Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2015
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Α	For tr	ne 2015 calendar year, or tax year beginning	and ending		The second secon
В	Check i applicat	C Name of organization		D Employer identif	ication number
	Addr chan	CONNECTICUT BAR FOUNDATION, INC.			
	Nam chan	e [06-6	079763
-	initia retur	Number and street (or P.O. box if mail is not delivered to street address)	Room/su	ite E Telephone numbe	er
Ĺ.,	Final	21 DDAMM CMDDDM	420		722-2494
	termi ated			G Gross receipts \$	19,004,987.
	Amer	nded IIA DITTODD OT 06103		H(a) Is this a group r	
F	Appl		PS	for subordinates	
	pend	31 PRATT STREET, SUITE 420, HARTFOR		06 H(b) Are all subordinates i	
$\overline{}$	Tax-ex				list. (see instructions)
		ite: ► WWW.CTBARFDN.ORG	(-//-/	H(c) Group exemption	•
		of organization: X Corporation Trust Association Other	I Y		M State of legal domicile: CT
	art I	Summary		a. o. lomanon 25 o 25	n omis o logal dollmono. O 2
-	T 4	Briefly describe the organization's mission or most significant activities: ${f T}$	O FIIND I	EGAL SERVICE	S FOR THE
Activities & Governance		POOR AND DEVELOP PROGRAMS TO ENHANCE			
ē	2	Check this box if the organization discontinued its operations or			
Š	3			3	28
Ĝ	4	Number of independent voting members of the governing body (Part VI, line			28
್ಯ	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a			7
ë	6	Total number of volunteers (estimate if necessary)			400
Ž	7.	Total unrelated business revenue from Part VIII, column (C), line 12			0.
¥	/ a	Net unrelated business taxable income from Form 990-T, line 34			0.
_	<u> </u>	Net diretated business taxable income from Form 990-1, line 34		Prior Year _	Current Year
		Contributions and grants (Part VIII line 1h)	1	13,018,955.	
9	8	Contributions and grants (Part VIII, line 1h)	l l	2,210,194.	
Revenue	9	Program service revenue (Part VIII, line 2g)		276,347.	79,429.
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1	270,347.	79,429.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,505,496.	
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u> 15,223,826.</u>	16,467,490.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<u> </u>	<u>0.</u>
Š	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines		508,315.	516,873.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
រវិ	b	Total fundraising expenses (Part IX, column (D), line 25)	0.	222 020	201 776
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		222,820.	221,776.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		15,954,961.	17,206,139.
	19	Revenue less expenses. Subtract line 18 from line 12			79,847.
Net Assets or Fund Balances			-	Beginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)		7,786,988.	8,648,508.
ag By	21	Total liabilities (Part X, line 26)		<u>55,031.</u>	890,939.
		Net assets or fund balances. Subtract line 21 from line 20		7,731,957.	7,757,569.
		Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying sc			y knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information	n of which prepa	rer has any knowledge.	
		Signature of officer		 Date	
Sig				Date	
He	re	DONALD D. PHILIPS, EXECUTIVE DIRECT	TOR	····	
				Data about	Drini
_		Print/Type preparer's name Preparer's signature		Date Check C	PTIN
Paid		NICHOLAS YANOUZAS	 	self-employ	
	parer	Firm's name WHITTLESEY & HADLEY, PC	· ·	Firm's EIN	06-0903326
Use	Only	Firm's address ≥ 280 TRUMBULL ST 24TH FL			
	<u> </u>	HARTFORD, CT 06103		Phone no. 8 6	0.522.3111
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		X Yes No

	n 990 (2015) CONNEC rt III Statement of Program S	ETICUT BAK	FOUNDATION plishments	, INC.	<u>06-6079763</u>	Page 2
			-	II <u></u>		X
1	Briefly describe the organization's mis		o dily into in this tale i	<u> </u>		
	SEE SCHEDULE O.			<u></u>		
					·	
						
2	Did the organization undertake any sig		ervices during the yea	r which were not listed on	<u></u>	
-	the prior Form 990 or 990-EZ?	,			Yes	X No
	If "Yes," describe these new services	on Schedule O				
3	Did the organization cease conducting		nt changes in how it c	onducts, any program services?	Yes	X No
	If "Yes," describe these changes on S					
4	Describe the organization's program s Section 501(c)(3) and 501(c)(4) organiz	· ·				
	revenue, if any, for each program servi	•		or grante and anotations to other	of the total expended,	۵,.۰
4a		,081,437.	including grants of \$	14,081,437.) (Revenue	e \$	0.
	SEE SCHEDULE 0.			· · · · · · · · · · · · · · · · · · ·		
				<u> </u>	<u></u>	
						
			·	·		
		· 		·		
			·· <u>··</u>			
			·			
			·		<u></u> .	
	· · · · · · · · · · · · · · · · · · ·	<u>.</u>		· · · · · · · · · · · · · · · · · · ·		
4b	(Code:) (Expenses \$2	,386,428.	including grants of \$	2,386,053.) (Revenue	es 2,433,	222.
	SEE SCHEDULE O.			<u> </u>		
			 -			
						
		· · · · · · · · · · · · · · · · · · ·	 .			
						
		<u> </u>		·····	,	
						
4c	(Code:) (Expenses \$	60,659.	including grants of \$	0 .) (Revenue	123,	286.
	SEE SCHEDULE O.	·				
						
			·			
			· · ·	· · · · · · · · · · · · · · · · · · ·		
				· · · · · · · · · · · · · · · · · · ·		
				·	 	
		_				•
			 .	 		
	· · · · · · · · · · · · · · · · · · ·					
4d	Other program services (Describe in Sc	chedule O.)		· · · · · · · · · · · · · · · · · · ·		
	(Expenses \$	including grants of \$) (Revenue \$)	
4e	Total program service expenses	<u>16,528</u>	3,524.			~~
532002		Opp CC	andonie o za	OD COMMINITATION OF CAR		90 (2015)
12-16-	15	SEE SC	TEDOPE O FC	OR CONTINUATION(S	1	

				Yes	No
	1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
		If "Yes," complete Schedule A	1	X	<u> </u>
1	2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
		public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
7.6	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			-
		during the tax year? If "Yes," complete Schedule C, Part II	4	X	·
	5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
		similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
í	6.	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
		provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
•	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	- "	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7_		X
. (8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
		Schedule D, Part III	8		X_
,	9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
		amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	. :	If "Yes," complete Schedule D, Part IV	9_		X
10	0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	•	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	1 .	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X		1.00	
		as applicable.			
		Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
		Part VI	11a	X	
	þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
		assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
		assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
	d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			7.7
		Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
		Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
. • '		Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			7.
		the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
14		Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
		Schedule D, Parts XI and XII	12a	X	<u> </u>
	b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
		If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13		Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14		Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
		Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
		investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		- 1	v
٠,		or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		<u> </u>
15			4-	l	v
ir		foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16		or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	40		X
47		Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u>.</u>
17		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
40		Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-1/		
IC		1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19		Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	- 10		
10		complete Schedule G, Part III	19		X

Form 990 (2015)

Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Х 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," 26 X complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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): X 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? Х if "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 Part V, line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37

Form **990** (2015)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note, All Form 990 filers are required to complete Schedule O

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0].		ĺ
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming]		ĺ
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 7			ĺ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	l
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	78) 781		ľ
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990 T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			ĺ
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	:		ľ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5а		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 as charitable contributions?	6a		X
b				
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	:		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year 7d	ž	- 22	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	' '	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		:	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			<i>8</i> 7
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:	16. Th.	-	
а	Gross income from members or shareholders			
þ	Gross income from other sources (Do not net amounts due or paid to other sources against	*		
	amounts due or received from them.)	:	; fik, ;	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		7.20	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	# 60 *		
	organization is licensed to issue qualified health plans	45		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	222	
		Form	990 (2015)

532005 12-16-15

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		T	
		of	Yes	No
1a		8		8
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.	8	* * 79	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 2	<u>5</u>	* 19	- "
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		ē a:	7,
	officer, director, trustee, or key employee?	2	_	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			₹.
	of officers, directors, or trustees, or key employees to a management company or other person?	3	1	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	 	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	 	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7a		х
	more members of the governing body?	- / a		
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b	x	
_	persons other than the governing body?			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	Ba	x	
a	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X	
þ	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	- 	
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
000	ton D. 1 Onoted (mis decision b reguests minimation about policies not required by the internal revenue ocacly		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	1.00	X
b		100		
J	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		. 8 .	2. Z.
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	逐	7	186
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	*		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	i i e e	ja P	w-
	exempt status with respect to such arrangements?	16b	1	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CT			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ANNE GOICO - 860-722-2494			
	31 PRATT STREET, SUITE 420, HARTFORD, CT 06103			

Form 990 (2015)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization. more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	nor any related	org	aniza	tion	100	npei	nsa	ed any current officer, o	lirector, or trustee.	
(A) Name and Title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual frustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) PETER ARAKAS	1.00							_		
TREASURER	1 00	X	 	X	ļ		ļ	0.	0.	0.
(2) ANDREA BARTON REEVES	1.00	٦,		ا ب					^	<u> </u>
VICE PRESIDENT	1.00	X	 	X				0.	0.	0.
(3) JAMES T. SHEARIN PRESIDENT	1.00	X		x				0.	0.	0.
(4) DOUGLAS S. BROWN	1.00	1								
SECRETARY		x		x				0.	0.	0.
(5) LIVIA D. BARNDOLLAR	1.00									
DIRECTOR		X	Li			Ш		0.	0.	0.
(6) HON, WILLIAM H. BRIGHT, JR.	1.00								_	_
DIRECTOR	1 2 2 2	X						0.	0.	0.
(7) CHARLSA D. BROADUS	1.00									
DIRECTOR	1.00	X				$\vdash \vdash$		0.	0.	0.
(8) MARGARET I. CASTINADO	1.00	X						0.	0.	0.
DIRECTOR (9) JOSEPH D. D'ALESIO	1.00	<u>~</u>	H		-			U•		
DIRECTOR	1.00	x						0.	0.	0.
(10) TIMOTHY A. DIEMAND	1.00				\dashv					
DIRECTOR		х						o.	0.	0.
(11) LAWERENCE J. FOX	1.00	-						:		
DIRECTOR		X						0.	0.	0.
(12) DOREEN FUNDILLER-ZWEIG	1.00	X						_		_
DIRECTOR	1.00	Λ	- 1	-	\dashv			0.	0.	0.
(13) HON, JANET C. HALL DIRECTOR	1.00	х						0.	0.	0.
(14) KRISTA HESS	1.00			·	\dashv		_			
DIRECTOR		X						0.	0.	0.
(15) JOHN R. LOGAN	1.00									
DIRECTOR		Х			╝			0.	0.	0.
(16) HON, INGRID L. MOLL	1.00					İ				
DIRECTOR	<u> -</u>	Х			4	_		0.	0.	0.
(17) RALPH J. MONACO	1.00	[ĺ	- [_		•
<u>DIRECTOR</u>		X						0.	0.	0.
532007 12-18-15		•								Form 990 (2015

Part VII Section A. Officers, Directors, Trus	tees, Key Em	plo	yees	, an	<u>d Hi</u>	ighe	st (Compensated Employe	es (continued)			
(A)	(B)		(C) Position					(D)	(E)	ŀ	(F)	
Name and title	Average	(40	o not o				one	Reportable	Reportable		Estimat	
	hours per week	box	k, unle icer ar	ss þe	rson	is bo	th ar	compensation	compensation	a	amount	
	(list any	-	T-		1		T	from the	from related organizations	COL	<i>other</i> mpensa	
	hours for	or director				2		organization	(W-2/1099-MISC)		from th	
	related	ie o	trustee			nsate		(W-2/1099-MISC)	(,	- 1	ganiza	
	organizations	冒	튵		ag d	dwo.				a	nd relat	ted
	below line)	Individual	Institutional 1	Officer	Key employee	Highest compensated employee	Former			org	ganizati	ions
(18) MOY OGILVIE	1.00			Ť	Ť							
DIRECTOR	ļ <u>.</u>	X	ļ		ļ	ļ.	╀	0.	0	•		0.
(19) ASKER A. SAEED	1.00					ļ						_
DIRECTOR	1 00	X	ļ		_		-	0.	0	•		0.
(20) JOSEPH A. SANTOS	1.00	x						0.	0			Λ
DIRECTOR	1.00	^					\vdash		<u> </u>	•		0.
(21) JAMES SICILIAN	1.00	x						0.	0			0.
DIRECTOR (22) FREDERIC S. URY	1.00	^	 -				-			•		0.
DIRECTOR	1.00	x						0.	0	_		0.
(23) DENISE V, ZAMORE	1.00				-				<u>_</u>	†		
DIRECTOR		X						0.	0			0.
(24) DEAN JENNIFER G. BROWN	1.00											
EX-OFFICIO DIRECTOR		X						0.	0	<u>.l. </u>		0.
(25) DEAN TIMOTHY S. FISHER	1.00]										<u> </u>
EX-OFFICIO DIRECTOR		X			ļ			0.	0	<u>. </u>		0.
(26) WILLIAM LOGUE	1.00											
EX-OFFICIO DIRECTOR	<u> </u>	X	<u> </u>		<u> </u>			0.	0			0.
1b Sub-total								0.	0			0.
c Total from continuation sheets to Part V	II, Section A						•	292,440.	0			<u> 19.</u>
d Total (add lines 1b and 1c)	_ 4 12		10.44	<u>دورت</u> المال			▶	292,440.		<u>· </u>	72,1	<u>ту.</u>
2 Total number of individuals (including but n compensation from the organization	ot limited to tr	iosė	iiste	io ai	SOVE	e) Wr	10 I	eceived more than \$100	,000 or reportable			1
Compensation from the organization											Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e. ke	v en	olan	vee.	or	highest compensated er	mplovee on	800		
line 1a? If "Yes," complete Schedule J for s			•	•	•	•			. ,	3		x
4 For any individual listed on line 1a, is the su	ım of reportab	le co	ompe	ensa	ition	and	d ot	her compensation from	the organization	Sg 1 38		
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	dule	e J i	for such individual		4		Х
5 Did any person listed on line 1a receive or a	accrue comper	nsat	ion f	rom	any	unr	elat	ed organization or indivi	dual for services	J		
rendered to the organization? If "Yes," com	plete S <u>chedul</u> e) J f	or su	ich į	oe <i>r</i> s	on .				5	Ш.	X
Section B. Independent Contractors		_										
Complete this table for your five highest co	•								•	sation	irom	
the organization Report compensation for (A)	ine calendar y	ear e	enair	ig w	<u>iim c</u>	or w	ıtrıir		rear.		 C)	
Name and business	address	NC	ONE	:				(B) Description of s	ervices		ensation	n
							ĺ					
	 						4					
	-							· 				
2 Total number of independent contractors (in	neluding but n	at lir	niter	l to t	thee	e lie	ted	above) who received m	ore than			-
\$100,000 of compensation from the organiz	-	J. 111			os ()))	·····	LLSVO, WIIO 1000IVGU III	o.o alan			
SEE PART VII, SECTION		'IN	AUI	ΤI	ON	I S	Н	EETS		Form	990 (2	2015)
								4				

Form 990 CONNECT	CICUT BAR	F	נעכ	ND	ΑT.	[0]	٧,	INC.	06-607	9763
Part VII Section A. Officers, Directors,		mple	oyee	s, a	<u>nd l</u>	ligh	est			(P)
(A) Name and title	(B) Average hours per	(c		Pos	c) ition that	арр	ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) DEAN ROBERT C. POST EX-OFFICIO DIRECTOR	1.00	x						0.	0.	0
(28) HON, CHASE T, ROGERS	1.00	x						0.	0.	0
EX-OFFICIO DIRECTOR 29) PHILIP I, BLUMBERG	1.00									
OIRECTOR EMURITUS (30) ALEX LLOYD	1.00	X						0.	0.	. 0
DIRECTOR EMURITUS		x				:		0.	0.	0
31) GEORGE SCHATZKI DIRECTOR EMURITUS	1.00	x						0.	0.	0
32) DONALD PHILIPS EXECUTIVE DIRECTOR	35.00			х				85,706.	0.	10,383
33) ELIZABETH DRUMMOND	35.00									
ASSISTANT DIRECTOR (34) ANNE GOICO	35.00			X				112,778.	0.	32,366
FINANCE DIRECTOR				X	}	-		93, <u>9</u> 56.	0.	29,370
							_		·	
										
· · · · · · · · · · · · · · · · · · ·					_					
					\Box					
· · · · · · · · · · · · · · · · · · ·										·
otal to Part VII, Section A, line 1c								292 <u>,4</u> 40.		72,119

		Check if Schedule O cont	tains a response	or note to any lir	e in this Part VIII	<u></u>		
<u> </u>	A. A.				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
य द	1:	Federated campaigns	1a	<u>,</u>	4.	· · · · · ·		JIE JIA
眶	l	Membership dues	1b		Na the self			•
آيٰ ق		Fundraising events	1c		*			
iits		d Related organizations	1d					
S,E		e Government grants (contribut		14,821,075,	i de			*
S _O		All other contributions, gifts, gran						
bet the		similar amounts not included abo	1 1	141,559,	: :::	6		-
ĒĎ	Ι,	Noncash contributions included in lines			**:			
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		>	14 962 634			
-				Business Code				
9	2 :	INTEREST ON LAWYERS' T	RUST ACCOUN	900099	2,092,137,	2,092,137,		
ہ ≩	ļ	FELLOWS PROGRAM		541100	111,854,	111,854,		
Program Service Revenue		ANNUAL RECEPTION		541100	39,932,	39,932		
e a	(d			_			
ğŒ	(•						,
<u>o</u>	1	All other program service reve	enue					
		Total. Add lines 2a-2f			2,243,923.			
	3	Investment income (including	dividends, inter-	est, and				
		other similar amounts)		•	<u>134,270,</u>			134,270.
	4	Income from investment of ta	x-exempt bond p	oroceeds >				
	5	Royalties		<u></u>		· · · · · · · · · · · · · · · · · · ·		
			(i) Real	(ii) Personal				
	6 8	a Gross rents			-2 -2			
	ı	Less: rental expenses			# ***			
		Rental income or (loss)			id A	×2.		
		Net rental income or (loss)						
	7 8	Gross amount from sales of	(i) Securities	(ii) Other	9			
		assets other than inventory	1,664,160,					
	i i	Less cost or other basis			:			
		and sales expenses	1,719,001,		"	ļ		Í
		Gain or (loss)	-54,841,			30		
		Net gain or (loss)				,		-54,841.
ñ.	8 8	 Gross income from fundraising including \$						
ķ			-	1				}
Other Rever		contributions reported on line						
声	L	Part IV, line 18 Less: direct expenses	. a		**			
5		Net income or (loss) from fund	•		i			
		Gross income from gaming ac	_	· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·			<u> </u>
		Part IV, line 19	а					
	ŀ	Less: direct expenses	. b					i io
		: Net income or (loss) from gam	_					1
- 1		Gross sales of inventory, less						36
		and allowances	а					
	b	Less: cost of goods sold	. ь			4		
		Net income or (loss) from sales	s of inventory					
[Miscellaneous Revenue		Business Code	-4	W	3	
ľ	11 a							
	b							1
	c							
	c	All other revenue						
ľ	е	Total. Add lines 11a-11d		▶ [
	12	Total revenue. See instructions.		_	17,285,986.	2,243,923	. 0	79,429.

	Check if Schedule O contains a respon		this Part IX	(C)	
	not include amounts reported on lines 6b, 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 domestic organizations and domestic governments. See Part IV, line 21	16,467,490.	16,467,490.	4 5 7 8 3 8 4 8 4 8 4 8 4 8 4 8 8 8 8 8 8 8 8	
2	Grants and other assistance to domestic individuals. See Part IV, line 22			÷ 100 mg	**************************************
3	Grants and other assistance to foreign			A 2 3 &	
3	organizations, foreign governments, and foreign				And the second
	individuals. See Part IV, lines 15 and 16				\$ 30 mg*s
4	Benefits paid to or for members			# 255	X 4 2
5	Compensation of current officers, directors,	· ·· · ·			
3	trustees, and key employees	394,889.		394,889.	
	Compensation not included above, to disqualified	03270000		35 47 4 45	
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
_	•	75,656.		75,656.	· ·
7	Other salaries and wages	73,03 <u>0.</u>		737030.	
8	Pension plan accruals and contributions (include	4,917.		4,917.	
_	section 401(k) and 403(b) employer contributions)	9,400.		9,400.	
9	Other employee benefits	32,011.	· - - · ·	32,011.	<u>-</u>
10	Payroli taxes	34,011.		32,0110	<u></u> ,
11	Fees for services (non-employees)				
а	. ,				
b		40.000		19,900.	
С	Accounting	19,900.		19,900.	······
ď	, •	·	0 0 6r 5		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				······
g	•				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	27,106.		27,106.	 -
14	Information technology	<u>20,830.</u>		20,830.	<u></u>
15	Royalties				·
16	Occupancy	37 <u>,836</u> .		<u>37,836.</u>	
17	Travel .	<u> </u>			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3 <u>5,231</u> .	21,989.	13,242.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,757.		2,757.	
23	Incurance	11 934		11,934.	
24	Other expenses. Itemize expenses not covered		* * * * *	4.87	8. 8. 8. 8. 8. 8. 8. 8. 8. 8. 8. 8. 8. 8
	24e amount exceeds 10% of line 25, column (A)			# 8 # #	
	amount, list line 24e expenses on Schedule 0.)	1 1/10	39,045.	<u> </u>	
_	PROGRAMS	39,045.	37,043.	14,587.	
b		14,587.			
C	BAD DEBT	12,550.		12,550.	
d	<u></u>				,
е	All other expenses	48 005 400	16 500 504	CDD C1 F	
25_	Total functional expenses. Add lines 1 through 24e	17,206,139.	16,528,524.	677,615.	0
26	Joint costs Complete this line only if the organization	ı			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (201

Form 990 (2015)
Part X | Balance Sheet

Part X	Charlest Cha			
	Check if Schedule O contains a response or note to any line in this Part X	(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	672,672.	2	1,506,674
3	Pledges and grants receivable, net	405,098.	3	402,251
4	Accounts receivable, net	215,826.	4	205,294
5	Loans and other receivables from current and former officers, directors,	4 637 9 8 8 AGM		· · · · · · · · · · · · · · · · · · ·
	trustees, key employees, and highest compensated employees. Complete		16.	
	Part II of Schedule L	HAT IDA. ADA.	5	- 1. etrabase rouss
6	Loans and other receivables from other disqualified persons (as defined under	(A)		Martin Daniel Communication
-	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			W
ſ	employers and sponsoring organizations of section 501(c)(9) voluntary			原型的 等於
,	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	₩.
7	Notes and loans receivable, net		7	
8 5	Inventories for sale or use		8	···
9	Prepaid expenses and deferred charges		9	···
10a			-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	basis. Complete Part VI of Schedule D 10a 13, 783.			%,
Ь		10,097.	10c	7 340
11	Investments - publicly traded securities	6,483,295.	11	7,340 6,526,949
12	Investments - other securities. See Part IV, line 11	0,403,233	12	0,520,545
13	·		13	
14	Investments - program-related. See Part IV, line 11 Intangible assets		14	· · · · · · · · · · · · · · · · · · ·
1	-			
15	Other assets. See Part IV, line 11	7,786,988.	15	8,648,508
16	Total assets. Add lines 1 through 15 (must equal line 34)	55,031.	16	890,939
17	Accounts payable and accrued expenses	33,031.	17	030,333
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities	 .	20	_
21	Escrow or custodial account liability. Complete Part IV of Schedule D	The same of the sa	21	
22	Loans and other payables to current and former officers, directors, trustees,	*		- M
	key employees, highest compensated employees, and disqualified persons.	8 a		
22	Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities (including federal income tax, payables to related third			
ł	parties, and other liabilities not included on lines 17-24). Complete Part X of	}	-	
	Schedule D , , , , , , , , , , , , , , , , , ,		25	
26	Total liabilities. Add lines 17 through 25	55,031.	26	890,939
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	5;	· ×	•
	complete lines 27 through 29, and lines 33 and 34.	4 4 5 0 44 0		4 40- 600
27	Unrestricted net assets	1,458,418.	27	1,425,692
28	Temporarily restricted net assets	6,273,539.	28	6,331,877
29	Permanently restricted net assets	·	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here	and the second s		≈
	and complete lines 30 through 34.	de de applique de 1136 e e e	1	A second
30	Capital stock or trust principal, or current funds		30	·
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		32	<u>-</u> -
33	Total net assets or fund balances	7,731,957.	33	<u>7,757,569</u> .
34	Total liabilities and net assets/fund balances	7,786,988.	34	<u>8,648,508.</u>

Form **990** (2015)

	990 (2015) CONNECTICUT BAR FOUNDATION, INC.	06-60	<u>79</u> 763	Page 1	2
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			🗔]
1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,285	. 986	_
2	Total expenses (must equal Part IX, column (A), line 25)		17,206		
3	Revenue less expenses. Subtract line 2 from line 1	3		,847	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	$\frac{7}{7},731$		_
5	Net unrealized gains (losses) on investments	5		,479	
6	Donated services and use of facilities	6		,	Ť
7	Investment expenses	7			-
8	Prior period adjustments	8		-756	_
9	Other changes in net assets or fund balances (explain in Schedule O)	9		7.50	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	<u> </u>			÷
	column (B))	10	7,757	. 569	_
Pai	t XII Financial Statements and Reporting		.,,,	7.2.2	÷
1341 40	Check if Schedule O contains a response or note to any line in this Part XII			X	1
	one of the original and a supplied of the original and th			es No	_
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		ψ		 .3
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			٠.
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	0.	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	191 VS		- T- T-
	separate basis, consolidated basis, or both:		3.		
	Separate basis Consolidated basis Both consolidated and separate basis				
h	Were the organization's financial statements audited by an independent accountant?		2b	x	
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis.			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.	\		
_	review, or compilation of its financial statements and selection of an independent accountant?	,	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.	:S'	*	-
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir		2 %	1	$_{y}^{\S}$
	Act and OMB Circular A-133?	- -	3a	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit		1	_

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

532012 12-16-15 Form **990** (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

2015

Open to Public Inspection

Employer identification number Name of the organization 06-6079763 CONNECTICUT BAR FOUNDATION, Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) я An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. ____ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization (v) Amount of monetary (vi) Amount of (iii) Type of organization (i) Name of supported (ii) EIN listed in your (described on lines 1-9 other support (see support (see organization governing document? above (see instructions)) instructions) instructions) Yes

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 532021 09-23-15

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and				-		
	membership fees received. (Do not						
	include any "unusual grants.")	9,674,816,	10.515.478.	13,526,907.	13_018.955.	14,962,634,	61,698,790,
2	Tax revenues levied for the organ-			-			
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			,			
	the organization without charge						
4	Total. Add lines 1 through 3	9,674,816.	10,515,478.	13,526,907.	13,018,955,	14,962,634,	61,698,790,
5	The portion of total contributions	al Y	- 10 m	*		ins sis	
	by each person (other than a	i de Agilia. La companya	* **			2 ** g	
	governmental unit or publicly						
	supported organization) included				V 18	* *	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		, and			3:	
	column (f)			a Barbar			
	Public support. Subtract line 5 from line 4.	4	2 2 1	No. of the second secon	7.00 F	N	61 698 790.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	9,674,816,	10,515,478.	13,526,907.	13,018,955,	14,962,634.	<u>61,698,790.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties		·				
	and income from similar sources	<u> 156,785.</u>	203,016.	145,827.	<u>174,258.</u>	134,270.	<u>814,156.</u>
9	Net income from unrelated business		ĺ	[·	
	activities, whether or not the					ľ	
	business is regularly carried on				<u> </u>		
10	Other income, Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	***				*****	
11	Total support. Add lines 7 through 10	* *	197-198-19.	w H ₂₀ 2			62,512,946,
12	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for	•	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	. —
500	organization, check this box and stop tion C. Computation of Publi	here	contogo		<u> </u>		_
	-						00 70 **
	Public support percentage for 2015 (I			oiumn (t))	}	14	98.70 %
	Public support percentage from 2014			 Brand Albara		15	98.40 %
162	33 1/3% support test - 2015. If the containing the support test - 2015 and the support	•		•	14 IS 33 1/3% OF IT	iore, check this box	kand ►X
	stop here. The organization qualifies		=		line 15 in 00 1/00/	المعام معمدية	
D	33 1/3% support test - 2014. If the c	-			ine io is 33 1/3%	or more, check thi	S DOX
17.	and stop here. The organization quali				12 160 05 160 0	und line 14 is 1004	
ııa	10% -facts-and-circumstances test and if the organization meets the "fac						
	=			-	•	t vi now the organi	Zation
L	meets the "facts-and-circumstances"	_	· · · · · · · · · · · · · · · · · · ·			Ze and line 15 is 1	. FL
D	10% -facts-and-circumstances test	-					U70 UI
	more, and if the organization meets the						▶□
10	organization meets the "facts and circ		-				
ıσ	Private foundation. If the organization	n olu not check a l	JOX OII III le 10, 10a	<u>, 100, 178, 01 170</u>			
					Sche	dule A (Form 990)	い 350-27 70 10

Schedule A (Form 990 or 990-EZ) 2015 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Pa	rt II If the organization fails to
qualify under the tests listed below, please complete Part II.)	

<u>C-</u>	quality under the tests listed be	low, please com	piete Part II.)			 	
	ction A. Public Support		T	T			- · =
	endar year (or fiscal year beginning in) 🕨 📙	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	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						
3	Gross receipts from activities that			}			
	are not an unrelated trade or bus-]	
	iness under section 513		ļ				,
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total, Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					<u> </u>	
t) Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year		 .				
-	Add lines 7a and 7b	Z 36		2 5 % m purit	100		
	Public support. (Subtract line 7c from line 6.)			L ET L Just	* N. A.	_1	. ·
		() 0044	4-> 0040	/-> 0010	(4) 0014	(a) 2015	/A Total
	indar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
_	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income			1			
	(less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						<u></u>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						· · · · · · · · ·
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>			<u> </u>	
14	First five years. If the Form 990 is for t	he organization's	s first, second, th	ird, fourth, or fifth ta	ax year as a sectio	on 501(c)(3) organiz	ation,
	check this box and stop here			·····			▶└┴
Sec	ction C. Computation of Public	Support Pe	rcentage			<u> </u>	
15	Public support percentage for 2015 (lin	ie 8, column (f) d	ivided by line 13,	column (f))		15	%
16	Public support percentage from 2014 \$	<u> Schedule A, Part</u>	III, line 15	<u></u>		16	%
Sec	ction D. Computation of Invest	ment Incom	e Percentage	<u> </u>			
17	Investment income percentage for 201	5 (line 10c, colur	nn (f) divided by l	ine 13, column (f))		17	%
18-	Investment income percentage from 20)14 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2015. If the o	rganization did r	ot check the box	on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not
_	more than 33 1/3%, check this box and						▶□
b	33 1/3% support tests - 2014. If the o	organization did n	ot check a box o	n lìne 14 or line 19a	, and line 16 is m	ore than 33 1/3%, a	und
	line 18 is not more than 33 1/3%, chec		•				P H
20	Private foundation If the organization	did not check a	hav an line $14, 19$	Ja or 10h check th	is nov and see in	etnictions	▶ i

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4948 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

<u>-</u>	Yes	No
\$ 5%		
1		
	, Z.	ic. Se
:	98 <u>}</u>	# #
_ 2		West of the
	TO THE STATE OF	
3a		<u> </u>
_3b		
18 A		
_3c		<u> </u>
4a		*** * 589****
3 8		
	20.28	
4b		_
		:
i		
_4c		8
	×	
]		
	:	
[
5a		
_5b		
_ <u>5c</u>		
		d 3
	:	
	. /	
6		
7		
8		
	. "	
3 1	. 4	
9a		
9b		
79. Ž		
9c		
	ļ	
10a		
[]	1	
10b		
990 or 99	0-EZ)	2015

Schedule A (Form 990 or 990-EZ) 2015

instructions)

Schedule A (Form 990 or 990-EZ) 2015

J. 194

8

2

hiden it has a

The second

sog Dugger, e.

Breakdown of line 7:

c Excess from 2013

d Excess from 2014 e Excess from 2015

Schedule A	<u>(Form 990 or 990-E</u>	Z) 2015 CON	<u>NFCLTCUL</u>	BAR FC	<u>, NOTTAUNU</u>	INC.	<u> 06-60/9/63_Page</u>
Part VI	Supplementa Part IV, Section A line 1; Part IV, Sec	I Information, lines 1, 2, 3b, 3 stion D, lines 2 a	n. Provide the ex 3c, 4b, 4c, 5a, 6, and 3; Part IV, Se	oplanations re 9a, 9b, 9c, 1 otion E, lines	equired by Part II, I 1a, 11b, and 11c; I 1c, 2a, 2b, 3a and	line 10; Part II, line 17a o Part IV, Section B, lines I 3b; Part V, line 1; Part \ e this part for any additio	r 17b; Part III, line 12; I and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	(See instructions.)	, o, anu o, anu r	art V, Section E,	ines 2, 5, ar	ia 6. Also complete	e tris part for any addition	nannormation.
	 		·	. -	· · · · · · · · · · · · · · · · · · ·		
	·						· ·
	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			 	
		,			·		· · · · · · · · · · · · · · · · · · ·
							
				 -			
<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					· ··
 .					,		
· ·	• • • • • • • • • • • • • • • • • • • •		• •			· · · · · · · · · · · · · · · · · · ·	· ··
 ·	· · · · · · · · · · · · · · · · · · ·						· •
· · ·		·					
·	 .						
							· · · · · · · · · · · · · · · · · · ·
,	 						
	 	··		 			· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·	<u></u>		. ·	
<u>-</u>	· · · · · · · · · · · · · · · · · · ·			 ,			
<u> </u>		·	·				
<u></u>							
	,		·				
·	 .						-
		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	· 	.
			<u> </u>		<u> </u>		
 							

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Employer identification number

	CONNECTICUT BAR FO	OUNDATION, INC.	06-6	079763
Organization type (chec	k one):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter num	nber) organization		
	4947(a)(1) nonexempt cl	charitable trust not treated as a private	e foundation	
	527 political organization	n ·		
Form 990-PF	501(c)(3) exempt private	foundation		·
	4947(a)(1) nonexempt ch	haritable trust treated as a private fou	undation	
	501(c)(3) taxable private	foundation		•.
			·	·
General Rule	Van Elina Carro 000 000 E7 - 200		potributions tataling \$5,000 or g	2010 fin manay 25
		D-PF that received, during the year, co ts I and II. See instructions for determ	=	
Special Rules				•
sections 509(a)(any one contrib	1) and 170(b)(1)(A)(vi), that checked	filing Form 990 or 990 EZ that met the d Schedule A (Form 990 or 990 EZ), F utions of the greater of (1) \$5,000 or (2	Part II, line 13, 16a, or 16b, and	that received from
year, total contri		(8), or (10) filing Form 990 or 990 EZ t sively for religious, charitable, scientif emplete Parts I, II, and III.		
year, contributio is checked, ente purpose. Do not	ns exclusively for religious, charitat r here the total contributions that v complete any of the parts unless t	(8), or (10) filing Form 990 or 990-EZ t ble, etc., purposes, but no such contr were received during the year for an e the General Rule applies to this orga ,000 or more during the year	ributions totaled more than \$1,0 exclusively religious, charitable, e anization because it received <i>noi</i>	000. If this box etc.,
but it must answer "No" (on Part IV, line 2, of its Form 990; o	al Rule and/or the Special Rules does or check the box on line H of its Form dule B (Form 990, 990 EZ, or 990 PF).	990-EZ or on its Form 990-PF, F	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

CONNECTICUT BAR FOUNDATION, INC.

06-6079763

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STATE OF CONNECTICUT JUDICIAL BRANCH 95 WASHINGTON STREET HARTFORD, CT 06106	\$ <u>14,479,990.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BANK OF AMERICA 100 NORTH TRYON STREET CHARLOTTE, NC 28255	\$ <u>341,085.</u>	Person X Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payrolt Moncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

CONNECTICUT BAR FOUNDATION, INC.

06-6079763

Part II	Noncash Property (see instructions). Use duplicate copies of F	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	· · · · · · · · · · · · · · · · · · ·	 \$	
453 10-28-			990, 990-EZ, or 990-PF) (

Name of orga	anization		Employer identification number				
CONNEC	TICUT BAR FOUNDATION,	TNC.	06-6079763				
Part III.	Exclusively religious, charitable, etc., cont the year from any one contributor. Complete (completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	ributions to organizations describe columns (a) through (e) and the foll s, charitable, etc., contributions of \$1,000	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_		(e) Transfer of gi	ift				
<u> </u>	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, ar	(e) Transfer of gift Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
·							
	(e) Transfer of gift						
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
(a) No.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of git					
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
-							

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

Open to Public ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

If the organization answered "Yes," on 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," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

• Section 501(c)(4), (5), or (6) organizatio	ns: Complete Part III			
Name of organization	no. Complete Late in		Emp	loyer identification number
CONNECTI	CUT BAR FOUNDA	TION, INC.		06-6079763
Part I-A Complete if the orga	nization is exempt ur	der section 501(c	or is a section 527 o	organization.
Provide a description of the organizat Political expenditures Volunteer hours	: 		>	\$
Part I-B Complete if the orga	nization is exempt un	der section 501(c)(3).	
				\$
2 Enter the amount of any excise tax inc	curred by organization mana	gers under section 495	5 <u> </u>	§
3 If the organization incurred a section				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV.				/ . 1/O1
71.55.7			· · · · · · · · · · · · · · · · · · ·	
				B
			•	
				<u> </u>
		· ·		· •
5 Enter the names, addresses and empi made payments. For each organizatio contributions received that were prom	loyer identification number (n listed, enter the amount p ptly and directly delivered to	EIN) of all section 527 p aid from the filing organ o a separate political org	olitical organizations to whic ization's funds. Also enter t ganization, such as a separa	ch the filing organization he amount of political
(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
Part I-A Complete if the org 1 Provide a description of the organiz 2 Political expenditures 3 Volunteer hours Part I-B Complete if the org 1 Enter the amount of any excise tax i 2 Enter the amount of any excise tax i 3 If the organization incurred a section 4a Was a correction made? b If "Yes," describe in Part IV. Part I-C Complete if the org 1 Enter the amount directly expended 2 Enter the amount of the filling organi exempt function activities 3 Total exempt function expenditures. line 17b 4 Did the filling organization file Form 5 Enter the names, addresses and emmade payments. For each organizat contributions received that were propolitical action committee (PAC). If a	·			delivered to a separate political organization. If none, enter -0
		:		
			<u> </u>	
	·			

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

Schedule C (Form 990 or 990-EZ) 2015

LHA

Schedule C (Form 990 or 990-EZ) 2015 Part II-A Complete if the or section 501(h)).	CONNECTICU ganization is exe	T BAR FOUNDA empt under sectio	TION , INC . n 501(c)(3) and i	06- iled Form 5768(6079763 Page election under	2
A Check In the filing organize expenses, and sh	are of excess lobbying	ffiliated group (and list ing expenditures). and "limited control" pro		d group member's na	me, address, EIN,	_
Lin	nits on Lobbying Exp	· · · · · · · · · · · · · · · · · · ·		(a) Filing organization's totals	(b) Affiliated group totals	<u> </u>
Total lobbying expenditures to in Total lobbying expenditures to in Total lobbying expenditures (add Other exempt purpose expenditure Total exempt purpose expenditure	fluence a legislative bo lines 1a and 1b) ires es (add lines 1c and	ody (direct lobbying)				
f Lobbying nontaxable amount. En If the amount on line 1e, column (a) Not over \$500,000 Over \$500,000 but not over \$1,000,000 but not over \$1,000,000 but not over \$1 Over \$1,500,000 but not over \$1	or (b) is: The lo 20% o 200,000 \$100,000 \$175,0	bbying nontaxable am of the amount on line 1e. 000 plus 15% of the exc 000 plus 10% of the exc 000 plus 5% of the exce	ount is: ess over \$500,000. ess over \$1,000,000		7: 20 (20) 20) 20) 20)	
g Grassroots nontaxable amount (e h Subtract line 1g from line 1a. If ze i Subtract line 1f from line 1c. If ze j If there is an amount other than z	ero or less, enter -0- ro or less, enter -0- ero on either line 1h o	r line 1i, did the organiz	ation file Form 4720		Yes N	
reporting section 4911 tax for this	4-Year At that made a section See the sepa	veraging Period Under 501(h) election do not rate instructions for li	have to complete al nes 2a through 2f.)	l of the five columns		<u>-</u>
Calendar year (or fiscal year beginning in)	(a) 2012	enditures During 4-Yea	(c) 2014	(d) 2015	(e) Total	
2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e)) c Total lobbying expenditures		% # %*	:	4 2 2		
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))			i i i i i i i i i i i i i i i i i i i	€1 k-		_ _

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 2015 CONNECTICUT BAR FOUNDATION, INC. 06-607976 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a	(a)		(b)	
of the lobbying activity.	Yes	No	Amount		
1 During the year, did the filing organization attempt to influence foreign, national, state or	2 m 4 m 2	5/v.v	* **		
local legislation, including any attempt to influence public opinion on a legislative matter		1		is.	
or referendum, through the use of:	. :	.3.2.6 &		40 m	
a Volunteers?	X			25	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1))?	X		(4)	
c Media advertisements?		X			
d Mailings to members, legislators, or the public?		Х			
e Publications, or published or broadcast statements?	-	X	<u></u> _		
f Grants to other organizations for lobbying purposes?		X			
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X	<u> </u>			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
J Other activities?		X			
j Total. Add lines 1c through 1i				0	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	<u> </u>	X	····		
b If "Yes," enter the amount of any tax incurred under section 4912		340			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	••		·		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4),	section 501(c)	(5), or sec	ction		
501(c)(6).			_		
			Yes N	lo	
1 Were substantially all (90% or more) dues received nondeductible by members?		1			
2 Did the organization make only in house lobbying expenditures of \$2,000 or less?	•	2			
3 Did the organization agree to carry over lobbying and political expenditures from the prior year Part III-B Complete if the organization is exempt under section 501(c)(4),		3			
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answ answered "Yes." 1 Dues, assessments and similar amounts from members		1		 —	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	f political				
expenses for which the section 527(f) tax was paid).	•				
a Current year		2a			
b Carryover from last year	•	2b			
c Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) di	ues .	3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	the excess				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
expenditure next year?	, , ,	4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated	group list). Part !!-	A. lines 1 ar	nd 2 (see		
instructions); and Part II-B, line 1. Also, complete this part for any additional information.	5 11	•	•		
· · · · · · · · · · · · · · · · · · ·		· -			
	· · · · ·				
	 -				
	···				
					

SCHEDULE D

Department of the Treasury

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

CONNECTICUT BAR FOUNDATION, INC.	<u> </u>
Part I Organizations Maintaining Donor Advised Funds or Other Similar Fun	ds or Accounts. Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.	
(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	
2 Aggregate value of contributions to (during year)	
Aggregate value of grants from (during year)	
Aggregate value at end of year	
Did the organization inform all donors and donor advisors in writing that the assets held in donor ad	vised funds
are the organization's property, subject to the organization's exclusive legal control?	
Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can t	
for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purposes	-
impermissible private benefit?	
art II Conservation Easements, Complete if the organization answered "Yes" on Form 990	
Purpose(s) of conservation easements held by the organization (check all that apply).	<u> </u>
	istorically important land area
	ertified historic structure
Preservation of open space	or material en detaile
Complete lines 2a through 2d if the organization held a qualified conservation contribution in the for	m of a conservation easement on the last
day of the tax year.	Held at the End of the Tax Yea
	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic stru	l i
listed in the National Register	—————
Number of conservation easements modified, transferred, released, extinguished, or terminated by	the organization during the tax
year >	
Number of states where property subject to conservation easement is located	_
Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
violations, and enforcement of the conservation easements it holds?	
Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conser	vation easements during the year
▶ \$	
Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17	
and section 170(h)(4)(B)(ii)?	
In Part XIII, describe how the organization reports conservation easements in its revenue and expen	
include, if applicable, the text of the footnote to the organization's financial statements that describe	es the organization's accounting for
conservation easements.	Ottor Oir illand Apparts
art III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue stat	tement and balance sheet works of art,
historical treasures, or other similar assets held for public exhibition, education, or research in furthe	erance of public service, provide, in Part XIII,
the text of the footnote to its financial statements that describes these items.	
b. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stateme	ent and balance sheet works of art, historica
treasures, or other similar assets held for public exhibition, education, or research in furtherance of p	public service, provide the following amounts
relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	> \$
(ii) Assets included in Form 990, Part X	
If the organization received or held works of art, historical treasures, or other similar assets for finance	
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	
A For Paperwork Peduation Act Natice see the Instructions for Form 900	Schedule D (Form 990) 2016

Sch	edule D (Form 990) 2015 CONNECT							<u>-607976</u>		
Pa	rt III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Oth	er Similar /	Assets _{(con:}	tinued)	
3	Using the organization's acquisition, access	ion, and other recor	ds, chec	k any of the	following th	at are a	significant use	of its collecti	on iten	ns
	(check all that apply):									
а	Public exhibition	, (d 🗀	Loan or exc	hange prog	rams			·	
b	Scholarly research		• 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's or	ollections and expla	in how t	hey further t	he organiza	tion's exe	empt purpose i	n Part XIII.		
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or otl	her simila	ar assets			
	to be sold to raise funds rather than to be m	aintained as part of	the orga	nization's c	ollection?	····		Yes		☐ No
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if the	e organizatio	n answered	"Yes" o	n Form 990, Pa	rt IV, line 9, d	or	
	reported an amount on Form 990, Pa	rt X, line 21.								1.
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other a	ssets no	t included			
•	on Form 990, Part X?							🔲 Yes 🛚		□No
b	If "Yes," explain the arrangement in Part XIII							<u>_</u>		
								Amou	nt	
C	Beginning balance				,		1c	*		
d										· . · · · · · · · · · · · · · · · · · ·
e	Additions during the year Distributions during the year						1e			1 + 1
f	Ending balance									
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acc	ount liab	ility?	Yes		□No
b	If "Yes," explain the arrangement in Part XIII.	. Ch <u>eck here if the e</u>	xplanati	on has been	provided or	Part XII	II <u></u> .		. E	<u> </u>
Pa	rt V Endowment Funds. Complete i	f the organization ar	nswered	"Yes" on Fo	orm 990, Pai	rt IV, line	10.		1	
		(a) Current year	(b) F	rior year	(c) Two yea	ars back	(d) Three years	back (e) For	ur years	back
1a	Beginning of year balance								•	
ь	Contributions									•
Ċ									**	
d	Grants or scholarships									
ę			· .							
	and programs									
. f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balanc	ce (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment	<u> </u>	_%				-			
b	Permanent endowment	%	•							
c	Temporarily restricted endowment ▶	%								1.00
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.	- "							
За	Are there endowment funds not in the posse	ssion of the organiz	ation the	at are held a	nd administ	ered for t	the organizatio	n		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		
•	(ii) related organizations							3a(ii)		
þ	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?		• • • • • • • • • • • • • • • • • • • •		3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment	funds.			<u> </u>			
Pa	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	D, Part IV	/, line 11a. S	See Form 99	0, Part X	, line 10.	·		
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulated	(d) Boo	ok valu	e
		basis (investr	nent)	basis	(other)	de	preciation			
la	Land							e' 		
b	Buildings									
c	Leasehold improvements									
	Equipment				4,643.		2,787		1,8	<u>56.</u>
	Other				<u>9,140.</u>	<u> </u>	3,656	<u> </u>	5,4	<u>84.</u>
T-4-	Add lines to through to /Column /dl must o	Co 000 Port	Vactur	on (D) line 1	00.1			1	7 2	1 0

Schedule D (Form 990) 2015

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

(7) (8) (9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

SCHEDULE I (Form 990)

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

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

➤ Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

CONNECTICUT	BAR FO	UNDATION, I	INC.			•	06-6079763
Part I General Information on Grants and Ass							
Does the organization maintain records to subscriteria used to award the grants or assistance Describe in Part IV the organization's procedure Part II Grants and Other Assistance to Domes	? es for monit	toring the use of grant		States			X Yes No
recipient that received more than \$5,000 1 (a) Name and address of organization or government	. Part II can b) EIN	be duplicated if addit	tional space is need (d) Amount of cash grant	ed. (e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR CHILDREN'S ADVOCACY 65 ELIZABETH STREET HARTFORD, CT 06105	1489575	501(C)(3)	447,241.	0.			TO PROVIDE LEGAL SERVICES FOR THE POOR IN CONNECTICUT.
THE CHILDREN'S LAW CENTER OF CONNECTICUT - 30 ARBOR STREET - HARTFORD, CT 06106 06-	1381700	501(C)(3)	220,087.	0.			TO PROVIDE LEGAL SERVICES FOR THE POOR IN CONNECTICUT.
CONNECTICUT FAIR HOUSING CENTER 221 MAIN STREET HARTFORD, CT 06106 06-	1453727	501(C)(3)	329,789.	0.			TO PROVIDE LEGAL SERVICES FOR THE POOR IN CONNECTICUT.
CONNECTICUT LEGAL RIGHTS PROJECT P.O. BOX 351 SILVER STREET MIDDLETOWN, CT 06457 22-	3 <u>0</u> 69277	501(C)(3)	610,917,	0,			TO PROVIDE LEGAL SERVICES FOR THE POOR IN CONNECTICUT.
CONNECTICUT VETERANS LEGAL CENTER 114 BOSTON POST RD WEST HAVEN, CT 06516 27-	0963659	501(C)(3)	55,501.	0.			TO PROVIDE LEGAL SERVICES FOR THE POOR IN CONNECTICUT.
CONNECTICUT LEGAL SERVICES 62 WASHINGTON STREET MIDDLETOWN, CT 06457 06-	0955 4 61	501(C)(3)	8,343,105,	0,			TO PROVIDE LEGAL SERVICES FOR THE POOR IN CONNECTICUT.
 Enter total number of section 501(c)(3) and got Enter total number of other organizations listed LHA For Paperwork Reduction Act Notice, see t 	l in the line	1 table	he line 1 table		,		Schedule I (Form 990) (2015)

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	· · · · · · · · · · · · · · · · · · ·
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER HARTFORD LEGAL AID							TO PROVIDE LEGAL SERVICE
999 ASYLUM AVENUE						1	FOR THE POOR IN
HARTFORD CT 06105	06-0730611	501(C)(3)	3,370,405.	0.	·	·	CONNECTICUT.
LAWYERS FOR CHILDREN AMERICA				!			TO PROVIDE LEGAL SERVICE
151 FARMINGTON AVENUE							FOR THE POOR IN
HARTFORD, CT 06105	06-1412355	501(C)(3)	79,683.	0.			CONNECTICUT.
MDW HAVING I BOAT ACCIONANCE							
NEW HAVEN LEGAL ASSISTANCE							TO PROVIDE LEGAL SERVICE
ASSOCIATION - 426 STATE STREET -	05 0503050	E04 (=) . (=)					FOR THE POOR IN
NEW HAVEN, CT 06510	06-0793269	P0T(G)(3)	2,714,821.	. 0.			CONNECTICUT.
STATEWIDE LEGAL SERVICES							TO PROVIDE BRIEF LEGAL
							HELP TO THE POOR; INTAKE
1290 SILAS DEANE HIGHWAY, SUITE 3A	06 445005	F02 (=) (0)		_			AND REFERRALS TO OTHER
WETHERSFIELD, CT 06109	06-1445097	P01(G)(3)	265,941,	0.		 	LEGAL ORGANIZATIONS.
OUTINITATIO INTERNATION COMPANIA							SCHOLARSHIPS FOR LAW
QUINNIPIAC UNIVERSITY SCHOOL OF							SCHOOL STUDENTS
LAW - 275 MOUNT CARAMEL - HAMDEN,							DEMONSTRATING FINANCIAL
CT 06518	06-0646701		10,000.	0.			NEED.
<u></u> .							SCHOLARSHIPS FOR LAW
UNIVERSITY OF CONNECTICUT SCHOOL							SCHOOL STUDENTS
OF LAW - 65 ELIZABETH STREET -							DEMONSTRATING FINANCIAL
HARTFORD, CT 06105	06-1489575		10,000.	0.			NEED.
				l	}	ĺ	SCHOLARSHIPS FOR LAW
YALE LAW SCHOOL						1	SCHOOL STUDENTS
P.O. BOX 208215							DEMONSTRATING FINANCIAL
NEW HAVEN, CT 06511	06-0646973		10,000.	0.	<u></u>	<u></u>	NEED.

Schedule I (Form 990) (2015) CONNECTICUT BAI	06-6079763	Page 2				
Part III Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form S	990, Part IV, line 22.		
(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 ass	istance
	<u></u>					
	 					
Part IV Supplemental Information. Provide the information rec	quired in Part I, lir	ne 2, Part III, colum	n (b), and any other a	dditional information		
SCHEDULE I. PART IV					<u>.</u> .	
THE CONNECTICUT BAR FOUNDATION (CI	BF) ADMIN	ISTERS TH	E INTEREST	ON		
LAWYERS' TRUST ACCOUNTS (IOLTA),	INTEREST	ON TRUST	ACCOUNTS (I	'OͲ ል		
COURT FEES GRANTS-IN-AID (CFGIA),		•			<u>.</u> .	
(JBGIA) PROGRAMS. FOR ALL PROGRAMS	S THE FOL	LOWING CR	ITERIA APPL	Y: GRANT	 	
RECIPIENTS MUST: 1. BE A NON-STOCK	K CORPORA	TION QUAL	IFIED AS TA	X EXEMPT		
UNDER SECTIONS 501(A) AND 501(C)	OF THE IN	TERNAL RE	VENUE CODE,	2. HAVE		
AS ITS PRINCIPAL PURPOSE THE DELIV	VERY OF L	EGAL SERV	ICES TO THE	POOR IN	. <u> </u>	
CONNECTICUT, 3. HAVE CERTIFIED FIL	NANCIAL S		FOR ALL PR	RECEDING		
532102 10-28-15		35			Schedule I (Form 9	990) (2015)

YEARS IN EXISTENCE AND HAVE AN APPOINTED INDEPENDENT CERTIFIED AUDITING AND 4. HAVE REGISTERED, WHERE APPLICABLE, WITH THE CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION. CBF ALSO CONSIDERS THE FOLLOWING CRITERIA WHEN DETERMINING GRANT RECIPIENTS: 1. THE CBF ENCOURAGES CHALLENGE GRANTS, FUND-MATCHING, FUND LEVERAGING, AND USE OF VOLUNTEERS. 2. GRANTS WILL NOT BE AVAILABLE TO FUND THE SERVICES OF ATTORNEYS WHO ARE ALSO ENGAGED IN THE PRIVATE PRACTICE OF LAW. 3. THE CBF PREFERS TO FUND APPLICANTS WHO DEMONSTRATE COMMUNITY SUPPORT FOR THEIR PROGRAM AND HAVE GOVERNING BOARDS THAT INCLUDE REPRESENTATIVES FROM BOTH THE LEGAL AND THE LOW-INCOME CLIENT COMMUNITIES. 4. THE CBF AWARDS FUNDS TO ACHIEVE BROAD GEOGRAPHIC AND DEMOGRAPHIC REPRESENTATION THROUGHOUT THE STATE AND SEEKS TO AVOID DUPLICATION OF SIMILAR SERVICES TO THE SAME POPULATION. 5. THE CBF WISHES TO PROMOTE FINANCIAL AND ORGANIZATIONAL STABILITY AND GROWTH IN ITS GRANTEES AND CONTINUITY OF SERVICES TO CONNECTICUT'S LOW INCOME RESIDENTS. IN REVIEWING GRANT APPLICATIONS, CONSIDERATION IS GIVEN TO PREVIOUS CBF RECIPIENTS THAT HAVE SUCCESSFULLY UTILIZED GRANT FUNDS. 6. THE CBF CONSIDERS THE OUALITY. EFFECTIVENESS AND IMPORTANCE OF THE PROPOSED LEGAL SERVICES TO ITS TARGETED POPULATION, AND THE CONTRIBUTION THE PROPOSED SERVICES WOULD MAKE TOWARDS ACHIEVING AN EFFICIENT STATEWIDE SYSTEM OF SERVING ALL OF CONNECTICUT'S MOST VULNERABLE CITIZENS. 7. THE CBF CONSIDERS EACH APPLICANT'S PRIORITIES AND CAPACITY FOR TRAINING, SUPPORT, SUPERVISION OF ITS STAFF, QUALITY CONTROL, DATA COLLECTION, AND ACCURATE REPORTING. THE CONNECTICUT BAR FOUNDATION ALSO PROVIDES IOLTA/IOTA GRANTS FOR LAW SCHOOL SCHOLARSHIPS BASED ON FINANCIAL NEED FOR STUDENTS ATTENDING LAW SCHOOLS IN CONNECTICUT. THE FOUNDATION MONITORS THE USE OF GRANTS FUNDS BY REVIEWING NARRATIVE, STATISTICAL AND FINANCIAL REPORTS FROM GRANTEES. AGREED UPON PROCEDURES ARE ALSO Schedule I (Form 990)

Schedule I (Form 990) Part IV Supplemental	CONNEC! Information	<u> </u>	UT BAI	R F	MOITADNUC	, INC.	06-6079763 Page 2
PERFORMED BY OUR	AUDITORS	AS	WELL	AS	GRANTEES	PROVIDING	SIGNED
ASSURANCES.							
						_ 	
					···-		
·							· · · · · · · · · · · · · · · · · · ·
			•		<u>. </u>		
				·			
					· · · ·		
					·		
							
·	· ·					<u> </u>	
	 	-					
							·
· · · · · · · · · · · · · · · · · · ·							
							
							
	····						
. ——	······································						
	·· · · · · · · · · · · · ·				·		
	· ···						
							

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990. Internal Revenue Service Name of the organization

Inspection **Employer identification number**

CONNECTICUT BAR FOUNDATION, INC.	06-6079763
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	
THE MISSION OF THE CONNECTICUT BAR FOUNDATION IS TO FURTH	ER THE RULE OF
LAW AND ASSIST IN EFFORTS TO IMPROVE THE ADMINISTRATION O	F JUSTICE IN
CONNECTICUT. THE FOUNDATION SERVES THIS MISSION BY WORKIN	G TO SECURE A
SUFFICIENT FLOW OF FUNDS TO SUPPORT LEGAL SERVICES AND AC	CESS TO
JUSTICE FOR PERSONS OF LIMITED MEANS. THE FOUNDATION ALSO	SERVES ITS
MISSION BY SPONSORING PROGRAMS TO ENHANCE UNDERSTANDING A	ND IMPROVEMENT
OF THE LAW.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:
IN AN EFFORT TO REPLACE DRASTICALLY REDUCED IOLTA/IOTA RE	VENUE, THE
CONNECTICUT STATE LEGISLATURE PASSED CERTAIN COURT FEE IN	CREASES
EFFECTIVE JULY 1, 2009, JULY 1, 2012, AND JULY 1, 2014. U	NDER THE COURT
FEES GRANTS-IN-AID PROGRAM, THE JUDICIAL BRANCH TRANSFERS	THE REVENUE
FROM THE FEE INCREASES TO THE CBF, WHICH DISTRIBUTES THE	FUNDS PURSUANT
TO SECTION 51-81C OF THE CONNECTICUT GENERAL STATUTES TO	CURRENT
IOLTA/IOTA GRANTEES FOR THE PURPOSE OF FUNDING THE DELIVE	RY OF LEGAL
SERVICES TO CONNECTICUT'S LOW-INCOME POPULATION.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	NTS:
THE INTEREST ON LAWYERS' TRUST ACCOUNTS (IOLTA) PROGRAM_F	UNDS LEGAL
SERVICES TO THE POOR AND LAW SCHOOL SCHOLARSHIPS BASED ON	FINANCIAL
NEED. THE PROGRAM FUNDED TEN NON-PROFIT ORGANIZATIONS PRO	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched 532211 09-02-15	ule O (Form 990 or 990-EZ) (2015)

Name of the organization

CONNECTICUT BAR FOUNDATION, INC.

SERVICES TO THE POOR, AND GRANTS FOR LAW SCHOOL SCHOLARSHIPS TO THE

THREE CONNECTICUT LAW SCHOOLS. THE FOUNDATION'S EFFORTS HELP THOUSANDS

OF LOW-INCOME RESIDENTS OF CONNECTICUT BY ENABLING THEM TO OBTAIN

CRITICAL LEGAL INFORMATION, ADVICE, AND LEGAL REPRESENTATION. THE

FOUNDATION HELPS THE MOST VULNERABLE MEMBERS OF OUR COMMUNITY,

INCLUDING CHILDREN WHO ARE ABUSED, NEGLECTED AND OTHERWISE

DISADVANTAGED, DISABLED PEOPLE, ELDERLY VICTIMS OF CONSUMER FRAUD AND

OTHER ABUSE, IMMIGRANTS, MANY OF THEM CHILDREN, LOW-INCOME FAMILIES

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

EVICTIONS, AND THOSE VICTIMIZED BY DOMESTIC VIOLENCE.

TRYING TO PROTECT THEIR RIGHT TO SAFE HOUSING AND FIGHT UNLAWFUL

THE JAMES W. COOPER FELLOWS PROGRAM WAS FOUNDED TO PROMOTE A BETTER

UNDERSTANDING OF THE LEGAL PROFESSION AND THE JUDICIAL SYSTEM AMONG THE

CITIZENS OF CONNECTICUT. IN 2015, THE FELLOWS PROGRAM SPONSORED: AN

ESSAY CONTEST FOR HIGH SCHOOL STUDENTS; A TRUANCY INTERVENTION PROJECT;

THREE ROUNDTABLE DISCUSSIONS WHERE ISSUES INVOLVING THE PRACTICE OF LAW

WERE DISCUSSED; THREE SYMPOSIA INCLUDING THE SECOND JUDGE MARK R.

KRAVITZ SYMPOSIUM ON THE ADMINISTRATION OF JUSTICE; THE NINTH JOHN A

SPEZIALE ALTERNATIVE DISPUTE RESOLUTION SYMPOSIUM; AND MENTORING OF NEW

ATTORNEYS. THE FELLOWS CONTINUED THE CONNECTICUT INNOCENCE FUND PROJECT

TO ASSIST EXONEREES WHO HAVE BEEN RECENTLY FREED FROM PRISON BASED ON

PROOF OF ACTUAL INNOCENCE. THE FOUNDATION SPONSORS PROGRAMS FOR THE

LEGAL COMMUNITY AND THE PUBLIC. THESE PROGRAMS ARE MADE POSSIBLE BY THE

GENEROSITY AND COMMITMENT OF HUNDREDS OF VOLUNTEERS AND SUPPORTERS.

FORM 990, PART VI, SECTION A, LINE 7B:

Name of the organization

CONNECTICUT BAR FOUNDATION, INC.

Employer identification number 06-6079763

IN JANUARY, MEMBERS OF THE BOARD OF DIRECTORS (GOVERNING BOARD) ARE

RECOMMENDED TO THE CBA AND ELECTED BY THE CBA BOARD OF GOVERNORS ACTING AS

THE CORPORATORS OF THE FOUNDATION. THE FOUNDATION ELECTS NEW DIRECTORS IN

THE INTERIM.

FORM 990, PART VI, SECTION B, LINE 11:

THERE IS COMMUNICATION BETWEEN THE ACCOUNTANTS AND AUDIT COMMITTEE OF THE FOUNDATION BEFORE THE FORM 990 IS FINALIZED. IT IS APPROVED BY THE AUDIT COMMITTEE AND MADE AVAILABLE TO THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY IS VERBALLY DISCUSSED WITH BOARD MEMBERS AND INCLUDES A REQUIRED ANNUAL WRITTEN DISCLOSURE.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THESE INDIVIDUALS IS DETERMINED BY THE EXECUTIVE

COMMITTEE OF THE BOARD OF DIRECTORS OF THE FOUNDATION. COMPARABILITY DATA

FROM OTHER IOLTA PROGRAMS AND OTHER NONPROFIT ORGANIZATIONS IS PROVIDED TO

THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE VOTES ON STAFF SALARIES

AND MAKES A RECOMMENDATION OF A TOTAL STAFF FIGURE IN THE ANNUAL BUDGET

WHICH IS APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19:

THE FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH THE FOUNDATION'S ANNUAL REPORT WHICH IS POSTED ON THE FOUNDATION'S WEBSITE. NOTICES OF THE POSTING ARE MAILED TO OVER 7,000 ATTORNEYS, JUDGES, LEGISLATORS, CONTRIBUTORS, AND OTHERS; COMPLETE COPIES OF THE AUDITED FINANCIALS AND THE FORM 990 ARE ON ITS WEBSITE. FORM 990 IS ALSO PUBLISHED BY GUIDE STAR, AN INFORMATIONAL

532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990 EZ) (2015)		Page 2
Name of the organization CONNECTICUT BAR FOUNDATION, INC.	Employer identi	fication number 9763
WEBSITE AND DATABASE FOR NON-PROFIT ORGANIZATIONS. OTHER	DOCUMENTS	AND
POLICIES ARE AVAILABLE UPON REQUEST.	···	
FORM 990, PART XII, LINE 2C:		-
THIS PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	·	
		
		
		· · · · · · · · · · · · · · · · · · ·
		. <u>-</u>
	···-	
		
	<u></u>	
		