY - SA</b>	<b>588,829</b>
<b>CLIENT DEPOSITS</b>	<b>535,212</b>
<b>DEBT ISSUE COSTS</b>	<b>279,811</b>
<b>INVESTMENT IN SUBSIDIARY - MH</b>	<b>120,020</b>
<b>RELATED PARTY RECEIVABLES</b>	<b>108,281</b>
<b>DEPOSITS</b>	<b>98,985</b>
<b>RESERVE</b>	<b>70,131</b>
<b>OTHER ASSETS</b>	<b>45,284</b>
<b>INVENTORY</b>	<b>4,116</b>
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>2,528,517</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
Federal income taxes	
<b>ACCRUED PAYROLL AND RELATED COSTS</b>	<b>676,608</b>
<b>CLIENT DEPOSITS</b>	<b>535,212</b>
<b>FAIR VALUE OF INTEREST RATE SWAP</b>	<b>162,000</b>
<b>SECURITY DEPOSITS</b>	<b>26,304</b>
<b>LINE OF CREDIT</b>	
_____	
_____	
_____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>1,400,124</b>

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	25,205,286
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	24,623,618
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	581,668
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-131,000
9	Total adjustments (net). Add lines 4 through 8	9	-131,000
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	450,668

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	25,205,286
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	25,205,286
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	25,205,286

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	24,754,618
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	131,000
e	Add lines 2a through 2d	2e	131,000
3	Subtract line 2e from line 1	3	24,623,618
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	24,623,618

**Part XIV Supplemental Information**

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, line 2; 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.

PART II, LINE 9 - ACCOUNTING FOR CONSERVATION EASEMENTS  
IN CONNECTIONS CSP, INC.'S FINANCIAL STATEMENTS, THE CONSERVATION EASEMENT  
LAND IS INCLUDED AS PART OF LAND IN PROPERTY, PLANT AND EQUIPMENT. IT IS  
NOTED ON THE 990 FEDERAL ASSET REPORT AS ASSET NUMBER 148.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER  
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP \$ -131,000

**Part XIV** Supplemental Information (continued)

-----  
PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER  
CHANGE IN FAIR VALUE OF INTEREST RATE SWAP \$ 131,000  
-----

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RENTAL, SECURITY DEPOSIT, AND UTILITY ASSISTANCE	588	1,122,236			
RENTAL, SECURITY DEPOSIT AND UTILITY ASSISTANCE	163	312,217			

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

FUNDS EXPENDED WERE PRIOR AUTHORIZED BY AN UNRELATED THIRD PARTY (UTP)

DESIGNATED BY THE FUNDERS. CONNECTIONS COLLECTED SUPPORTING ELIGIBILITY

DOCUMENTATION FROM INDIVIDUALS SEEKING GRANTS. IF AN INDIVIDUAL WAS DEEMED

ELIGIBLE BY CONNECTIONS, THE DOCUMENTATION WAS FORWARDED TO THE UTP FOR

APPROVAL. THE UTP SENT BACK THE DOCUMENTATION (WHETHER APPROVED OR

DENIED). IF THE INFORMATION RECEIVED FROM THE THIRD PARTY WAS

APPROVED, CONNECTIONS RAN A CHECK FOR THE ASSISTANCE APPLIED FOR. THESE

CHECKS WERE MADE OUT ONLY TO THE VENDOR FOR THE APPLICABLE SERVICE, AND

NEVER TO THE INDIVIDUAL APPLYING FOR THE GRANT.

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open To Public Inspection

Name of the organization

**CONNECTIONS CSP, INC.**

Employer identification number

**51-0333030**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
<b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.		
<input type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment?		<input checked="" type="checkbox"/>
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<input checked="" type="checkbox"/>
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?		<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.</b>		
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization?		<input checked="" type="checkbox"/>
<b>b</b> Any related organization?		<input checked="" type="checkbox"/>
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization?		<input checked="" type="checkbox"/>
<b>b</b> Any related organization?		<input checked="" type="checkbox"/>
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		<input checked="" type="checkbox"/>
<b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		<input checked="" type="checkbox"/>
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CATHERINE DEVANEY MCKAY	(i)	160,839	7,500	0	0	0	168,339	160,473
	(ii)	0	0	0	0	0	0	0
GERALD T. MEHALICK	(i)	270,383	0	0	0	0	270,383	222,276
	(ii)	0	0	0	0	0	0	0
SCOTT D. HOUSER	(i)	257,405	0	0	0	0	257,405	212,409
	(ii)	0	0	0	0	0	0	0
STEVEN DAVIS	(i)	180,269	0	0	0	0	180,269	0
	(ii)	0	0	0	0	0	0	0
PAUL PENNA	(i)	111,410	0	0	0	0	111,410	110,236
	(ii)	0	0	0	0	0	0	0
LAURA HUMMEL	(i)	102,454	0	0	0	0	102,454	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

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**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

▶ **Attach to Form 990. See separate instructions.**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization

**CONNECTIONS CSP, INC.**

Employer identification number

**51-0333030**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
<b>A THE DELAWARE ECONOMIC DEVELOPMENT A</b>		<b>246387MH4</b>	<b>07/15/06</b>	<b>7,035,000</b>	<b>FUND THE 2006 PROJEC</b>		<b>X</b>		<b>X</b>
<b>B</b>									
<b>C</b>									
<b>D</b>									
<b>E</b>									

**Part II Proceeds**

	A		B		C		D		E	
<b>1 Total proceeds of issue</b> .....	<b>6,345,000</b>									
<b>2 Gross proceeds in reserve funds</b> .....										
<b>3 Proceeds in refunding or defeasance escrows</b> .....										
<b>4 Other unspent proceeds</b> .....										
<b>5 Issuance costs from proceeds</b> .....										
<b>6 Working capital expenditures from proceeds</b> .....										
<b>7 Capital expenditures from proceeds</b> .....										
<b>8 Year of substantial completion</b> .....										
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>9 Were the bonds issued as part of a current refunding issue?</b>		<b>X</b>								
<b>10 Were the bonds issued as part of an advance refunding issue?</b> .....		<b>X</b>								
<b>11 Has the final allocation of proceeds been made?</b> .....		<b>X</b>								
<b>12 Does the organization maintain adequate books and records to support the final allocation of proceeds?</b> .....		<b>X</b>								

**Part III Private Business Use**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?</b> .....		<b>X</b>								
<b>2 Are there any lease arrangements with respect to the financed property which may result in private business use?</b>		<b>X</b>								

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

Schedule K (Form 990) 2009

**Part III Private Business Use (Continued)**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts with respect to the financed property which may result in private business use? .....		<b>X</b>								
<b>b</b> Are there any research agreements with respect to the financed property which may result in private business use? .....		<b>X</b>								
<b>c</b> Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? .....		<b>X</b>								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....										
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government .....										
<b>6</b> Total of lines 4 and 5 .....										
<b>7</b> Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? .....		<b>X</b>								

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**Part IV Arbitrage**

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? .....		<b>X</b>								
<b>2</b> Is the bond issue a variable rate issue? .....		<b>X</b>								
<b>3a</b> Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? .....		<b>X</b>								
<b>b</b> Name of provider .....										
<b>c</b> Term of hedge .....										
<b>4a</b> Were gross proceeds invested in a GIC? .....		<b>X</b>								
<b>b</b> Name of provider .....										
<b>c</b> Term of GIC .....										
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....										
<b>5</b> Were any gross proceeds invested beyond an available temporary period? .....		<b>X</b>								
<b>6</b> Did the bond issue qualify for an exception to rebate? .....		<b>X</b>								

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**  
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

**2009**

**Open To Public Inspection**

Name of the organization

**CONNECTIONS CSP, INC.**

Employer identification number

**51-0333030**

**Part I Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

- 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ..... ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
<b>Total</b> .....				▶ \$						

**Part III Grants or Assistance Benefitting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
<b>FULCRUM PHARMACY MANAGEMENT, INC</b>	<b>DIRECTOR</b>	<b>369,603</b>	<b>PHARMACEUTICAL</b>		<b>X</b>

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

Name of the organization

**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**Open to Public  
Inspection**CONNECTIONS CSP, INC.**Employer identification number  
**51-0333030****FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES**

CONNECTIONS IMPROVES THE LIVES OF VULNERABLE AND DISENFRANCHISED DELAWARE RESIDENTS BY PROVIDING A COMPREHENSIVE ARRAY OF AFFORDABLE AND ACCESSIBLE PRIMARY MEDICAL, MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT, EMPLOYMENT AND HOUSING OPPORTUNITIES TO HELP THEM BECOME ACCEPTED AND PRODUCTIVE MEMBERS OF THEIR COMMUNITIES.

**FORM 990, PART III, LINE 4C - THIRD ACHIEVEMENT**

AND 3) FOOD SERVICES. AS THE RESULT OF THE TRAINING AND EXPERIENCE THEY RECEIVE IN OUR BUSINESSES AND THE CASE MANAGEMENT SUPPORT THEY RECEIVE FROM OUR EMPLOYMENT SPECIALISTS, MANY OF OUR INDIVIDUALS ARE ABLE TO MOVE ON TO PERMANENT AND WELL COMPENSATED EMPLOYMENT IN THE PRIVATE SECTOR.

**FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS**

CATHERINE DEVANEY MCKAY

CHRIS DEVANEY

CEO

VP OPERATION

MOTHER-SON

**FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990**

THE ORGANIZATION PROVIDES A COPY OF THE FORM 990 TO THEIR BOARD FOR REVIEW, PRIOR TO IT BEING FILED.

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY**

CONNECTIONS CSP, REGULARLY AND CONSISTENTLY MONITOR AND ENFORCE THEIR CONFLICT OF INTEREST POLICY, BY ANNUALLY RECERTIFYING THAT THERE IS NO

Name of the organization

CONNECTIONS CSP, INC.

Employer identification number

51-0333030

## CONFLICT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL  
 THE ORGANIZATION DETERMINES COMPENSATION OF THE CEO, BY A COMPARISON STUDY  
 USING 990 DATA OF COMPARABLE ORGANIZATIONS. THIS PROCESS IS DONE ANNUALLY  
 FOR THE CEO.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS  
 THE ORGANIZATION DETERMINES COMPENSATION FOR OTHER OFFICERS AND KEY  
 EMPLOYEES BY USING A COMPARISON STUDY USING 990 DATA FROM COMPARIBLE  
 ORGANIZATIONS BEFORE THOSE SALARIES FOR THOSE POSITIONS ARE SET.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
 THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
 POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THEIR WEBSITE.

## SCH K - PURPOSE OF ISSUE DESCRIPTION

THE DELAWARE ECONOMIC DEVELOPMENT A  
 TO FINANCE THE ACQUISITION, CONSTRUCTION, RENOVATION, FURNINSHING AND  
 EQUIPPING OF VARIOUS GROUP HOMES AND THE HEADQUARTERS LOCATED THROUGHOUT  
 THE STATE OF DELAWARE (THE "2006 PROJECT"), MORE PARTICULARLY DESCRIBED  
 UNDER THE CAPTION "THE 2006 PROJECT."

## SCHEDULE O - ADDITIONAL INFORMATION

SCHEDULE I INCLUDES AMOUNTS EXPENDED UNDER THE AMERICAN RECOVERY AND  
 REINVESTMENT ACT OF 2009, UNDER THE HOMELESS PREVENTIONA AND RAPID RE-  
 HOUSING PROGRAM (CFDA # 14.257), AND THE TEMPORARY ASSISTANCE FOR NEEDY

Name of the organization

**CONNECTIONS CSP, INC.**

Employer identification number

**51-0333030**

**FAMILIES PROGRAM (CFDA # 93.714).**

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**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization** **CONNECTIONS CSP, INC.** **Employer identification number** **51-0333030**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
<b>AFFORDABLE HOUSING OPPORTUNITES, 500 W. 10TH STREET WILMINGTON DE 19801 52-2054857</b>	<b>HOUSING</b>	<b>DE</b>		<b>7</b>	<b>N/A</b>

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
SHELTER ASSOCIATES, L.P. 500 WEST 10TH STREET WILMINGTON DE 19801 51-0383959	HOUSING	DE		RELATED				X			X
MARCELLA'S HOUSE, L.P. 500 WEST 10TH STREET WILMINGTON DE 19801 90-0427706	HOUSING	DE		RELATED				X			X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled entity		<b>X</b>
<b>b</b> Gift, grant, or capital contribution to other organization(s)		<b>X</b>
<b>c</b> Gift, grant, or capital contribution from other organization(s)		<b>X</b>
<b>d</b> Loans or loan guarantees to or for other organization(s)		<b>X</b>
<b>e</b> Loans or loan guarantees by other organization(s)		<b>X</b>
<b>f</b> Sale of assets to other organization(s)		<b>X</b>
<b>g</b> Purchase of assets from other organization(s)		<b>X</b>
<b>h</b> Exchange of assets		<b>X</b>
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s)		<b>X</b>
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s)		<b>X</b>
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s)		<b>X</b>
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s)		<b>X</b>
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets		<b>X</b>
<b>n</b> Sharing of paid employees		<b>X</b>
<b>o</b> Reimbursement paid to other organization for expenses		<b>X</b>
<b>p</b> Reimbursement paid by other organization for expenses		<b>X</b>
<b>q</b> Other transfer of cash or property to other organization(s)		<b>X</b>
<b>r</b> Other transfer of cash or property from other organization(s)		<b>X</b>

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			



SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization

CONNECTIONS CSP, INC.

Employer identification number

51-0333030

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions...
10 An organization organized and operated exclusively to test for public safety.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations...
a Type I b Type II c Type III-Functionally integrated d Type III-Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons...
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

h Provide the following information about the supported organization(s).

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Includes a Total row at the bottom.

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

Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	337,773	403,725	923,920	215,688	978,579	2,859,685
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	337,773	403,725	923,920	215,688	978,579	2,859,685
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						2,859,685

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	337,773	403,725	923,920	215,688	978,579	2,859,685
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				1,714		1,714
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					0	
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	232,888	381,323	376,862	259,038	755,488	2,005,599
<b>11 Total support.</b> Add lines 7 through 10						4,866,998
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	90,635,365
<b>13 First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	58.76 %
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	2.00 %
<b>16a 33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

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

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

**PART II, LINE 10 - OTHER INCOME DETAIL**

**OTHER INCOME** **\$ 2,005,599**

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**Depreciation and Amortization**  
 (Including Information on Listed Property)

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

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	<b>250,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>800,000</b>
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	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 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 2010. 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 instr.)**

14	Special depreciation allowance for qualified property (other than listed 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	<b>329,074</b>

**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 2009	17	<b>53,816</b>
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 2009 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 2009 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	
22	<b>Total.</b> 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 instructions	22	<b>382,890</b>
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.**

51-0333030

## Federal Asset Report

FYE: 6/30/2010

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Prior MACRS:</b>											
37	500 W.10	12/01/96	2,137,180				2,137,180	39	MMS/L	679,057	53,430
90	402 JEFFERSON	2/01/99	4,955				4,955	27	MMS/L	1,539	124
109	402 JEFFERSON/1	5/01/00	10,490				10,490	27	MMS/L	2,749	262
			<u>2,152,625</u>				<u>2,152,625</u>			<u>683,345</u>	<u>53,816</u>
<b>Other Depreciation:</b>											
16	LAND - 500 W, 10TH ST	6/30/95	331,629				331,629	0	-- Land	0	0
39	402 JEFFERSON	6/01/97	72,000				72,000	40	MO S/L	21,750	1,800
47	402 JEFFERSON	7/20/00	3,145				3,145	40	MO S/L	708	78
51	708 WEST ROOF	4/27/01	32,400				32,400	40	MO S/L	6,683	810
52	708 WEST SIDEWALK	6/19/01	19,494				19,494	40	MO S/L	3,754	487
55	BLACKBIRD BLDG'	11/30/01	257,691				257,691	40	MO S/L	47,945	6,442
56	402 JEFFERSON ADDITION	12/05/01	3,850				3,850	40	MO S/L	730	96
67	500 W 10TH WYMAN ELECTR	10/01/97	774				774	10	MO S/L	774	0
73	500 W 10TH BLDG ADDNS 50	1/01/98	135,844				135,844	40	MO S/L	39,055	3,396
76	500 W. 10th St FIRE ESCAPE	7/01/98	64,571				64,571	39	MO S/L	18,212	1,656
83	500 W 10TH ST	10/26/98	2,235				2,235	39	MO S/L	616	57
85	500 W 10TH ST	12/01/98	9,000				9,000	15	MO S/L	6,350	600
100	500 W 10TH ST	6/15/99	24,745				24,745	39	MO S/L	6,398	634
101	500W 10TH ST	6/15/99	10,875				10,875	39	MO S/L	2,810	279
102	500 W 10TH ST	6/15/99	258,559				258,559	39	MO S/L	74,187	6,630
103	500 W. 10th CHLLER A/C	7/01/99	31,790				31,790	20	MO S/L	31,790	0
106	LAND 708 710 WE	12/08/99	66,016				66,016	0	-- Land	0	0
115	708 WEST	5/01/02	740,558				740,558	40	MO S/L	113,248	18,514
116	708 W BLDG ADDITION COS	5/01/02	19,472				19,472	40	MO S/L	3,894	487
117	708 W BLDG COST	5/01/02	22,933				22,933	40	MO S/L	4,300	573
123	708 W OFFICES WITHIN	1/09/03	3,375				3,375	20	MO S/L	1,097	169
124	708 W OFFICES WITHIN	4/24/03	6,600				6,600	20	MO S/L	2,035	330
125	708 W GATE	4/25/03	10,095				10,095	20	MO S/L	3,113	504
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	3,909	642
133	708 W BUILDING IMPRO	6/30/03	26,198				26,198	20	MO S/L	7,859	1,310
134	708 W ARCHITECTURAL PLAN	6/30/03	34,210				34,210	5	MO S/L	34,210	0
135	402 JEFFERSON	6/01/97	8,000				8,000	29	MO S/L	4,765	276
136	816 WEST ST	11/01/04	958,600				958,600	40	MO S/L	108,258	23,965
137	LAND - 816 WEST ST	9/12/03	84,869				84,869	0	-- Land	0	0
138	500 W 10TH	10/28/05	26,800				26,800	5	MO S/L	26,800	0
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	3,163	759
159	2006 Subaru Forester	9/20/05	22,337				22,337	5	MO S/L	16,753	4,467
160	901 & 903 Washington St	3/08/06	50,000				50,000	40	MO S/L	25,521	1,250
161	2197 STILL ROAD	4/26/06	698,229				698,229	40	MO S/L	55,276	17,456
163	ROOFTOP HVAC COMPRESSOR	3/01/06	4,590				4,590	10	MO S/L	1,530	459
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	6,818	2,273
169	BLACK DIAMOND ROAD	5/01/07	914,861				914,861	40	MO S/L	49,555	22,872
170	ZION CHURCH ROAD - BLDG IMPROV	8/31/06	834,503				834,503	40	MO S/L	59,111	20,862
171	ZION CHURCH ROAD - BLDG IMPROV	5/07/07	31,835				31,835	40	MO S/L	1,724	796
172	2197 STILL ROAD - BLDG IMPROVEME	5/07/07	34,364				34,364	40	MO S/L	1,861	859
173	LAND - 404 JEFFERSON STREET	11/29/06	16,000				16,000	0	-- Land	0	0
174	BLDG - 816 WEST ST.	6/28/07	-1,500				-1,500	40	MO S/L	-75	-38
175	2197 STILL ROAD - HEAT PUMP	6/30/07	29,920				29,920	40	MO S/L	1,496	748
176	2197 STILL ROAD - FURNACE	6/30/07	20,280				20,280	40	MO S/L	1,014	507
178	BUILDING IMPROVEMENTS	3/29/07	4,366				4,366	10	MO S/L	982	437
179	BUILDING IMPROV. - LOBBY RENOVA	5/11/07	6,350				6,350	10	MO S/L	1,376	635
180	500 W. 10TH ST. - BLDG IMPROV.	5/08/07	4,975				4,975	10	MO S/L	1,078	497
181	Clint walker LAND IMPROVEMENTS	1/01/07	7,995				7,995	10	MO S/L	1,999	799
182	memo asset to agree to client cost basis.	6/30/07	-3,006				-3,006	0	-- Memo	0	0
183	BLACK DIAMOND ROAD ADDITIONS	6/30/07	47,462				47,462	40	MO S/L	2,373	1,187
184	2197 STILL ROAD - SHOWERSTALL	12/14/07	3,275				3,275	40	MO S/L	130	82
185	204 GORDY PLACE	3/31/08	319,318				319,318	40	MO S/L	9,979	7,983
186	204 GORDY PLACE - IMPOVEMENTS	4/30/08	2,484				2,484	40	MO S/L	72	63
187	204 GORDY PLACE - IMPOVEMENTS	5/31/08	31,052				31,052	40	MO S/L	841	776
188	124 N. WEST STREET	11/30/07	625,329				625,329	40	MO S/L	24,753	15,633

51-0333030

## Federal Asset Report

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## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
189	124 N. WEST STREET - IMPROV	11/30/07	69,139			69,139	40 MO S/L	2,737	1,728
190	124 N. WEST STEET - IMPOV	3/24/98	4,214			4,214	40 MO S/L	211	105
191	124 N. WEST STREET - IMPROV	3/24/08	1,933			1,933	40 MO S/L	60	49
192	124 N. WEST STREET	5/31/08	2,030			2,030	40 MO S/L	55	51
194	944 BLACKBIRD LANDING - IMPROV	9/05/07	4,576			4,576	40 MO S/L	210	114
196	124 N. CAMDEN - CAPITAL LEASE	3/31/08	29,700			29,700	40 MO S/L	928	743
197	675 BLACK DIAMOND - BOW WINDOW	12/31/07	4,755			4,755	40 MO S/L	178	119
198	675 BLACK DIAMOND - CAPITAL LEA	3/31/08	34,165			34,165	40 MO S/L	1,068	854
199	204 GORDY PLACE - CAPITAL LEASE	3/01/08	36,200			36,200	40 MO S/L	1,207	905
200	204 GORDY PLACE - CAPITAL LEASE	6/01/08	3,469			3,469	40 MO S/L	94	87
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	Cornerstone CRES BLDG #4 FLOORING	2/29/08	17,549			17,549	5 MO S/L	4,680	3,509
205	cornerstone - PHONE EQUIP & VIDEO SY	6/30/08	16,158			16,158	5 MO S/L	3,232	3,231
207	Cardinal Ave Group Home	2/25/09	470,081			470,081	40 MO S/L	3,917	11,752
208	124 N. West ST. Mech/Elect. & Plumbing I	3/26/08	3,744			3,744	10 MO S/L	374	375
209	500 W. 10th St Network Wiring	10/31/08	14,051			14,051	10 MO S/L	937	1,405
210	500 W. Basement Upgrades	1/31/09	4,807			4,807	20 MO S/L	100	241
211	500 W. Roof Repairs	3/31/09	6,600			6,600	20 MO S/L	83	330
212	Security Fence	9/30/08	21,495			21,495	20 MO S/L	806	1,075
213	Roxana Renovations	9/30/08	47,787			47,787	20 MO S/L	1,792	2,389
214	Cardinal Security System	2/28/09	75,475			75,475	10 MO S/L	2,516	7,547
215	Womanspace Roof & Mold Remediation	12/31/08	24,550			24,550	40 MO S/L	307	614
216	Land - Cardinal	10/27/08	31,800			31,800	0 -- Land	0	0
217	Mitsubishi Fuso Box Truck	6/23/09	11,026			11,026	5 MO S/L	0	2,205
218	Panasonic Phone System - 500 W.	10/23/08	49,555			49,555	7 MO S/L	4,720	7,079
219	2008 IT Project - New Server	10/31/08	34,352			34,352	7 MO S/L	3,272	4,907
220	Buildings	11/01/04	1,249,145			1,249,145	40 MO S/L	145,734	31,228
221	Building Equipment	7/27/05	1,126			1,126	5 MO S/L	901	225
222	Security System	10/01/07	39,990			39,990	10 MO S/L	6,998	3,999
223	Roof Repair	1/07/09	7,640			7,640	10 MO S/L	382	764
224	Land	11/01/04	95,000			95,000	0 -- Land	0	0
225	2000 Audi A6 Sedan	10/12/09	3,690			3,690	5 MO S/L	0	554
226	511 W 9th St	3/09/10	285,751			285,751	40 MO S/L	0	2,381
227	600 E 9th St	10/28/09	104,846			104,846	40 MO S/L	0	1,747
228	404 Jefferson St	11/30/09	536,066			536,066	40 MO S/L	0	7,818
229	414 W 23rd St	9/30/09	280,497			280,497	40 MO S/L	0	5,259
230	501 W 9th St - A&G	3/12/10	2,000			2,000	10 MO S/L	0	67
231	Quakertown Apts	3/12/10	3,850			3,850	10 MO S/L	0	128
232	Building Service Equip	9/04/09	142,542			142,542	5 MO S/L	0	23,757
233	Building Svc Equip	1/25/10	2,020			2,020	5 MO S/L	0	168
234	Phone System	11/01/09	40,053			40,053	10 MO S/L	0	2,670
235	Land - West Presby	8/24/09	105,000			105,000	0 -- Land	0	0
236	Equipment upgrade	9/04/09	27,959			27,959	7 MO S/L	0	3,328
237	West Presbytery	8/24/09	1,078,564			1,078,564	40 MO S/L	0	22,470
<b>Total Other Depreciation</b>			<b>13,732,980</b>			<b>13,732,980</b>		<b>1,030,079</b>	<b>329,074</b>
<b>Total ACRS and Other Depreciation</b>			<b>13,732,980</b>			<b>13,732,980</b>		<b>1,030,079</b>	<b>329,074</b>
<b>Grand Totals</b>			<b>15,885,605</b>			<b>15,885,605</b>		<b>1,713,424</b>	<b>382,890</b>
<b>Less: Dispositions and Transfers</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>15,885,605</b>			<b>15,885,605</b>		<b>1,713,424</b>	<b>382,890</b>