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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. Open to Public Inspection ► Information about Form 990 and its instructions is at www.irs.gov/form990. and ending A For the 2013 calendar year, or tax year beginning

B	Check if	C Name of organization		D Employer	identific	cation number
	Address					
-	change Name				06-6	079763
-	lchange □linitial	Doing Business As  Number and street (or P.O. box if mail is not delivered to street address)  Roo	om/suite	E Telephone		
<b> </b>	iretum □∏ermin-	31 PRATT STREET 420				722-2494
-	lated □∏Amende		<del>-</del>	G Gross receipts		16,748,420.
-	⊥Jreturn ∏Applica	City or town, state or province, country, and zir or loreign postal code	ŀ	H(a) Is this a		
<u> </u>	⊥ltiòn pending			for subo		
		31 PRATT STREET, SUITE 420, HARTFORD, CT	0.6			ricluded? Yes No
	Tov-ovo	mpt status: X 501(c)(3)	527			list. (see instructions)
		: ► WWW.CTBARFDN.ORG		H(c) Group ex		
		organization: X Corporation Trust Association Other ►				State of legal domicile: CT
		Summary	1 = 10010			- Otato of logal dollars
L.C.C.C.	1 E	riefly describe the organization's mission or most significant activities: ${f TO}$ ${f DEV}$	ELOP	AND AD	MINI	STER
Activities & Governance	' ;	PROGRAMS TO ENHANCE UNDERSTANDING AND IMPRO	OVEM	ENT OF	THE :	LAW.
nai	_	Check this box  if the organization discontinued its operations or disposed			s net as	sets.
š		lumber of voting members of the governing body (Part VI, line 1a)			1 - 1	27
Ğ		lumber of independent voting members of the governing body (Part VI, line 1b)				27
Š		otal number of individuals employed in calendar year 2013 (Part V, line 2a)			1 1	7
Ąį	1	otal number of volunteers (estimate if necessary)				400
Ç	1	otal unrelated business revenue from Part VIII, column (C), line 12			1 1	0.
٩	ь	let unrelated business taxable income from Form 990-T, line 34			7b	0.
				Prior Year		Current Year
0	8 (	Contributions and grants (Part VIII, line 1h)		10,515,		13,526,907.
nue	9 F	Program service revenue (Part VIII, line 2g)		4,176,		2,455,336.
Revenue	10 h	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		203,		146,724.
ш	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
	12 7	otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,895,		16,128,967.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		13,841,		15,662,008.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		400	0.	510 010
es	15 8	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		499,		518,219.
Expenses	1	rofessional fundraising fees (Part IX, column (A), line 11e)			0.	<u>U•</u>
ă	1		•	272	724	202 225
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		273,		203,325.
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,614, 280,		16,383,552. -254,585.
<u>_ 0</u>	19 F	Revenue less expenses. Subtract line 18 from line 12				
Net Assets or Fund Balances			-	inning of Curre 8,320,		End of Year 8,196,519.
SSE Bala	20 1	otal assets (Part X, line 16)			044.	41,263.
a pur	21 7	fotal liabilities (Part X, line 26)		8,247,		8,155,256.
<u> </u>	22 N art II	let assets or fund balances. Subtract line 21 from line 20	<u></u>	0,241,	107.	0/133/2301
		ies of perjury, I declare that I have examined this return, including accompanying schedules and	nd etateme	nts and to the l	nest of m	v knowledge and helief it is
		and complete. Declaration of preparer (other than officer) is based on all information of which				y knowledge and belief, it is
true	, correct	and complete. Decial auton of preparer (other than onicer) is based on an information of which	рторитот	nao any anovio	.go.	
Sig		Signature of officer		Date		
Hei	ı	SANDRA KLEBANOFF, EXECUTIVE DIRECTOR				
1101		Type or print name and title				
		Print/Type preparer's name Preparer's signature	D	ate	Check	PTIN
Paid		ROBERT W. MCCALL			if self-employ	P00592560
	-	Firm's name WHITTLESEY & HADLEY, P.C.		Firm's	EIN >	06-0903326
	_	Firm's address 280 TRUMBULL ST 24TH FL.				
		HARTFORD, CT 06103-3509		Phone	no.86	0-522-3111
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)				X Yes No
						- 000

	n 990 (2013) CONNECTICUT BAR FOUNDATION, INC.	06-6079763	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission: THE MISSION OF THE CONNECTICUT BAR FOUNDATION IS TO FURTHER.	דוום שעה משעה	Er
	OF LAW AND ASSIST IN EFFORTS TO IMPROVE THE ADMINISTRATI		
	IN CONNECTICUT. THIS MISSION IS BASED ON THE FUNDAMENTA		
	THE RULE OF LAW IS ESSENTIAL TO AN ORDERLY AND JUST SOCI		
2	Did the organization undertake any significant program services during the year which were not listed on		
_	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$13,058,370. including grants of \$13,058,370.) (Revenue		)
	IN AN EFFORT TO REPLACE DRASTICALLY REDUCED IOLTA/IOTA I	REVENUE, THE INCREASES	
	CONNECTICUT STATE LEGISLATURE PASSED CERTAIN COURT FEE DEFFECTIVE JULY 1, 2009 AND OTHER INCREASES EFFECTIVE JULY		
	UNDER THE COURT FEES GRANTS-IN-AID PROGRAM, THE JUDICIAL		
		RTERLY. CBF	
		CONNECTICUT	
	GENERAL STATUTES TO CURRENT IOLTA/IOTA GRANTEES FOR THE		
	FUNDING THE DELIVERY OF LEGAL SERVICES TO THE POOR.		
			<del></del>
	2 600 167	2 247	E 7 0 .
4b	(Code:) (Expenses \$ 2,608,167. including grants of \$ 2,603,638.) (Revenue The Third Process of Table 1978) PROCESS (TOTAL) PROCESS (TOTAL)		
	THE INTEREST ON LAWYERS' TRUST ACCOUNTS (IOLTA) PROGRAM SERVICES TO THE POOR AND LAW SCHOOL SCHOLARSHIPS BASED OF	FUNDS LEGAL	
	NEED. THE PROGRAM FUNDED TEN GRANTS TO NON-PROFIT ORGANI		
	PROVIDING LEGAL SERVICES TO THE POOR AND UNDERPRIVILEGED		S
	FOR LAW SCHOOL SCHOLARSHIPS TO THE THREE CONNECTICUT LAW		
	FOUNDATION'S EFFORTS HELP THOUSANDS OF LOW-INCOME AND DI		
	RESIDENTS OF CONNECTICUT BY ENABLING THEM TO OBTAIN CRIT		
	INFORMATION, ADVICE AND LEGAL REPRESENTATION. THE FOUND	ATION HELPS	THE
	MOST VULNERABLE MEMBERS OF OUR COMMUNITY, INCLUDING CHIL	DREN WHO AR	E
	ABUSED, NEGLECTED AND OTHERWISE DISADVANTAGED, DISABLED		
	VICTIMS OF CONSUMER FRAUD AND OTHER ABUSE, IMMIGRANTS, N	IANY OF THEM	
	CHILDREN, LOW-INCOME FAMILIES TRYING TO PROTECT THEIR RI		757
4c	(Code:) (Expenses \$ 60,157. including grants of \$ 0.) (Revenue Table Tab	e\$ 207,	
	THE JAMES W. COOPER FELLOWS PROGRAM WAS FOUNDED TO PROMOUNDERSTANDING OF THE LEGAL PROFESSION AND THE JUDICIAL STANDARD THE PROFESSION AND THE PROPERTY.	TE A DETTER	mur
	CITIZENS OF CONNECTICUT, AND TO ADDRESS MATTERS CONCERNI	NG THE LEGA	T.
	PROFESSION AND THE ADMINISTRATION OF JUSTICE IN CONNECTION	CUT IN 20	<u>⊔</u> 13.
	THE FELLOWS PROGRAM SPONSORED: AN ESSAY CONTEST FOR HIGH		
	STUDENTS; THE ORAL HISTORY PROJECT OF CONNECTICUT WOMEN		L
	PROFESSION; A TRUANCY INTERVENTION PROJECT; AND A MENTOR	RING PROJECT	FOR
	NEW ATTORNEYS IN NEW HAVEN, CONNECTICUT. THE FELLOWS PR	ROGRAM SPONS	ORED
	ONE SYMPOSIUM IN 2013, "THE IMPAIRED LAWYER SYMPOSIUM -	IDENTIFYING	,
	INTERVENING, AND LOOKING INTO THE FUTURE OF IMPAIRMENT	N LAWYERS A	ND
	JUDGES". THE FELLOWS CONTINUED THE CONNECTICUT INNOCENCE	E FUND PROJ	ECT
	TO ASSIST NEWLY RELEASED EXONEREES WHO HAVE BEEN RECENTI	Y FREED FRO	M
	Other program continue (Departite in Schodule O.)		

332002 10-29-13

(Expenses \$

SEE SCHEDULE O FOR CONTINUATION(S) 2

including grants of \$ 15,726,694.

Form **990** (2013)

4e Total program service expenses ▶

CONNECTICUT BAR FOUNDATION, INC. Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent Х 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ...... 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional ...... X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** 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 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X 15 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 16 Х 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 X 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a

Form 990 (2013)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Page 4

Ka	tiv Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
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			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	The state of the s	24d		
25a				
*	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	the state of the s			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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 so,			
	complete Schedule L, Part II	26		X
27	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	and the state of t	28b		X
С	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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2013)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Officer in Controduct of Contrains a response of note to day into in this fact of		Yes	No
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	8	163	110
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable   1b	Ö		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	_		
C	(gambling) winnings to prize winners?	1c	X	)0000000000
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	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	. 2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	0000000000		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O			
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶	_		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
				Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	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		X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			v
	to file Form 8282?	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			Х
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	/ /n		
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		800000000
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a	***********	,00000000000
	Did the organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
-	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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			
	organization is licensed to issue qualified health plans	$\dashv$		
	Enter the amount of reserves on hand			<b></b>
14a	Did the organization receive any payments for indoor tanning services during the tax year?			X
L	If "Vee " has it filed a Form 700 to report these payments? If "No " provide an explanation in Schedule O	14h	i	i

332005 10-29-13

Form **990** (2013)

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.

Did any officer, director, frustes, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustess, or key employees to a management company or other person?  Did the organization become aware during the year of a significant diversion of the organization become aware during the year of a significant diversion of the organization's assests?  5		Check if Schedule O contains a response or note to any line in this Part VI		· · · · · · · · · · · · · · · · · · ·				X
a Exist the number of voting members of the governing body at the end of the tax year.  If there are material differences in voting rights among members of the governing body, or if the governing body delegated for outsile all the process of the governing body delegated for outsile and the process of the governing body delegated for outsile and the process of the governing body of the process of the governing the government of the governing body of the government of the gove	Sec	tion A. Governing Body and Management						
there are material differences in voting rights among members of the powering body, or the governing body debapted broad safeting to an executive committee or similar committees, and the powering body, and the powering body of the governing body and the organization debapted control over management during relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees at a management company or other person?  Did the organization debagate control over management during vendromed by or under the direct supervision of officers, director, trustee, or key employees at a management company or other person?  Did the organization become aware valuing the year of a significant diversion of the organization sasets?  Did the organization become aware valuing the year of a significant diversion of the organization's assets?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the tolevaling.  The governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the tolevaling.  The governing body?  Did the organization organization the proventing body?  Did the organization with a thirt or the proventing body?  Did the organization have written policies and provedures governing the activities of such chapters, affiliates, and branches to ensure thaid operations are consistent with the organization have written po				1		1000000000	Yes	No
body delegated broad sationary to an executive committee or similar committee, explain in Schedule 0.  b Enter the number of voting members included in line 14, above, who are independent  children or the property of the	1a	Enter the number of voting members of the governing body at the end of the tax year	1a		27			
b Enter the number of voting members included in line 1s, above, who are independent		If there are material differences in voting rights among members of the governing body, or if the governing						
Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  2		body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
officer, director, fusites, or key employee?  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	b	Enter the number of voting members included in line 1a, above, who are independent	1b		27			
officer, director, fusites, or key employee?  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	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with	any other				
of officers, directors, or trustees, or key employees to a management company or other person?  3						2		X
of officers, directors, or trustees, or key employees to a management company or other person?  3	3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision				
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4						3_		X
Did the organization become aware during the year of a significant diversion of the organization's assets?  5	4					4		
Did the organization have members or stockholders?  a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body before the governing body before filliates, and branches to ensure their operations are consistent with the organization betoe the surface their operations are consistent with the organization betoe the surface their operations are consistent with the organization betoe the surface their operations are consistent with the organization betoe the surface before the organization to review this Form 990.  a Has the organization have a written ordifict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to comflicts?  a The organization have a written document retention and destruction policy?  b If the organization have a written document retention and destruction policy?  a The organ	5					5		
a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  But the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  But the organization that withority to act on behalf of the governing body?  But there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization for melling address? If Yes, "provide the names and addresses in Schedule 0.  Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Vestion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Vestion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Vestion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Vestion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Vestion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Vestion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Vestion B. Policies (This Section B requests information and activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization to even their process?  In Yes, I did the organization regularly and consistently monitor and enforce compliance with the policy? If Yes, "describe in Schedule O the process and key employees muleit of bidsoes annually Interests that could give rise to conflicts?  Did the organization have a written whi	6					6		X
more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or b persons other than the governing body?  bit the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body?  b Each committee with authority to act on behalf of the governing body to the reached at the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization between the propulses?  a Has the organization have a written conflict of interest policy? If "No." go to line 13  b Were officers, directors, or trustess, and key employees required to disclose annually interests that could give rise to conflicts?  12a X  b Were officers, or trustees, and key employees required to disclose annually interest hat could give rise to conflicts?  12b Were officers, christons, or trustees, and key employees required to decide a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization have a written whistleblower policy?  b If I'ves,	7a							
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  3 The governing body?  4 Each committee with authority to act on behalf of the governing body?  5 Each committee with authority to act on behalf of the governing body?  5 Each committee with authority to act on behalf of the governing body?  5 Each committee with authority to act on behalf of the governing body?  5 Each committee with authority to act on behalf of the governing body?  5 Each committee with authority to act on behalf of the governing body?  5 Each committee with authority to act on behalf of the governing body?  5 Each committee with authority to act on behalf of the governing body?  5 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization many officers? If Yes, "growide the names and addresses in Schedule O.  7 Section B. Policies (This Section B requests Information about policies not required by the Internal Revenue Code.)  7 Yes  8 Notion B. Policies (This Section B requests Information about policies not required by the Internal Revenue Code.)  9 Yes  10 Did the organization have local chapters, branches, or affiliates?  10 Did the organization have local chapters, branches, or affiliates?  110 Did the organization have a written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization is exempt purposes?  110 Did the organization have a written policie of interest policy? If 'No', 'go to line 13  120 Did the organization have a written outfill of interest policy? If 'No', 'go to line 13  120 Did the organization have a written whistleblower policy?  120 Did the organization have a written whistleblower policy?  121 Did the process for determining compensation of the foliology persons include a review and approval by independent persons, comparability data, and con		-				7a		X
persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  B Each committee with authority to act on behalf of the governing body?  B Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  P Ves No  Did the organization have local chapters, branches, or affiliates?  In Did the organization have local chapters, branches, or affiliates?  In Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  In Did the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  In Did the organization have a written ordifict of interest policy? If "No," yo to line 13  Did the organization regularly and consistentity monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written ordifict of interest policy?  In Did the organization have a written ordifict or or too management official persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or too management official persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or too management official in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization in a taxable entity during the year?  List the states with which a copy of this Form 990 is required to be flied ▶CT  Section 610 frequires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	b							
Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? be Each committee with authority to act on behalf of the governing body? be Each committee with authority to act on behalf of the governing body? between the programment of the governing body? between the programment of the governing body? between the programment of the governing body? between the governing the governing the governing the governing the governing the governing the programment of the governing the governing the programment of the governing the programment of the governing the governing the programment of the governing the governing the programment of the governing the programment of the governing the programment of the governing body before filling the form?  In Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  In Did the organization have a written conflict of interest policy? If 'No,' go to fine 13  Describe in Schedule Of the process, if any, used by the organization to review this Form 990.  In Did the organization have a written conflict of interest policy? If 'No,' go to fine 13  Describe in Schedule Of the words and the governing the governing body before filling the form?  In Schedule Of Now this was done  Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule Of Now this was done  Did the organization have a written whistleblower policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Section 6104 requ						7b	X	
a The governing body? b Each committee with authority to act on behalf of the governing body? b Each committee with authority to act on behalf of the governing body? b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes.' provide the names and addresses in Schedule O  a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? b Describe in Schedule O the process, if any, used by the organization review this Form 990.  b Did the organization have a written conflict of interest policy? If 'No." go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c) Did the organization have a written occument retention and destruction policy? If "Yes," describe in Schedule O how this was done  12c  X  b) Other officers or key employees of the organization of the deliberation and decision?  a The organization's CCD, Executive Director, or top management official  b) Other officers or key employees of the organization in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  b) If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions).  a Did the organization in CCD, Executive Director, or top management official  b) If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions).  a Did the organization in Copy and the process in Schedule O (see instructions).  b) If "Yes," to line 15a or 15b, describe the process in Schedule Do(see	8							
b Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If Yes, "provide the names and addresses in Schedule O  B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)  Yes No Internal Provided the organization have local chapters, branches, or affiliates?  In Id the organization have local chapters, branches, or affiliates?  In Id the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  In Bescribe in Schedule O the process, if any, used by the organization to review this Form 990.  In Did the organization have a written conflict of interest policy? If "No," go to line 13  In Id the organization have a written conflict of interest policy? If "No," go to line 13  In Id the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  In Schedule O how this was done  In Id the organization have a written whistleblower policy?  In Id the organization have a written document retention and destruction policy?  In Id the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization have a written policy or procedure requiring the organization with a taxable entity during the year?  Unit of 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 in Schedule O  In Process for determining compensation of the organization of the deliberation of the deliberation of						8a	X	
Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O  Policities (This Section B requests information about policies not required by the Internal Revenue Code.)  Yes No  Big Did the organization have local chapters, branches, or affiliates?  In Part of the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  In Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  By Describe in Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  The organization is CEO. Executive Director, or top management official  The organization is CEO. Executive Director, or top management official  The organization is the organization in west in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  List the states with which a copy of this Form 990 is required to be filed PCT  Section 6.104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public interpolicy or procedure requiring the organization to evaluate its participation in j						8b	Х	
corganization's mailling address? If "Yes," provide the names and addresses in Schedule O.    Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)    Yes   No	9	·						
Yes   No   No   No   No   No   No   No   N	-					9		X
Ves   No   No   No   No   No   No   No   N	Sec							
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  10b Bearribe in Schedule O the process, if any, used by the organization to review this Form 990.  10b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  10c Did the organization have a written conflict of interest policy? If "No," go to line 13  10c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  10c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  10c Did the organization have a written whistleblower policy?  10c Did the organization have a written document retention and destruction policy?  10c Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  10c Did the organization's CEO, Executive Director, or top management official  10c Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  10c 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 exempt status with respect to such arrangements?  10c 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 exempt status with respect to such arrangements?  10c If yes, "did the organization to make its Form							Yes	No
b if "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  c Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  12c X  Did the organization have a written whistleblower policy?  Did the organization have a written obcument retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  b 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 exempt status with respect to such arrangements?  15a X  15b X  16b V  16b V  17a V  18b V	10a	Did the organization have local chapters, branches, or affiliates?				10a		X
and branches to ensure their operations are consistent with the organization's exempt purposes?  a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12a	b	If "Yes," did the organization have written policies and procedures governing the activities of such c	hapte	rs, affiliates,				
a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  b Were officers, directors, or trustes, and key employees required to disclose annually interests that could give rise to conflicts?  c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the organization have a written document retention and destruction policy?  113		and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.  a Did the organization have a written conflict of interest policy? If "No," go to line 13	11a					11a	X	
ab Did the organization have a written conflict of interest policy? If "No," go to line 13  b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  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  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," 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 exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed ▶CT  Section 6.104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  List the states with which a copy of this Form 990 is required to be filed ▶CT  Section 6.04 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  List the states with which a copy of this Form 99								
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  The organization's CEO, Executive Director, or top management official  The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  The "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 exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed ▶CT  Section 6:104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website X Another's website X Upon request Check of the organization in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶  ANNE GOICO — 860 — 722 — 2494  31 PRATT STREET, SUITE 420, HARTFORD, CT 06103	12a					12a		
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Did the organization's CEO, Executive Director, or top management official  The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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 exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed ▶CT  Section 6:104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶  ANNE GOICO — 860 – 722 – 249 4  31 PRATT STREET, SUITE 420, HARTFORD, CT 06103	b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to coi	nflicts?		12b	X	<u> </u>
Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Dother officers or key employees of the organization if "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  Dif "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 exempt status with respect to such arrangements?  Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶CT  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶  ANNE GOICO — 860-722-2494  31 PRATT STREET, SUITE 420, HARTFORD, CT 06103	c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	lescribe				
Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  The organization's CEO, Executive Director, or top management official  The organization's CEO, Executive Director, or top management official  The organization's CEO, Executive Director, or top management official  The organization's CEO, Executive Director, or top management official  The organization's CEO, Executive Director, or top management official  The organization in 15b, describe the process in Schedule O (see instructions).  The organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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 exempt status with respect to such arrangements?  The organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  The organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  The organization to evaluate its participation to evaluate its participat		in Schedule O how this was done				12c		
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Dother officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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 exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed ▶CT  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed ▶CT  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶  ANNE GOICO — 860 — 722 — 2494  31 PRATT STREET, SUITE 420, HARTFORD, CT 06103	13	Did the organization have a written whistleblower policy?				13		
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Id the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  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 exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed CT  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  ANNE GOICO — 860-722-2494  31 PRATT STREET, SUITE 420, HARTFORD, CT 06103	14	Did the organization have a written document retention and destruction policy?				14	X	
a The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," 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 exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed ▶CT  Section 6.104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶  ANNE GOICO − 860−722−2494  31 PRATT STREET, SUITE 420, HARTFORD, CT 06103	15	Did the process for determining compensation of the following persons include a review and approv	al by i	ndependent				
b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If a		persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•					
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  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	а	The organization's CEO, Executive Director, or top management official				15a		
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  It is f "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 exempt status with respect to such arrangements?  It is the states with which a copy of this Form 990 is required to be filed CT Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 T (Section 501(c)(3)s only) available 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) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  ANNE GOICO — 860-722-2494  31 PRATT STREET, SUITE 420, HARTFORD, CT 06103	b					15b	X	
taxable entity during the year?  b 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 exempt status with respect to such arrangements?  Cection C. Disclosure  List the states with which a copy of this Form 990 is required to be filed CT  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  ANNE GOICO — 860-722-2494  31 PRATT STREET, SUITE 420, HARTFORD, CT 06103		If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
b 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 exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filled ►CT  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990·T (Section 501(c)(3)s only) available 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)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  ANNE GOICO — 860-722-2494  31 PRATT STREET, SUITE 420, HARTFORD, CT 06103	16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	with a				
in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's  exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed CT  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  ANNE GOICO — 860-722-2494  31 PRATT STREET, SUITE 420, HARTFORD, CT 06103						16a		X
exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed CT  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  ANNE GOICO — 860-722-2494  31 PRATT STREET, SUITE 420, HARTFORD, CT 06103	b							
List the states with which a copy of this Form 990 is required to be filed CT  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  ANNE GOICO — 860-722-2494  31 PRATT STREET, SUITE 420, HARTFORD, CT 06103								
List the states with which a copy of this Form 990 is required to be filed CT  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  ANNE GOICO — 860-722-2494  31 PRATT STREET, SUITE 420, HARTFORD, CT 06103		exempt status with respect to such arrangements?				16b		<u> </u>
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 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)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  ANNE GOICO — 860-722-2494  31 PRATT STREET, SUITE 420, HARTFORD, CT 06103	<u>Sec</u>							
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)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  ANNE GOICO - 860-722-2494  31 PRATT STREET, SUITE 420, HARTFORD, CT 06103	17							
X Own website X Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  ANNE GOICO − 860−722−2494  31 PRATT STREET, SUITE 420, HARTFORD, CT 06103	18		T (Sec	tion 501(c)(3)s	only) a	availat	le	
Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  ANNE GOICO - 860-722-2494  31 PRATT STREET, SUITE 420, HARTFORD, CT 06103								
statements available to the public during the tax year.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  ANNE GOICO - 860-722-2494  31 PRATT STREET, SUITE 420, HARTFORD, CT 06103								
State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  ANNE GOICO - 860-722-2494  31 PRATT STREET, SUITE 420, HARTFORD, CT 06103	19		onflict	of interest poli	cy, an	d finar	rcial	
ANNE GOICO - 860-722-2494 31 PRATT STREET, SUITE 420, HARTFORD, CT 06103								
31 PRATT STREET, SUITE 420, HARTFORD, CT 06103	20		and red	cords of the or	ganiza	tion:	_	
		31 PRATT STREET, SUITE 420, HARTFORD, CT 06103						(00 : 0:
		31 PRATT STREET, SUITE 420, HARTFORD, CT 06103				_		- 200

## 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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

(A) Name and Title	(B) Average	(do	not c	Pos heck	more	than	one	(D) Reportable	<b>(E)</b> Reportable	(F) Estimated
	hours per week	offic	, unle	ss pe	rson	is bot or/trus	h an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below	Individual trustee or director	Institutional frustee	8	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
///	line) 1.00	2	lust	Officer	Ş.	: <u>₹</u> £	臣	1		
(1) PETER ARAKAS PRESIDENT	1.00	X		х				0.	0.	0.
(2) JAMES T. SHEARIN	1.00			-						
VICE PRESIDENT		X		Х				0.	0.	0.
(3) LIVIA D. BARNDOLLAR	1.00				-					
DIRECTOR		X						0.	0.	0.
(4) ANDREA BARTON REEVES	1.00									
DIRECTOR		X						0.	0.	0.
(5) HON. WILLIAM H. BRIGHT, JR.	1.00									
DIRECTOR		X						0.	0.	0.
(6) JOSEPH D. D'ALESIO	1.00							_	_	
DIRECTOR		X						0.	0.	0.
(7) LAWRENCE J. FOX	1.00								•	
DIRECTOR	1	X						0.	0.	0.
(8) DOREEN FUNDILLER-ZWEIG	1.00	l							•	_
TREASURER	1 - 1 - 0 0	X	<u> </u>	X				0.	0.	0.
(9) HON, JANET C, HALL	1.00	١,,							•	^
DIRECTOR	1 00	X	ļ <u>.</u>					0.	0.	0.
(10) NORMAN K. JANES	1.00							0.	0.	0.
DIRECTOR	1.00	X						U •	<u> </u>	<u> </u>
(11) ROBERT M. LANGER	1.00	X						0.	0.	0.
DIRECTOR	1.00	^	-				<u> </u>	0.	V •.	0.
(12) JOHN R. LOGAN DIRECTOR	1.00	x						0.	0.	0.
(13) INGRID L. MOLL	1.00	123	$\vdash$	<u> </u>	-					<del></del>
DIRECTOR		Х						0.	0.	0.
(14) RALPH J. MONACO	1.00									
DIRECTOR		Х						0.	0.	0.
(15) BRUCE R. PEABODY	1.00									-
DIRECTOR		Х						0.	0.	0.
(16) JOSEPH A. SANTOS	1.00	<u> </u>					<u> </u>			
DIRECTOR		X					L.	0.	0.	0.
(17) JAMES SICILIAN	1.00									· · · · ·
DIRECTOR		X				<u> </u>		0.	0.	0.
332007 10-29-13										Form <b>990</b> (2013)

332007 10-29-13

Form **990** (2013)

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	and	d Hi	ghe	st C	ompensated Employe	es (continued)		
(A)	(B)			(0	C)			(D)	(E)		(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	Reportable compensation from	Reportable compensation from related	n I	Estimated amount of other
	(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)	organization (W-2/1099-MIS		compensation from the organization and related organizations
(18) FREDERIC S. URY DIRECTOR	1.00	X						0.		0.	0.
(19) DENISE V. ZAMORE DIRECTOR	1.00	х						0.		0.	0.
(20) SANDY F. KLEBANOFF EXECUTIVE DIRECTOR	31.50	х		х				135,538.		0.	19,399.
(21) ELIZABETH DRUMMOND ASSISTANT DIRECTOR	35.00	х		х				104,567.		0.	29,753.
(22) ANNE GOICO FINANCE DIRECTOR	35.00	х		Х				74,062.	·	0.	27,235.
(23) MARK A. DUBOIS EX-OFFICIO DIRECTOR	1.00	Х						0.		0.	0.
(24) DEAN JENNIFER G. BROWN EX-OFFICIO DIRECTOR	1.00	X						0.		0.	0.
(25) DEAN TIMOTHY S. FISHER EX-OFFICIO DIRECTOR	1.00	Х						0.		0.	0.
(26) DEAN ROBERT C. POST EX-OFFICIO DIRECTOR	1.00	Х						0.		0.	0.
1b Sub-total c Total from continuation sheets to Part VI							<b>▶</b>	314,167.		0.	76,387. 0.
d Total (add lines 1b and 1c)								314,167.		0.	76,387.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	oove	e) wl	no re	eceived more than \$100	,000 of reportabl	е	2
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											Yes No
For any individual listed on line 1a, is the su and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual			4 X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				-						5 X
Section B. Independent Contractors											
Complete this table for your five highest co the organization. Report compensation for										pens	ation from
<b>(A)</b> Name and business	address	NC	NE	C				(B) Description of s	ervices	С	(C) ompensation
,											

Name and business address NONE Description of services Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2013)

Form 990 CONNECTION									06-607	9763
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours per	(C) Position (check all that apply)						(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> 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) HON. CHASE T. ROGERS EX-OFFICIO DIRECTOR	1.00	Х						0.	0.	. 0.
(28) MOY OGILVIE	1.00				<u> </u>					
DIRECTOR		Х						0.	0.	0.
(29) ASKER A. SAEED	1.00									
DIRECTOR		X						0.	0.	0.
(30) BRAD SAXTON	1.00									
EX-OFFICIO DIRECTOR		X						0.	0.	0.
(31) QUINTIN JOHNSONE	1.00									^
DIRECTOR EMERITUS	1 00	X						0.	0.	0.
(32) PHILLIP I. BLUMBERG	1.00	.,						0.	0.	0.
DIRECTOR EMERITUS	1.00	X						0.	· ·	<u> </u>
(33) ALEX LLOYD	1.00	Х						0.	0.	0.
DIRECTOR EMERITUS (34) GEORGE SCHATZKI	1.00	21			ļ					
DIRECTOR EMERITUS	1000	Х						0.	0.	0.
										<del> </del>
			,							
Total to Part VII, Section A, line 1c					<u></u>					

		844	2211		or note to any li	as in this Bort VIII			
			Check if Schedule O cont	ains a response	e or note to any ili	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
Sra		b	Membership dues	1b	CATALON IN THE STATE OF THE STA				
ts, (		C	Fundraising events	1c					
ia Tar		d	Related organizations	1d					
i,		е	Government grants (contribut	ions) 1e	13,425,225.				
er S		f	All other contributions, gifts, gran	ts, and					
듗			similar amounts not included above	ve 1f	101,682.				
Contributions, Gifts, Grants and Other Similar Amounts		_	Noncash contributions included in lines						
<u>0 8</u>		h	Total. Add lines 1a-1f			13,526,907.			
					Business Code	1			
<u>.</u>	2	а	INTEREST ON LAWYERS' T	RUST ACCOUN	900099	2,247,579.	2,247,579.		
E E			FELLOWS PROGRAM		541100	194,722.	194,722.		
Wen S		Ξ.	ANNUAL RECEPTION		541100	13,035.	13,035.		
gra Re		d							
Program Service Revenue		e	All all and a second and a second						
			All other program service reversed. Add lines 2a-2f			2,455,336.			
	3		Investment income (including			2,433,330.			
	٦		other similar amounts)			145,827.			145,827.
	4		Income from investment of tax						
	5		Royalties		_				
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
		С	Rental income or (loss)			]			
		d	Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	620,350	•				
		b	Less: cost or other basis						
			and sales expenses	619,453					
			Gain or (loss)		•				
			Net gain or (loss)		<b>&gt;</b>	897.			897.
e	8	а	Gross income from fundraising	•					
Other Revenu			including \$	of					
æ			contributions reported on line	,					
her			Part IV, line 18						
ਠ			Less: direct expenses  Net income or (loss) from func						
	١		Gross income from gaming ac	_					
		a	Part IV, line 19		,]				
		h	Less: direct expenses						
			Net income or (loss) from gam						
	10		Gross sales of inventory, less						
	'	_	and allowances		1				
		b	Less: cost of goods sold						
			Net income or (loss) from sale						
			Miscellaneous Revenu		Business Code				
	11	а							
		b							
		С							
		d	All other revenue						
			Total. Add lines 11a-11d						
	12		Total revenue. See instructions.		<b>&gt;</b>	16,128,967.	2,455,336.	0.	146,724.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D)** Fundraising (B) Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and 15,662,008. 15,662,008. organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 22 Grants and other assistance to governments. organizations, and individuals outside the United States. See Part IV, lines 15 and 16 ... Benefits paid to or for members ..... Compensation of current officers, directors, 390,554. 390,554 trustees, and key employees ..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) ....... 82,431. 82,431. Other salaries and wages Pension plan accruals and contributions (include 4,589. 4,589 section 401(k) and 403(b) employer contributions) 8,283. 8,283. Other employee benefits ..... 32,362. 32,362. 10 Payroll taxes ..... Fees for services (non-employees): a Management ..... Legal 18,500. 18,500. c Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion ..... 12 21,621. 21,621. 13 Office expenses 29,968. 29,968. Information technology 14 15 Royalties 35,151. 35,151 16 Occupancy ..... 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 20,949. 34,847. 13,898. Conferences, conventions, and meetings ..... 19 20 Payments to affiliates ..... 21 929. 929 22 Depreciation, depletion, and amortization ..... 11,464. 11,464. 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) ... 43,737. **PROGRAMS** 43,737. 5,758. 5,758 OUTSIDE SERVICES 1,350. BAD DEBT 1,350. C d All other expenses 16,383,552. 15,726,694. 0. 656,858. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

Part X	Balance Sheet					
	Check if Schedule O contains a response or no	te to ar	y line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing				1	
2	Savings and temporary cash investments			1,937,627.	2	995,780.
3	Pledges and grants receivable, net		,,,,,,,,,,,,,,	290,061.	3	371,402.
4	Accounts receivable, net			263,873.	4	216,403.
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compens					
	Part II of Schedule L				5	
6	Loans and other receivables from other disqual					
	section 4958(f)(1)), persons described in section					
	employers and sponsoring organizations of sec					
,	employees' beneficiary organizations (see instr)			***************************************	6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges				9	
1 -	Land, buildings, and equipment: cost or other		***************************************			
104	basis. Complete Part VI of Schedule D	100	13.783.			
	Less: accumulated depreciation	10a	13,783. 929.	0.	10c	12.854.
1	Investments - publicly traded securities			5,828,890.	11	12,854. 6,600,080.
11	Investments • other securities. See Part IV, line			3,023,030.	12	0,000,000
12					13	
13	Investments • program-related. See Part IV, line			14		
14	Intangible assets		15			
15	Other assets. See Part IV, line 11	8,320,451.	16	8,196,519.		
16	Total assets. Add lines 1 through 15 (must equ			73,044.	17	41,263.
17	Accounts payable and accrued expenses			737044.	18	11/200
18	Grants payable				19	
19	Deferred revenue				20	
20	Tax-exempt bond liabilities				21	
21	Escrow or custodial account liability. Complete				~!	
22	Loans and other payables to current and forme					
	key employees, highest compensated employee					
22	Complete Part II of Schedule L				22	
23	Secured mortgages and notes payable to unrel				23	
24	Unsecured notes and loans payable to unrelate				24	
25	Other liabilities (including federal income tax, pa					
	parties, and other liabilities not included on lines					
	Schedule D			73,044.	25	41,263.
26	Total liabilities. Add lines 17 through 25			73,044.	26	41,203
	Organizations that follow SFAS 117 (ASC 958		k here 🚩 🔼 and			
§	complete lines 27 through 29, and lines 33 ar			1,195,584.	~~	1,376,732.
27 28 29 30 31 32	Unrestricted net assets			7,051,823.	27	6,778,524
28	Temporarily restricted net assets			7,031,023.	28	0,110,324.
29	•				29	
2	Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🚩 📖			
5	and complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or ed				31	
32	Retained earnings, endowment, accumulated in			0 247 407	32	0 155 256
33	Total net assets or fund balances			8,247,407.	33	8,155,256.
34	Total liabilities and net assets/fund balances .			8,320,451.	34	8,196,519.

Form **990** (2013)

Forn	1990 (2013) CONNECTICUT BAR FOUNDATION, INC.	06-6	J/9/63	Page <b>12</b>
Pa	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	16,128	<u>,967.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,383	
3	Revenue less expenses. Subtract line 2 from line 1	3		,585.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,407.
5	Net unrealized gains (losses) on investments	5	162	<u>,434.</u>
6	Donated services and use of facilities	6		·
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<u> </u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
lorestonoro	column (B))	10	8,155	<u>,256.</u>
Pa	RIXII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
				es No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			.,
b	• • • • • • • • • • • • • • • • • • • •		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,		
	consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			x
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u> </u>
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sche			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-		v
	Act and OMB Circular A-133?		3a	X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi		0.	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			00 (0040)
			Form 9	90 (2013)

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

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of	the Organizati		TICUT BAR FOU	ריים א כוזאו	ON T	NC		-	p.c.yc. ∩	6-607	976	3
Part I	Reason		rity Status (All organiz				t ) See ins	ructions		0-007	<del>570</del>	<u> </u>
(00000000000000000000000000000000000000	il		because it is: (For lines									
1 🔲		·	es, or association of chur					•				
2 🗀			<b>70(b)(1)(A)(ii).</b> (Attach Sc				, (~) ( · ) (~) (·)	•				
3 🗔			pital service organization			170(b)(1)	(Δ\/iii)					
4 🗔			operated in conjunction					(b)(1)(A)(ii	ii). Enter	the hospit	al's na	me.
7. ——	city, and state		oporatod in conjunction	WILLI C 110	Jp. (4, 6000)	1500 111 0		(-)(-)(-)(-	,. <b>.</b>			,
5	An organizati section 170	on operated for the (b)(1)(A)(iv). (Comp	·					mental uni	it describ	oed in		
6	•	. •	ment or governmental uni									J 1
7 X	<del>-</del>	<del>-</del>	ceives a substantial part	of its supp	oort from a	governm	ental unit d	or from the	generai	public des	cribed	ın ı
		<b>b)(1)(A)(vi).</b> (Compl		<b>(0</b> 1 - 1 - 1	D - 4 11 1							
8			section 170(b)(1)(A)(vi).				مسمألا المات				onaint	a fram
9 📖			ceives: (1) more than 33									
			ınctions - subject to certa									
			taxable income (less sec	tion 511 ta	ax) from bu	sinesses	acquired b	y tne orga	inization	arter June	30, 1	975.
—		<b>509(a)(2).</b> (Complet		- <b></b>			500/-\(	• `				
10			perated exclusively to te						4 41		-6	
11			pperated exclusively for the									
			ations described in secti				2). See <b>se</b> e	etion 509(	a)(3). Ch	eck the bo	x tnat	
	· · · · · · · · · · · · · · · · · · ·		g organization and compl					. T	III. Na	n function	فما براام	aaratad
	a Type I				inctionally i	_				n-function	-	
e			at the organization is not									
			than one or more publicl						9(a)(1) or	section 50	)9(a)(2	.).
f	_		itten determination from	the IRS th	atitisa iy	pe i, Type	ii, or type	<b>∌</b> III				
		ganization, check t										
g			organization accepted ar							_	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			directly controls, either al								Yes	s No
	-		supported organization?							l l		+
		•	on described in (i) above?									
			a person described in (i)							11g(ii	<u>yı</u>	<u> </u>
h	Provide the fo	ollowing information	n about the supported or	ganization	ı(s).							
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) li	organization isted in your document?	organiza	u notify the tion in col. r support?	(vi) Is organizati (i) organiz U.S	on in col. ed in the	(vii) Amou	nt of m ipport	nonetary
			(see instructions))	Yes	No	Yes	No	Yes	No			
					<u> </u>							
Total												

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

Schedule A (Form 990 or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 CONNECTICUT BAR FOUNDATION, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(4) 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	endar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,879,049.	14,265,071.	9,674,816.	10,515,478.	13,526,907.	54,861,321.
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	6,879,049.	14,265,071.	9,674,816.	10,515,478.	13,526,907.	54,861,321.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						54,861,321.
	ction B. Total Support				1		
	endar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	6,879,049.	14,265,071.	9,674,816.	10,515,478.	13,526,907.	54,861,321.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	10- 60-	010 000	156 505	000 016	145 007	
	and income from similar sources	195,605.	313,233.	156,785.	203,016.	145,827.	1,014,466.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
	Total support. Add lines 7 through 10						55,875,787.
	Gross receipts from related activities	•	•			12	
13	First five years. If the Form 990 is for	_					<b>.</b> —
80	organization, check this box and stor ction C. Computation of Publ						PL
				-1 (6)		14	98.18 %
	Public support percentage for 2013 (					15	98.18 <u>%</u> 97.01 %
	Public support percentage from 2012					<del></del>	
168	33 1/3% support test - 2013. If the						_ TYP1
	stop here. The organization qualifies						
	33 1/3% support test - 2012. If the						<b>▶</b> □
47-	and stop here. The organization qual	•					or more
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"  10% -facts-and-circumstances tes	-	•				
		-					
	more, and if the organization meets to organization meets the "facts-and-circ						
1Ω	Private foundation. If the organization						
10	Trivate loundation. If the organization	an did not offect a	SON OIL HITE TO, TOO	<u>,, 100, 170, 01 170</u>		edule A (Form 990	
					=		

# Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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 per-						
	formed, 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						
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						
	Amounts included on lines 1, 2, and				-		
, ,	3 received from disqualified persons						
	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						At manufacture
	Public support (Subtract line 7c from line 6.)						
		(a) 2000	/b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(6) 2011	(0) 2012	(e) 2010	tij Totai
	Amounts from line 6						
100	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources				-		
I.	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
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 IV.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for						
							<b>&gt;</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage			T 1	·
15	Public support percentage for 2013 (					15	<u>%</u>
16	Public support percentage from 2012					16	<u>%</u>
Sec	ction D. Computation of Inve					T I	
17	Investment income percentage for 20					17	%
18	Investment income percentage from	<b>2012</b> Schedule A,	Part III, line 17			18	<u>%</u>
19a	33 1/3% support tests - 2013. If the						
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2012. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	on did not check a	box on line 14, 19	<u>a, or 19b, check t</u>	his box and see in	structions	▶∟⊥

Schedule A	(Form 990 or 990-E	Z) 2013 CONNECTICUT	BAR FO	OUNDATION,	INC.	06-6079763 Page 4
Part IV	Supplemental	Z) 2013 CONNECTICUT  I Information. Provide the ex	xolanations r	equired by Part II.	line 10: Part II. line 17	
[:::::::::::::::::::::::::::::::::::::		s part for any additional informat				2 0, 1, 2, 2, 2, 2
	Also complete this	s part for arry additional informati	ion, (oee ins	il dollons).		
	- <del></del>					
				*		
					water the same of	
***************************************						
				<del></del>		
				<del>er en </del>		
					<del> </del>	
			-			· · · · · · · · · · · · · · · · · · ·
						······································
<del></del>		1.2.1 14 14 14 14 14 14 14 14 14 14 14 14 14				

#### 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.irs.gov/form990

OMB No. 1545-0047

2013

Name of the organization

Employer identification number

(	CONNECTICUT BAR FOUNDATION, INC.	06-6079763							
Organization type (chec	k one):								
Filers of:	Section:								
Form 990 or 990-EZ	$\overline{X}$ 501(c)( 3 ) (enter number) organization	X 501(c)( 3 ) (enter number) organization							
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	n							
	527 political organization								
Form 990-PF	501(c)(3) exempt private foundation								
	4947(a)(1) nonexempt charitable trust treated as a private foundation								
	501(c)(3) taxable private foundation								
Note. Only a section 501  General Rule	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe								
-	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mo mplete Parts I and II.	re (in money or property) from any one							
Special Rules									
509(a)(1) and 17	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of 70(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.								
total contributio	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any on ons of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary of cruelty to children or animals. Complete Parts I, II, and III.								
contributions fo If this box is che purpose. Do no	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year								
but it <b>must</b> answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file School on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or								

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) (2013)

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>13,425,225.</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
		\$	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 Payroll Noncash (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 Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occash 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 Par	t 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
		\$	
(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
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
200453 40.04		\$\$	90 990-F7 or 990-PF) /2013

Employer identification number

	TICUT BAR FOUNDATION,	INC.	06-6079763		
art III	year. Complete columns (a) through (e) and the total of exclusively religious, charitable, etc.  Use duplicate copies of Part III if additions	ne following line entry. For organizations, contributions of \$1,000 or less fol	c)(7), (8), or (10) organizations that total more than \$1,000 for toons completing Part III, enter rithe year. (Enter this information once.)		
No.			(A) Description of how wift in held		
rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	Transferee's name, address, ar	(e) Transfer of git	ft Relationship of transferor to transferee		
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	Transferee's name, address, ar		ft  Relationship of transferor to transferee		
No. om art I	(b) Purpose of gift (c) Use		(d) Description of how gift is held		
		(e) Transfer of git	sfer of gift		
  -  -	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee		
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
_   -		(e) Transfer of git	ft		
	Transferee's name, address, ar		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.
 ▶ See separate instructions.
 ▶ Information about Schedule C (Form 990 or 990-EZ) and its

instructions is at www.irs.gov/form990.

2013

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

Nan	ne of organization			Empl	oyer identification number
	CONNECT	CICUT BAR FOUNDAT	ION, INC.		06-6079763
P	rt I-A Complete if the or	ganization is exempt und	ler section 501(c	) or is a section 527 o	rganization.
1 2 3	Provide a description of the organi Political expenditures Volunteer hours	zation's direct and indirect politic	cal campaign activities	s in Part IV.	
P		ganization is exempt und			
1	Enter the amount of any excise tax	incurred by the organization und	der section 4955	▶\$	
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 495	5 <b>▶</b> \$	
3	If the organization incurred a section				
48	Was a correction made?				Yes No
Transaction 1	If "Yes," describe in Part IV.		1	\	-)/0)
*******	2000000000000	ganization is exempt und			
	Enter the amount directly expende				
2	Enter the amount of the filing organ				
_	exempt function activities	A LUE - d - d O Friends and			
3	Total exempt function expenditure line 17b				
4	Did the filing organization file Form				
5	Enter the names, addresses and e made payments. For each organize contributions received that were political action committee (PAC). If	ation listed, enter the amount pai romptly and directly delivered to	id from the filing organ a separate political or	iization's funds. Also enter th ganization, such as a separa	e 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 delivered to a separate political organization.  If none, enter -0
	-				

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

332041 11-08-13

Schedule C (Form 990 or 990-EZ) 2013						079763 Page 2		
Part II-A Complete if the org			mpt under sectio	n 501(c)(3) and fi	led Form 5768			
			iliated group (and list in	Part IV each affiliated	l group member's nam	e, address, EIN,		
expenses, and sha	re of excess	s lobbying	expenditures).					
B Check ▶ ☐ if the filing organiza	tion checke	ed box A a	nd "limited control" pro	ovisions apply.				
	Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)							
1a Total lobbying expenditures to infl	uence publ	ic opinion (	(grass roots lobbying)					
<b>b</b> Total lobbying expenditures to infl	uence a leg	islative bo	dy (direct lobbying)					
c Total lobbying expenditures (add I	ines 1a and	i 1b)						
d Other exempt purpose expenditur	es							
e Total exempt purpose expenditure	es (add lines	1c and 1d	d)					
f Lobbying nontaxable amount. Ent	er the amou	int from th	e following table in bot	h columns.				
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable am	ount is:				
Not over \$500,000		20% of	the amount on line 1e.					
Over \$500,000 but not over \$1,00	0,000	\$100,00	00 plus 15% of the exc	ess over \$500,000.				
Over \$1,000,000 but not over \$1,5	500,000	\$175,00	00 plus 10% of the exc	ess over \$1,000,000.				
Over \$1,500,000 but not over \$17	,000,000	\$225,00	00 plus 5% of the exce	ss over \$1,500,000.				
Over \$17,000,000		\$1,000,	000.					
g Grassroots nontaxable amount (er	nter 25% of	line 1f)						
h Subtract line 1g from line 1a. If zer	o or less, e	nter -0						
i Subtract line 1f from line 1c. If zero								
j If there is an amount other than ze					<b>-</b>			
reporting section 4911 tax for this					<u></u>	Yes No		
	zations that olumns belo	t made a s ow. See th	eraging Period Under section 501(h) election te instructions for line	n do not have to comes 2a through 2f on pa				
	Lobb	ying Expe	nditures During 4-Yea	ar Averaging Period	T			
Calendar year (or fiscal year beginning in)	(a) 2	010	<b>(b)</b> 2011	<b>(c)</b> 2012	(d) 2013	(e) Total		
2a Lobbying nontaxable amount								
<b>b</b> Lobbying ceiling amount								
(150% of line 2a, column(e))								
c Total lobbying expenditures								
d Grassroots nontaxable amount								
<ul> <li>Grassroots ceiling amount (150% of line 2d, column (e))</li> </ul>								

Schedule C (Form 990 or 990-EZ) 2013

## Schedule C (Form 990 or 990-EZ) 2013 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)).

Fore	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(	a)	(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	v			
	Volunteers?	X	7,		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X		
е	Publications, or published or broadcast statements?		X	V	
	Grants to other organizations for lobbying purposes?		Х		450
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X			<u>450.</u>
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		Х		
i	Other activities?	X			
j	Total. Add lines 1c through 1i				450.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c	(5), or se	ction	
becommon	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			·	· ····
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				
	till-B Complete if the organization is exempt under section 501(c)(4), secti	on 501(c		ction	<u> </u>
200	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 3. is
	answered "Yes."	, •	(2)	,	10 0, 10
			1		
1	Dues, assessments and similar amounts from members				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	Cai			
	expenses for which the section 527(f) tax was paid).		0-		
	Current year				
	Carryover from last year				*****
С	Total		1		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	political			
	expenditure next year?		4		
************	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated grou	o list); Part l	II-A, line 2; a	nd Part II-E	3, line 1.
Also,	complete this part for any additional information.				
PAI	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
EXI	PLANATION: DURING 2013, MEMBERS OF THE BOARD OF DIF	RECTOR	S MET	HTIW	··· ·· ·
RE	PRESENTATIVES OF THE JUDICIAL BRANCH AND THE GOVERN	IOR'S	OFFICE	TO	
EX1	PLORE WAYS IN WHICH THE STATE COULD INCREASE PUBLIC	FUND	ING TO		
ON	PROFIT CORPORATIONS WHOSE PRINCIPAL PURPOSE IS PRO	OVIDING	G LEGA	L	
SEI	RVICES TO THE POOR. IF THE PROPOSED LEGISLATION	IS SU	CCESSF	UL, TI	HE
			ile C (Form		
33204	3				

Schedule C (Fo	rm 990 or 990-l upplementa	z) 2013 C( I Informa	DNNECTIC tion (continued	UT BAR	FOUNDATIO	ON, INC		06-6079763	Page 4
ADDITION	IAL DOLL	ARS WI	LL THEN	BE ADMI	NISTERED	BY THE	BAR FOUN	DATION,	
ESSENTIA	LLY ON	A PASS	THROUGH	BASIS,	PURSUANT	то сс	NNECTICUT	GENERAL	
STATUTE	51-81C.					<del></del>			
-			·						
		**************************************	·····						<del> </del>
					and the second s				·
	22000						<u> </u>		
							***************************************		
			Autoria	·		:	·		
									-
				11/14 10-					
	<del></del>		<del></del>	and the control of th			· · · · · · · · · · · · · · · · · · ·		
						·			
								×	
	<u></u>								
<u></u>				·		· · · · · · · · · · · · · · · · · · ·			

#### **SCHEDULE D**

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to 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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CONNECTICUT BAR FOUNDATION TNC Employer identification number 06-6079763

Pa	Organizations Maintaining Donor Advise		ds or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	witing that the appets hold in denot ad	ligad funda
5			
_	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
000000000	impermissible private benefit?		
Pa			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of an h	nistorically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the form	m of a conservation easement on the last
	day of the tax year.		
	ady of the tax your		Held at the End of the Tax Year
9	Total number of conservation easements		· · · · · · · · · · · · · · · · · · ·
о Ь	Total acreage restricted by conservation easements		
b	· · · · · · · · · · · · · · · · · · ·		
	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by t	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas		-
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling o	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expen-	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		
Pai	till Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
(000000000	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		ement and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		ratios of public delivines, provides, in trace and
			at and balance about modes of out biotoxical
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ec	lucation, or research in furtherance of p	bublic service, provide the following amounts
	relating to these items:		<b>.</b> .
	(i) Revenues included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financ	ial gain, provide
	the following amounts required to be reported under SFAS 1:	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2013 CONNECTICUT	BAR FOUNDAT	ION, INC.	06-6079763 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line	e 11b. See Form 990, Part	X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua	tion: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		e 11c. See Form 990, Part	X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valua	tion: Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)		·	
(6)			
(8)		i	
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part	
(a)	Description		(b) Book value
(1)			
(2)			
(3)	Martin Control of the		
(4)			
(5)			
(6)		······································	·
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>э 15.)</u>		<b>&gt;</b>
Part X Other Liabilities.			
Complete if the organization answered "Yes"	to Form 990, Part IV, line		), Part X, line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(7)		Processes.	

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			_
(6)			_
(7)			
(8)			
(9)			_
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶	

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 X

Schedule D (Form 990) 2013

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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

Part XIII Supplemental Information.

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

#### PART X, LINE 2:

EXPLANATION: THE FOUNDATION IMPLEMENTED THE ACCOUNTING GUIDANCE FOR

UNCERTAINTY IN INCOME TAXES USING CERTAIN PROVISIONS OF ASC 740, INCOME

TAXES. USING THIS GUIDANCE, TAX POSITIONS INITIALLY NEED TO BE RECOGNIZED

IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE

POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. AS OF

DECEMBER 31, 2013 AND 2012, THE FOUNDATION HAS NO UNCERTAIN TAX POSITIONS

THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL

STATEMENTS AND BELIEVES THAT IT HAS APPROPRIATED SUPPORT FOR INCOME TAX

POSITIONS TAKEN IN ITS TAX RETURNS. CURRENTLY, THE FOUNDATION'S

INFORMATION RETURNS FOR FISCAL YEARS 2010-2012 REMAIN OPEN TO INSPECTION

BY THE IRS, WITH 2013 TO BE FILED IN 2014.

332054 09-25-13 Schedule D (Form 990) 2013

Schedule D (Form 990) 2013	CONNECTICUT	BAR	FOUNDATION,	INC.	06-6079763	Page 5
Schedule D (Form 990) 2013 Part XIII Supplemental Infor	mation (continued)					
				·		
						<del></del>
	20					
		,				
			LAN LANGUAGE			
			···			
			*-			
		·				
	· · · · · · · · · · · · · · · · · · ·					

SCHEDULE (Form 990)

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

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

Open to Public 2013 Inspection

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

Employer identification number 06-6079763

Name of the organization

Department of the Treasury Internal Revenue Service

INC. CONNECTICUT BAR FOUNDATION, General Information on Grants and Assistance Parti

X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. criteria used to award the grants or assistance?

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be cuplicated if additional space is needed Partill

1 (a) Name and address of organization (b) EIN (c) IRC second or government if application if application (b) EIN (c) IRC second if application (c) IRC second if application (d) IRC seco	(b) EIN	(c) IRC section if applicable	il additional space is needed.  trion (d) Amount of (e) ble 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
AIDS LEGAL NETWORK FOR CONNECTICUT 999 ASYLUM AVENUE							TO PROVIDE LEGAL SERVICES FOR THE POOR IN
HARTFORD, CT 06105	06-0730611	501(C)(3)	93,806.	0.			CONNECTICUT.
CENTER FOR CHILDREN'S ADVOCACY							TO PROVIDE LEGAL SERVICES
65 ELIZABETH STREET HARTFORD, CT 06105	06-1489575	501(C)(3)	437,472.	0			FOR THE POOR IN CONNECTICUT.
THE CHILDREN'S LAW CENTER OF							TO PROVIDE LEGAL SERVICES
CONNECTICUT - 30 ARBOR STREET -	06-1381700	501(0)(3)	217 055	c			FOR THE POOR IN
	9	202101					• • • • • • • • • • • • • • • • • • • •
CONNECTICUT FAIR HOUSING CENTER							TO PROVIDE LEGAL SERVICES
221 MAIN STREET							FOR THE POOR IN
HARTFORD, CT 06106	06-1453727	501(C)(3)	177,969.	0			CONNECTICUT.
CONNECUTOR LEGAL DIGUES DECINE							ODDIVIDE LEGAL GEOMICES
INC P.O. BOX 351 SILVER STREET				·			FOR THE POOR IN
- MIDDLETOWN, CT 06457	22-3069277	501(C)(3)	608,291.	0.			CONNECTICUT.
				76.1			
CONNECTICUT LEGAL SERVICES, INC.							TO PROVIDE LEGAL SERVICES
62 WASHINGTON STREET							FOR THE POOR IN
MIDDLETOWN, CT 06457	06-0955461	501(C)(3)	8,012,916.	0.			CONNECTICUT.

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2013)

Page 1

	s in the United States (Schedule I (Form 990), Part II.)
, INC.	ganizatior
OUNDATION,	Governments and Or
BAR	istance to
CONNECTICUT BAR FOUNDATION,	of Grants and Other Ass
Schedule I (Form 990)	Part II Continuation

(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 999 ASYLUM AVENUE HARTFORD, CT 06105	06-0730611	501(C)(3)	3,194,367.	0.			TO PROVIDE LEGAL SERVICES FOR THE POOR IN CONNECTICUT.
LAWYERS FOR CHILDREN OF AMERICA 151 FARMINGTON AVENUE HARTFORD, CT 06105	06-1412355	501(C)(3)	80,007.	0.			TO PROVIDE LEGAL SERVICES FOR THE POOR IN CONNECTICUT.
NEW HAVEN LEGAL ASSISTANCE ASSOCIATION - 426 STATE STREET - NEW HAVEN, CT 06510	06-0793269	501(C)(3)	.696,255,2	0			TO PROVIDE LEGAL SERVICES FOR THE POOR IN CONNECTICUT.
STATEWIDE LEGAL SERVICES 1290 SILAS DEANE HIGHWAY, SUITE 3A WETHERSFIELD, CT 06109	06-1445097	501(C)(3)	257,156.	.0			TO PROVIDE LEGAL SERVICES FOR THE POOR IN CONNECTICUT.
QUINNIPIAC UNIVERSITY SCHOOL OF LAW - 275 MOUNT CARAMEL - HAMDEN, CT 06518	06-0646701		10,000.	.0			SCHOLARSHIPS FOR LAW SCHOOL STUDENTS DEMONSTRATING FINANCIAL NEED.
UNIVERSITY OF CONNECTICUT SCHOOL OF LAW - 65 ELIZABETH STREET - HARTPORD, CT 06105	06-1489575		10,000	0			SCHOLARSHIPS FOR LAW SCHOOL STUDENTS DEMONSTRATING FINANCIAL NEED.
0, 1, _	06-0646973		10,000	,0			SCHOLARSHIPS FOR LAW SCHOOL STUDENTS DEMONSTRATING FINANCIAL NEED.
							Schedule I (Form 990)

32

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. ON LAWYERS' TRUST ACCOUNTS (IOLTA), INTEREST ON TRUST ACCOUNTS GRANTS-IN-AID (JBGIA) PROGRAMS. FOR ALL PROGRAMS THE FOLLOWING CRITERIA CORPORATION QUALIFIED AS TAX EXEMPT UNDER SECTIONS 501(A) AND 501(C)(3) 2. HAVE AS ITS PRINCIPAL PURPOSE THE EXPLANATION: THE CONNECTICUT BAR FOUNDATION (CBF) ADMINISTERS THE (IOTA), COURT FEES GRANTS-IN-AID (CFGIA), AND THE JUDICIAL BRANCH 3. HAVE (d) Amount of non-cash assistance APPLY: GRANT RECIPIENTS MUST: 1. BE ON A NON-STOCK NONPROFIT DELIVERY OF LEGAL SERVICES TO THE POOR IN CONNECTICUT, (c) Amount of cash grant (b) Number of recipients OF THE INTERNAL REVENUE CODE, (a) Type of grant or assistance PART IV Н SCHEDULE INTEREST 332102 10-29-13 Part IV

Page 2

06-6079763

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

CONNECTICUT BAR FOUNDATION, INC.

Schedule I (Form 990) (2013)

PartIII

CERTIFIED FINANCIAL STATEMENTS FOR ALL PRECEDING YEARS IN EXISTENCE AND HAVE AN APPOINTED INDEPENDENT CERTIFIED AUDITING FIRM, 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 QUALITY, 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. Schedule I (Form 990)

Schedule I (Form 990) Part IV Supplemen	CONNECTI	CUT BAR	FOUNDAT	TION, II	VC.	<u>06-607</u>	<u>9763                                    </u>	Page 2
Part IV Supplemen	tal Information							
AGREED UPON PR	OCEDURES ARE	ALSO PER	RFORMED	BY OUR	AUDITORS	AS WELL	AS	
GRANTEES PROVI	DING SIGNED A	ASSURANCI	ES.					
					1			
<del></del>								
					-			
						·····		
			ALL WATER CONTRACTOR OF THE PARTY OF THE PAR					
			·			<del> </del>		
No. 1016-000-000							<del></del>	
		,						<u> </u>
SAME TO SAME THE SAME						····	. ,	
	Washington Company							
				<u> </u>	and an address of School II A (1967)			
-	44-44-1-7-7-7-7-7-7							
- Address	TOTAL STATE OF THE							
				***************************************				
				- 6 404				
			4 4 14 14 14					
	,		· <del>emica</del>					
						· · · · · · · · · · · · · · · · · · ·		

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

### Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990. ➤ See separate instructions. ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

**Employer identification number** 

Schedule J (Form 990) 2013

CONNECTICUT BAR FOUNDATION, INC. 06-6079763 Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? ..... Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. 5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: X a The organization? **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: Х a The organization? X **b** Any related organization? If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Part ill Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i) (iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(O)-())(B)	reported as deferred in prior Form 990
(1) SANDY F. KLEBANOFF	8	135,538.	0	0	19,399.	0	154,937.	0
뭐	<b>E</b>		0	0	0	0	0	0.
	€ (							
	<b>E E</b>							
	Ξ							
	€ 6							
	8							
	<b>E</b>							
	(1)							
	(E)							
	(3)							
	Ξ					4		
	8							:
	Ξ							
	8							
	▣							
	€							
	▣							
	8							
	▣							
	€		The second secon					
	≘							
	Ξ							
	€							
	€							
	€							
	8					codom		
	€							
	8							
	9							
332112 09-13-13				37			Sched	Schedule J (Form 990) 2013

CONNECTICUT BAR FOUNDATION, INC.

Schedule J (Form 990) 2013

38

#### SCHEDULE O (Form 990 or 990-EZ)

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

mplete 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.

2013
Open to Public

Department of the Treasury Internal Revenue Service

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

Employer identification number 06-6079763

Name of the organization CONNECTICUT BAR FOUNDATION, INC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BE AVAILABLE TO ALL, REGARDLESS OF POWER OR RESOURCES. THE FOUNDATION

SERVES THIS MISSION IN PART BY WORKING TO SECURE AND ADMINISTER A

RELIABLE AND SUFFICIENT FLOW OF FUNDS TO SUPPORT LEGAL SERVICES AND

ACCESS TO JUSTICE FOR PERSONS OF LIMITED MEANS. THE FOUNDATION ALSO

SERVES ITS MISSION BY SPONSORING PROGRAMS THAT ADDRESS MATTERS

CONCERNING THE LEGAL PROFESSION, THE ADMINISTRATION OF JUSTICE AND THE

ROLE OF LAW IN SOCIETY.

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

HOUSING AND FIGHT UNLAWFUL EVICTIONS, WOMEN AND CHILDREN VICTIMIZED BY

DOMESTIC VIOLENCE, AND NONPROFIT COMMUNITY ORGANIZATIONS.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: PRISON BASED ON PROOF OF ACTUAL INNOCENCE OF THE CRIMES FOR WHICH THEY A RECEPTION TO BENEFIT THE FUND ORGANIZED BY THE WERE IMPRISONED. FOUNDATION AND THE CONNECTICUT BAR ASSOCIATION'S PARALEGALS COMMITTEE WAS HELD ON OCTOBER 9, 2013. BY DECEMBER 2013, THREE EXONEREES RECEIVED ASSISTANCE FROM THE FUND. THE HISTORY OF LEGAL AID COMMITTEE HAS CONDUCTED ORAL HISTORY INTERVIEWS OF PEOPLE INVOLVED IN THE DEVELOPMENT AND EXPANSION OF LEGAL AID IN CONNECTICUT. ADDITIONAL INTERVIEWS AND A SYMPOSIUM ARE PLANNED FOR 2014. 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 AND BY THE EFFORTS OF THE JAMES W. COOPER

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

Schedule O (Form 990 or 990-EZ) (2013)

FELLOWS.

Employer identification number 06-6079763

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

EXPLANATION: 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:

EXPLANATION: 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:

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

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

EXPLANATION: 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

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

EXPLANATION: THE FINANCIAL STATEMENTS ARE MADE AVAILABLE THROUGH THE

332212
09-04-13
Schedule O (Form 990 or 990-EZ) (2013)