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### Form **990**

### **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

Department of the Treasury

Open to Public

A For the 2006 calendar year, or tax year beginning July 1 , 2008, and ending June 30 , 20 , 20 , 30   Borout rigination between Charmed Connecticut Legal Services, Inc.     Definition of the Charmed Connecticut Legal Services, Inc.    Definition o				o 2009 o		West or tex year			_						nspectio	on
Address charge   Secretary											ng					
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Website:   Conn.legalServices.org   Mig Grap serreton numbre   NIA		1 1	Towns and add to the second of											=		
Type of organizations   Total   Association   Other													•			
1 Briefly describe the organization's mission or most significant activities:  Connecticut Legal Services, Inc. is a private, not-for-profit law firm committed to providing access to justice as a means of improving the lives of flow-income people. Our vision is to make Connecticut a place where as a means of improving the lives of flow-income people. Our vision is to make Connecticut a place where as a means of improving the lives of flow-income people. Our vision is to make Connecticut a place where as a means of improving the lives of flow-income people. Our vision is to make Connecticut a place where as a means of improving the lives of flow-income people. Our vision is to make Connecticut a place where as a means of improving the lives of flow-income people. Our vision is to make Connecticut a place where as a means of improving the lives of flow-income people. Our vision is to make Connecticut a place where as a means of improving the lives of the governing body (Part VI, line 1a).  2 Check the box ▶ □ If the organization disontinued its operations or disposed of more than 25% of its assets.  3 Number of voting members of the governing body (Part VI, line 1a).  4 Cort of the property of the proving the proving place of the governing body (Part VI, line 1b).  5 9 94  5 Total number of volunteers (settinate if necessary).  6 4 41  7 7 Total propes of volunteers (settinate if necessary).  8 Contributions and grants (Part VIII, line 2p).  8 Contributions and grants (Part VIII, line 2p).  9 Program service revenue (Part VIII, line 2p).  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).  11 (Intervenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 12).  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-2).  13 (Sarrats and stimilar amounts paid (Part IX, column (A), lines 4).  14 Do 0.  15 Salaries, other compensation, emblowed the first Part IX, column (A), lines 1-2).  16 (Part VIII).  17 (Cher expenses IX and IX (Part IX, column (A), lines 4)																
Briefly describe the organization's mission or most significant activities:  Connecticut Legal Services, Inc. is a private, not-for-profit law firm committed to providing access to justice  Jow-income people can meet their basic needs and be assured equal access to opportunities and justice.  Low-income people can meet their basic needs and be assured equal access to opportunities and justice.  Number of voting members of the governing body (Part VI, line 1a).  Number of independent voting members of the governing body (Part VI, line 1b).  Number of independent voting members of the governing body (Part VI, line 1b).  Number of independent voting members of the governing body (Part VI, line 1b).  Number of voting members of the governing body (Part VI, line 1b).  Total number of employees (Part VI line 2a).  Number of voting members of the governing body (Part VI, line 1b).  Number of voting members of the governing body (Part VI, line 1b).  Total unmober of employees (Part VI line 2a).  Number of voting members of the governing body (Part VI, line 1b).  Total unmober of employees (Part VI line 2a).  Number of voting members of the governing body (Part VI, line 1b).  Total unmober of employees (Part VI line 2a).  Number of voting members of the governing body (Part VI, line 1b).  Number of voting members of the governing body (Part VI, line 1b).  Total unmober of employees (Part VIII line 1b).  Number of voting members of the governing body (Part VI, line 1b).  Number of voting members of the governing body (Part VI, line 1b).  Number of voting members of the governing body (Part VI, line 1b).  Number of voting members of the governing body (Part VI, line 1b).  Number of voting members of the governing body (Part VI, line 1b).  Number of voting members of the governing body (Part VI, line 1b).  Number of voting members of the governing body (Part VI, line 1b).  Number of voting members of the governing body (Part VI, line 1b).  Number of voting members of the governing body (Part VI, line 1b).  Number of voting						Iddon 🗀 IIdai 🗀 🗡	SOCIATION LI OTI	101 -	-	Tea or lottile	uon.	19//	- State	or logar (	JOHN CHE C	<u>'</u>
Connecticut Legal Services, Inc. is, a private, not-for-profit law firm committed to providing access to justice as a means of improving the lives of low-income people. Our vision is to make Connecticut a place where low-income people can meet their basic needs and be assured equal access to opportunities and justice.  2 Check this box ► If the organization discontinued its operations or disposed of more than 25% of its assets.  3 23  4 Number of voting members of the governing body (Part VI, line 1a).  5 Total number of employees (Part V, line 2a).  6 Total number of volunteers (estimate if necessary)  6 Total number of volunteers (estimate if necessary)  7 Total gross unrelated business revenue from Part VIII, line 12, column (C).  7 Total gross unrelated business revenue from Porm 990-T, line 34.  8 Contributions and grants (Part VIII, line 1h).  9 Priorgam service revenue (Part VIII, line 1p).  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).  11 Other revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3).  12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3).  13 Grants and similar amounts paid (Part IX, column (A), lines 4).  14 Benefits paid to p- for members (Part IX, column (A), lines 4).  15 Salaries, other colpnension (Part IX, column (A), lines 4).  16 Benefits paid to p- for members (Part IX, column (A), lines 4).  17 Other expenses (Part IX, column (A), lines 1-3).  18 Total expenses. Add lines 4.3 fry must equal Part IX, column (A), lines 25).  19 Application of the province of party. In the part of the province of party. In the part of the province of party. In the part of party. In the party of the par						Ala	-1!!		· · · · · · · · · · · · · · · · · · ·		<del>-</del>				· · ·	
as a means of improving the lives of low-income people. Our vision is to make Connecticut a place where low-income people can meet their basic needs and be assured equal access to opportunities and justice.  Check this box     if the organization discontinued its operations or disposed of more than 25% of its assets.  Number of voting members of the governing body (Part VI, line 1a).   3   23    Number of voting members of the governing body (Part VI, line 1b)   4   23    Total number of votinucters (estimate if necessary)   5   94    To Total gross unrelated business revenue from Part VIII, line 12, column (C).   7a   0    Total gross unrelated business revenue from Part VIII, line 12, column (C).   7a   0    Net unrelated business revenue from Part VIII, line 12, column (C).   7a   0    Not unrelated business revenue from Part VIII, line 12, column (A).   10,556,319   7,586,725    Program service revenue (Part VIII, line 2g).   292,436   241,482    Total revenue (Part VIII, column (A), lines 3, 4, and 7d)   10,956,318   7,586,725    Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)   10,956,918   7,688,310    Total revenue (Part VIII, column (A), lines 3, 4, and 7d)   10,956,918   7,688,310    Total revenue (Part VIII, column (A), lines 3, 4, and 7d)   10,956,918   7,688,310    Total revenue (Part VIII, column (A), lines 1-3)   0   0   0    Benefits paid to perfor gentpless (Part IX, column (A), lines 4)   0   0   0   0    Total revenue (Part VIII, column (A), lines 1-3)   0   0   0   0    Total revenue (Part VIII, column (A), lines 1-3)   0   0   0    Total revenue (Part VIII, column (A), lines 1-3)   0   0   0    Total revenue (Part VIII, column (A), lines 1-3)   0   0   0    Total revenue (Part VIII, column (A), lines 1-3)   0   0   0    Total revenue (Part VIII, column (A), lines 1-3)   0   0   0    Total revenue (Part VIII, column (A), lines 1-3)   0   0   0    Total revenue (Part VIII, column (A), lines 1-3)   0   0   0    Total revenue (Part VIII, column (A), lines 1-3)   0   0   0																
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7a Total gross unrelated business revenue from Part VIII, line 12, column (C).   7a   7b   7c   7c   7c   7c   7c   7c   7c		ᇣ														
7a Total gross unrelated business revenue from Part VIII, line 12, column (C).   7a   7b   7c   7c   7c   7c   7c   7c   7c		Ş.												anu ju	Suce.	
7a Total gross unrelated business revenue from Part VIII, line 12, column (C).   7a   7b   7c   7c   7c   7c   7c   7c   7c		ၓ				-		•	-				1	1		23
7a Total gross unrelated business revenue from Part VIII, line 12, column (C).   7a   7b   7c   7c   7c   7c   7c   7c   7c		ග														
7a Total gross unrelated business revenue from Part VIII, line 12, column (C).   7a   7b   7c   7c   7c   7c   7c   7c   7c		<b>₩</b>														
7a Total gross unrelated business revenue from Part VIII, line 12, column (C).   7a   7b   7c   7c   7c   7c   7c   7c   7c		<b>ĕ</b>											<u> </u>			
B Net unrelated business taxable income from Form 990-T, line 34.   Prior Year   Current Year   Current Year   Current Year   Current Year   10,556,319   7,586,725   7,586,736   7,586		•												_		
Prior Year   Current Year   10,556,319   7,586,725		1								• •						
9 Program service revenue (Part VIII, line 2g)	<b>£</b>	$\neg$				DOM: OCC TEXTED TO			1, 11/10 0 1.	<del></del>	Γ			+	Current Yea	<u>_</u>
9 Program service revenue (Part VIII, line 2g)	20	1	8	Contribu	tions ar	nd grants (Part )	/III line 1h\					10.5	56.31	_		
10   Investment income (Part VIII, column (A), lines 3, 4, and 7d)   108,163   66,214																
The column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)   13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)   14 Benefits paid to or for members (Part IX, column (A), lines 4)   15 Salaries, other compensation (Pripo) (Part IX, column (A), lines 4)   16 Professional fundraising sees (Part IX, column (A), lines 4)   17 Other expenses (Part IX, column (A), lines 1)   18 Total fundraising spenses (Part IX, column (A), lines 2)   19 Revenue less expenses (Part IX, column (A), lines 2)   19 Revenue less expenses (Part IX, column (A), lines 2)   19 Revenue less expenses (Part IX, line 16)   19 Revenue less expenses (Part IX, line 16)   19 Part III Signature Block  Under penalties of perury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge remployed)   10 Preparer's light in the preparer's light in the preparer's light information of which preparer has any knowledge remployed   10 Preparer's light in the preparer's light in the preparer's light information of which preparer has any knowledge remployed.   10 Preparer's light in the preparer's light information of which preparer is information in the preparer's light information in the preparer's light information in		<u>§</u>														
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 10,956,918 11,898,310 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation employed benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising expenses (Part IX, column (A), line 11e) 15 Total fundraising expenses (Part IX, column (A), line 11e) 16 Total expenses (Part IX, column (A), lines 1 (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), lines 1 (Part IX, column (A), line 25) 18 Total expenses. Add lines 13 Tylemet aguel Part IX, column (A), line 25) 19 Revenue less expenses (Part X, line 16) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 16) 22 Total liabilities (Part X, line 26) 23 Signature Block 24 Under penalties of penyur, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  Preparer's lightly officer  Preparer's identifying number (see instructions)  Preparer's lightly officer  Preparer's identifying number (see instructions)  Preparer's lightly officer  Preparer's identifying number (see instructions)		~										<u> </u>			`	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	$\geq$											10.9	56.91	В	7.89	
17 Other expenses   Part IX, column (A), lines   13		コ												_		0
17 Other expenses   Part IX, column (A), lines   13	Щ	- 1										0			0	
17 Other expenses   Part IX, column (A), lines   13	$\leq$	Ses	15	Salaries.	other co	mpensation lem	plovee benefit	s (Part IX. co	olumn (A). lii	nes 5–10)		6,9	26,95	2	9,87	73,734
17 Other expenses   Part IX, column (A), lines   13	¥	Ë														0
17 Other expenses   Part IX, column (A), lines   13	$S_{\mathcal{C}}$	<u> </u>								326,058						
18 Total expenses. Add-lines 13 17 (must equal Part IX, column (A), line 25).  19 Revenue less expenses. Subtract line 18 trdm line 12.  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  23 Reginning of Year  24 End of Year  25 Reginning of Year  26 End of Year  27 End of Year  28 Reginning of Year  29 Reginning of Year  20 Total assets (Part X, line 16).  21 Total liabilities (Part X, line 26).  22 Net assets or fund balances. Subtract line 21 from line 20.  3 Reginning of Year  4 Reginning of Year  5 Reginning of Year  6 Reginning of Year  8 Rod (4,539,126)  8 Reginning of Year  8 Rod of Year	. 60		17	Other ex	penses	Part IX. colum	n (A). lines 1	11d. 11f	-24f)			3,0	35,03	В	2,56	3,702
19   Revenue less expenses   Subtract that 18 from line   12   994,928   (4,539,126)		- 1	18	Total exp	oenses.	Add-lines 13-1	7 (must eau	TPart IX. co	olumn (A), I	ine 25).		9,9	61,99	0	12,43	37,436
Signature Block   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			19	Revenue .	less ex	penses. Subtract	inde 18 tram	line 12 .		•		99	94,92	8	(4,53	9,126)
Signature Block   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		3 of									Be	ginning of	Year		End of Yea	r
Signature Block   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		38et	20	Total ass	ets (Pa	ırt X, line 16) .						8,74	<u>44,53</u>	5	5,86	<u>34,934</u>
Signature Block   Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		Ž E		Total liab	oilities (l	Part X, line 26)						2,02	29,88	2	3,68	<u> 39,407</u>
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Signature of officer			_				ubtract line 2	1 from line	<u> 20</u>	<u> </u>		6,7 <sup>-</sup>	14,65	3	2,17	<u> 75,527</u>
Sign Here    Signature of officer   Date		Pai	rt III													
Here    Signature of officer   Date				Under pe	enalties of of, it is tru	perjury, I declare thate. correct, and com	at I have examine plete Declaration	ed this return, in n of preparer (c	cluding accor	npanying sche	dules an n all info	nd stateme	nts, and f which	to the be	st of my kno has any kno	owledge
Here  Signature of officer  Linda C. Spada Comptrol  Type or print name and title  Preparer's signature  Preparer's signature  Preparer's loentifying number (see instructions)  Firm's name (or yours if self-employed), address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? (see instructions)  Date  Check if self-employed ▶ □  Preparer's identifying number (see instructions)  EIN ▶  Phone no ▶ ( )  Yes □ No					Ŷ	` - 0	<b>~</b>	) (		., 10 00000		1			-	·
Paid Preparer's Use Only  May the IRS discuss this return with the preparer shown above? (see instructions)  Proparer's Check if self-employed ▶ □  Preparer's identifying number (see instructions)  Preparer's identifying number (see instructions)  EIN ▶ □  Phone no ▶ ( )  Yes □ No		_		<u> </u>	<u>oru</u>	maka 1	U. Upa	sola_	<u> </u>	<del></del>			<u>5</u> 1	<u> 144 10</u>	<u> </u>	
Paid Preparer's signature  Preparer's Use Only  May the IRS discuss this return with the preparer shown above? (see instructions)  Date  Check if self-employed >   Check if self-employed >   Preparer's identifying number (see instructions)  EIN >   Phone no > ( )  Yes No		Her	е	▼ Sign		_		0 -	. 1	11		Date				
Paid Preparer's  Use Only  May the IRS discuss this return with the preparer shown above? (see instructions)  Date  Check if self-employed ▶ □  Preparer's identifying number (see instructions)  EIN ▶ □  Phone no ▶ □  Yes □ No							baga'	<u> </u>	bull	11-6					<del></del>	
Paid Preparer's Signature  Firm's name (or yours if self-employed), address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? (see instructions)  Self-employed ▶ □  (see instructions)  EIN ▶ ⋮ Phone no ▶ ○  Yes □ No		—		, ,	<u> </u>	name and title		<del> </del>	In-	to C	heck if	<del></del>				
Paid Preparer's Use Only  If self-employed, address, and ZIP + 4  May the IRS discuss this return with the preparer shown above? (see instructions)  Phone no  Yes  No									l Da	s	elf-	lis			ig number	
Use Only   Firm's name (or yours if self-employed), address, and ZIP + 4   Phone no ▶ ( )    May the IRS discuss this return with the preparer shown above? (see instructions)		Paid		5.9, 5.6	7					e	mploye	a ▶ ⊔ `		•		
Use Only if self-employed), address, and ZIP + 4 Phone no ▶ ( )  May the IRS discuss this return with the preparer shown above? (see instructions)		•		Firm's no	me for w	ours k					Т					
May the IRS discuss this return with the preparer shown above? (see instructions)		Use (	Only	If self-em	ployed),									<del></del>		
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											<del></del>	<del></del>	<del>. ,</del>	1		

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Pai	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission:  Connecticut Legal Services, Inc. is a private, not-for-profit law firm committed to providing access to justice
	as a means of improving the lives of low-income people. Our vision is to make Connecticut a place where
	low-income people can meet their basic needs and be assured equal access to opportunities and justice.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 10,916,023 including grants of \$) (Revenue \$ 241,482 )  Connecticut Legal Services provides civil legal representation and counseling to help low-income individuals
	(adults and children) and families obtain just legal solutions to serious life problems. We assist our clients to use
	the law to help themselves climb out of poverty, improve their lives, and build better futures for their children.
	Areas of specialty include domestic violence/family, homelessness/housing, public benefits, special education,
	elder, and disability law. During the 2008/2009 fiscal year, CLS advocates provided assistance to 5,508 low-income
	households consisting of 12,017 individuals, including 4,538 children. In addition, over 200 outreach/community
	legal education events were held throughout our service area, reaching over 10,000 individuals. Approximately
	11,590 legal educational pamphlets were distributed at these events.
	During the 2008/2009 fiscal year, Connecticut Legal Services received a total value of \$192,054 in donated services
	to support the work described above.
4h	(Code:) (Expenses \$including grants of \$) (Revenue \$)
40	
	······
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	······
	Other
<b>4d</b>	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► \$ 10,916,023 (Must equal Part IX, Line 25, column (B).)

Form	990 (2008)		P	age 🕻
Pa	rt IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			Ì
	complete Schedule A	1	<b>1</b>	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	1	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	<b>√</b>	
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	<b>√</b>	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓_
14a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	40		,
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16 17	_	√
17 40	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		<del>√</del>
18 19	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part III  Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		<u> </u>
20	Did the organization report more than \$13,000 of Fait Vill, line sat if Yes, complete Schedule G, Fait III	20		<del>\</del>
20 21	Did the organization operate one of more hospitals? If "res," complete Schedule I, Parts I and II	21		<u> </u>
 22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>√</b>
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	I		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions		- 1	,
	24b-24d and complete Schedule K. If "No," go to question 25	24a		✓_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	+	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓_
Ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1

Part IV Checklist of Required Schedules (continued) Yes Nο During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 28a b Have a family member who had a direct or indirect business relationship with the organization? If "Yes," 28b Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a 28c professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV . . . Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R. Parts II.

Form **990** (2008)

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance	_		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 94	0L	1	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<b>V</b>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
0-	instructions)			
Sa	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		<b>V</b>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>-</b>
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	5c		
60	Regarding Prohibited Tax Shelter Transaction?	6a		1
	•			<b>_</b>
D	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 provide goods or services in exchange for any quid pro quo contribution of more than			ļ
	\$75?	7a		✓_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			,
_	required to file Form 8282?	7c		<b>V</b>
	in res, indicate the number of roms 5252 filed during the year.			1
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	benefit contract?	7f		1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
•••	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			ļ
	organization, have excess business holdings at any time during the year?	8		_
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	0-		
a	Did the organization make any taxable distributions under section 4966?	9a		
_ b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		$\vdash$
10	Section 501(c)(7) organizations. Enter:			
a b	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:			
''	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
~	amounts due or received from them.)			ļ
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

<u>Sec</u>	tion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		<b>√</b>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
_	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	1	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		1
6	Does the organization have members or stockholders?	6		1
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		1
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ü	the year by the following:			
•	The governing body?	8a	<b>✓</b>	
a b	Each committee with authority to act on behalf of the governing body?	8b	1	
9a		9a	1	
ya h		34		
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	✓	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations		,	
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	✓	
11	Is there any officer, director or 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	11		✓
Sec	tion B. Policies			
		4.0	Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		,	
	rise to conflicts?	12b	<b>✓</b>	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	✓	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14	✓	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	✓	
b	Other officers or key employees of the organization?	15b	✓	L
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶Connecticut			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c	)(3)s	only)	
	available for public inspection. Indicate how you make these available. Check all that apply.	, , , -	•,	
	☐ Own website ☑ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rde o	f the	
	- Oldie the hatte. Unvolcat address, and telephone highber of the berson who clossesses the biblist and terro			

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee.											
(A)	(8)	ļ .	(C)				<b>(D)</b>	<b>(E)</b>	(F)		
Name and Title	Average	Posit	Position (check all that apply)				Reportable	Reportable	Estimated		
	hours per week	Individual trustoe or director	Institutional trustee	Officer	Key employee	Highest compensated omployee	Former	compensation from the organization (W-2/1099-MESC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
Elwin Bresette											
Director	1.00	1	İ			İ		-0-	-0-	-0-	
John P. Casey, Esq.	4.00								•		
Director	1.00	1				<u> </u>		-0-	-0-	-0-	
Greg Daniels, Esq.	1.00							-0-	-0-	-0-	
Director	1.00	1				Ĺ		-0-	-0-	-0-	
Robert Dolian, Esq.	1.00							-0-	-0-	-0-	
Director	1.00	✓		L				-0-	-0-	-0-	
Marilyn J. Ward Ford, Esq.	1.00							-0-	-0-	-0-	
Director	1.00	✓						-0-	-0-		
Ross Garber, Esq.	1.00			i				-0-	-0-	-0-	
Director	1.00	1						-0-	-0-		
Gary Gold, Esq.	1.00							-0-	-0-	-0-	
Director	1.00	✓						-0-	-0-		
Amy Haberman, Esq.	1.00							-0-	-0-	-0-	
Director		✓						-0-	-0-		
Ulysses Hammond, Esq.	1.00	_						-0-	-0-	-0-	
Director		1								<del></del>	
Tonya Johnson	1.00							-0-	<b>-</b> 0-	-0-	
Director		<b>/</b>	Ш								
Frank Judge, Esq.	1.00	_						-0-	-0-	-0-	
Director		<b>✓</b>									
Carolyn Wilkes Kaas, Esq.	1.00	,						-0-	-0-	-0-	
Director Face		<b>✓</b>									
Josh Koskoff, Esq.	1.00							-0-	-0-	-0-	
Director Form		<b>√</b>	$\dashv$	$\dashv$							
William Kosturko, Esq.	1.00							-0-	-0-	-0-	
Director	<u> </u>	<b>✓</b>		-	$\dashv$						
Jay Malcynsky, Esq.	1.00			- {		.		-0-	-0-	-0-	
Director		<b>4</b>	$\dashv$	$\dashv$	$\dashv$						
Mitchell Pearlman, Esq.	1.00	_ ,	İ		ł			-0-	-0-	-0-	
Director Isabella Squicciarini, Esq.		<b>Y</b>									
Director	1.00							-0-	-0-	-0-	
UII GOLUI		<b>A</b>				i					

Pai	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(A)	(B)			((	C)			(D)	(E)		(	(F)
	Name and title	Average	Posit	on (d	checi	k all	that ap	ply)	Reportable	Reportable			mated
		hours per week	악칦	Ins	₹	6	₽ĭ	Fo	compensation from	compensation from related			unt of ther
		WOOK	Individual trustee or director	賣	Officer	Key employee	D Shes	Former	the	organizations	3		ensation
			당 =	ğ	•	탏	) e c		organization (W-2/1099-MISC)	(W-2/1099-MIS	C)		n the nization
			l rus	1 #		yee	<u>ặ</u>		(** 2 100 11100)				related
			8	Institutional trustee			ens:					organ	ızatıons
				"			Highest compensated employee				ł		
	y J. Tolles, J.D., J.C. L.										$\Box$		
Dire	ctor	1.00	1						-0-	•	-0-		-0-
Am	ado J. Vargas, Esq.	4.00									$\Box$		
	ctor	1.00	✓						-0-	•	-0-		-0-
Aar	on S. Bayer, Esq.	4.00								•	$\Box$		
	irman	1.00	1		1	ĺ			-0-	•	-0-		-0-
	mas Goldberg, Esq	4 00								-	$\Box$		
	Chairman	1.00	✓		✓_				-0-	·	-0-		-0-
	nard Orr, Esq.	1.00									$\Box$		
	retary	1.00	1		✓				-0-	•	-0-		-0-
	in Rasch, Esq.	1.00									$\Box$		
	asurer	1.00	✓		✓		_		-0-		-0-		-0-
	/en D. Eppler-Epstein	40.00							110,719		-o-		31,977
	cutive Director/Attorney	70.00			✓				110,719	<u> </u>	<u></u>		31,577
	orah Witkin	40.00							107,000		.o-		33,691
	uty Director/Attorney	40.00		<u> </u>	1				107,000		<u>-</u>		
	la C. Spada	40.00	ŀ						90,931		.o.	26,392	
	nptroller n Spilka		<u> </u>		<b>/</b>						<u> </u>	<u> </u>	
	ional Director/Attorney	40.00					,		104,500		.o-		33,730
_	ley Bergert				_	-	<b>✓</b>		· · ·		+		
	ional Director/Attorney	40.00					,		103,981		-O-		28,293
	ine Nevins			-			<b>-</b>	<del> </del> -			+		
	ional Director/Attorney	40.00							102,500	•	-0-		34,117
	in Brophy						_				$\dashv$	<del>                                     </del>	
Reg	ional Director/Attorney	40.00					1		101,980	-	-0-		34,636
1b	Total			•			· · · · · ·	<b></b>	823,497	•	<b>-</b> 0-	- 2	256,979
2	Total number of individuals (including those	e in 1a) wh	o rec	eive	ed n	nore	thar	1 \$1	00,000 in repo	rtable compe	nsat		
	organization ► 10								•	·			
												Υ	es No
3	Did the organization list any former office	r. director	or tru	uste	e. k	ev	emplo	ove	e. or highest c	ompensated			
	employee on line 1a? If "Yes," complete S							-		•	L	3	✓
4	For any individual listed on line 1a, is the s	um of repo	ortabl	e co	amo	ens	ation	and	d other compe	nsation from			
	the organization and related organizations											_	
	individual										-	4	<b>√</b>
5	Did any person listed on line 1a receive	or accrue	comp	eņs	sațio	on f	rom a	any	unrelated orga	anization for	-		<del></del>
-	services rendered to the organization? If "	res, comp	nete .	SCN	eau	ie J	tor s	ucn	person			5	
	Complete this table for your five his back as		ـــــــــــــــــــــــــــــــــــــ						414	4 41	<u></u>		
1	Complete this table for your five highest compensation from the organization.	ompensate	a ina	epe	nae	nt c	ontra	Cto	rs that received	more than	\$100	J,000 C	)T
	(A)								(B)			(C)	
	Name and business add	lress							Description of s	ervices		ompens	ation
								ļ					
								_					
								1	<del></del>				
								_					
_	<del>-</del>			-				<u> </u>		-			
2	Total number of independent contractors compensation from the organization ▶ -		nose	in '	1) W	ho	receiv	ved	more than \$10	000,000 in			

Part	: VIII	Statement of Rev	renue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
इ इ	40	Fodovsted compaigne	1a	232,103		revenue		512, 513, or 514
grants nounts		Federated campaigns	· · · <del></del>	232,103				
효율		Membership dues .	• • • —					
gifts, ilar arr		Fundraising events .	<u>1c</u>					
, gi		Related organizations	<u>1d</u>					
Sin	е	Government grants (contrib	outions).	2,539,711				
Contributions, gifts, grants and other similar amounts	f	, an earler contained action girle, g.						
ot to		and similar amounts not includ	led above 1f	<u>4,814,910</u>				
o P		Noncash contributions included						
C	h	Total. Add lines 1a-1f	<u> </u>		7,586,725			
9				Business Code				
Ven	2a	Attorney Fees		541100	238,082	238,082		
æ	b	Consultant/Honorariur	m Fees	541100	3,400	3,400		
Program Service Revenue	С							
Ž.	ď							
E	<u> </u>	•••••			- 1			
gra	f	All other program servic	e revenue .					
Pro	g	Total. Add lines 2a-2f		🕨	241,482			
	3							
	3	Investment income (incluother similar amounts)		_	66,214			66,214
	4	Income from investment of			·			
	5	Royalties		i proceeds	-			
			(ı) Real	(II) Personal				
	6-	Gross Rents	.,	(,				
		- · · · · · · · · · · · · · · · · · · ·						
		Less: rental expenses						
		Rental income or (loss) L Net rental income or (los		•				
		· F						· · · · · · · · · · · · · · · · · · ·
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses .						
	C	Gain or (loss) L						
	d	Net gain or (loss)		<u> ▶  </u>		<del></del>		
iue	8a	Gross income from	fundraising					·
ver		events (not including \$						
Re		of contributions reported	on line 1c).				,	
er		See Part IV, line 18	-					
Other Revel		Less: direct expenses						
0	C	Net income or (loss) from	m rundraising e	vents ▶	-		<del></del>	
	9a	Gross income from gamin	ng activities.					
	١.	See Part IV, line 19						,
		Less: direct expenses.		itina -				
		Net income or (loss) from	•	ities ▶				
	10a	Gross sales of inver	•					
	١.	returns and allowances						
		Less: cost of goods sold						
	⊢ိ	Net income or (loss) from						
	<u> </u>	Miscellaneous Rever		Business Code				
	11a	Insurance Recovery		524126	2,741			2,741
	b							-
	C							ļ
	d	All other revenue		900099	1,148			1,148
	е	Total. Add lines 11a-11	d	🕨	3,889			7,
	12	Total Revenue. Add line	es 1h, 2g, 3, 4,	5, 6d, 7d, 8c,				
		9c, 10c, and 11e	<u> </u>	•	7,898,310	241,482		70,103

### Part IX Statement of Functional Expenses

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

	All other organizations must complete colu	ımn (A) but are no	t required to comp	piete columns (B), (C	C), and (D).
	o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		- · · · · · · · · · · · · · · · · · · ·		
5	Compensation of current officers, directors, trustees, and key employees	277,516		195,369	82,147
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	5,450,618	4,920,215	428,421	101,982
8	Pension plan contributions (include section 401(k)				·
	and section 403(b) employer contributions)	2,395,098	2,262,980	102,008	30,110
9	Other employee benefits	1,227,767	1,042,265	143,225	42,277
10	Payroll taxes	497,037	425,577	55,174	16,286
11	Fees for services (non-employees):				
а	Management				······
b	Legal	99		99	
	Accounting	26,673	22,838	2,961	874
	Lobbying	103,063	103,063		
	Professional fundraising services. See Part IV, line 17	14,361		44.004	
f	Investment management fees	277,777	262 472	14,361	
9	Other	211,111	263,473	14,008	296
12	Advertising and promotion	201,488	150,694	45,358	5,436
13	Office expenses	34,968	29,956	3,879	1,133
14	Information technology	34,300	29,930	3,019	1,133
15	Royalties	584,105	460,837	106,331	16,937
16 17	Occupancy	87,561	68,638	16,005	2,918
	Payments of travel or entertainment expenses	0.,00.		10,000	<u> </u>
18	for any federal, state, or local public officials	1			
19	Conferences, conventions, and meetings .	61,551	49,293	11,433	825
20	1.1				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	59,874	52,403	7,471	
23	Insurance	52,256	37,125	13,710	1,421
24	Other expenses, Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
	Contractual Services	612,250	612,250		
a	Printing & Publications	117,384	94,177	11,381	11,826
b	Legislative/Administrative Advocacy	237,864	237,864	11,301	11,040
d	Temp Help/Work Study/Translation Serv	27,873	27,873		
a e	Memberships/Occuptional Tax	53,372	41,362	9,811	2,199
e f	All other expenses	36,881	13,140	14,350	9,391
25	Total functional expenses. Add lines 1 through 24f	12,437,436	10,916,023	1,195,355	326,058
26	Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	, , , , , , , , , , , , , , , , , , , ,			

Рa	rt X	Balance Sheet					
			(A) Beginning of year		(E End o	B) of year	
	1	Cash—non-interest-bearing	162,579	1		229	,835
	2	Savings and temporary cash investments	2,837,279	2		2,685	,762
	3	Pledges and grants receivable, net	5,051,089	3		2,162	,103
;	4	Accounts receivable, net	26,108	4		58	,906
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L .		5			
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete		6			
G	-	Part II of Schedule L	2,530	7			,910
Assets	7 8	Notes and loans receivable, net	2,330	8			1910
As	9		181,283	<del></del>		238	,678
	10a	Land, buildings, and equipment: cost basis 10a 1,397,4889	101,200	<del></del> -			<u>,,070</u>
		Less: accumulated depreciation. Complete					
		Part VI of Schedule D	483,667	10c		487	',740
	11	Investments—publicly traded securities		12			
	12	Investments—other securities. See Part IV, line 11		13			
	13 14	Investments—program-related. See Part IV, line 11		14			
	15	Intangible assets		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	8,744,535			5,864	.934
	17	Accounts payable and accrued expenses	2,012,335			3,634	_
	18	Grants payable		18			3,541
	19	Deferred revenue		19			2,919
	20	Tax-exempt bond liabilities		20			
es	21	Escrow account liability. Complete Part IV of Schedule D	17,547	21		23	,186
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
_		persons. Complete Part II of Schedule L	<del></del>	22			
	23	Secured mortgages and notes payable to unrelated third parties	<del></del>	23			
	24	Unsecured notes and loans payable		24 25			
	25 26	Other liabilities. Complete Part X of Schedule D	2,029,882			3,689	407
es		Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.	2,023,002	20		3,003	<u>,401</u>
anc	27	Unrestricted net assets	1,369,530	27		(149,	599)
3al	28	Temporarily restricted net assets	5,345,123	28		2,325	
ᅙ	29	Permanently restricted net assets		29			<u></u>
or Fund Balances		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
ţ	30	Capital stock or trust principal, or current funds		30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32			
Š	33	Total net assets or fund balances	<u>6,714,653</u>			2,175	
	34	Total liabilities and net assets/fund balances	8,744,535	34		5,864	,934
Pa	rt XI	Financial Statements and Reporting					
1	Acc	ounting method used to prepare the Form 990:   Cash  Accrual	☐ Other			Yes	No
<b>2</b> a	Wer	e the organization's financial statements compiled or reviewed by an indi-	ependent accountant	?	2a		✓
t	Wer	e the organization's financial statements audited by an independent according	ountant?		2b	<b>/</b>	
C		es" to lines 2a or 2b, does the organization have a committee that assumes	•	-		,	
		audit, review, or compilation of its financial statements and selection of an inc	•		2c	<b>✓</b>	
3a		a result of a federal award, was the organization required to undergo an a				,	
		Single Audit Act and OMB Circular A-133?			3a	1	
	, <u>11 T</u>	es," did the organization undergo the required audit or audits?	· · · · · · · · · · · · · · · · · · ·		3b	_ ▼	1

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

Department of the Treasury

Internal Revenue Service

### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization Employer identification number 0955461 Connecticut Legal Services, Inc. Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33%% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a 🔲 Type I b ☐ Type II e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? No Yes (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11gf) and (iii) below, the governing body of the supported organization? . . . . . . . . . 11g(ii (ii) A family member of a person described in (i) above? 1196 (iii) A 35% controlled entity of a person described in (i) or (ii) above? ... Provide the following information about the organizations the organization supports. h (iii) Type of organization (iv) is the organization (vii) is the (wiii) Amount of 何) EIN (v) Did you notify (i) Name of supported organization in col. organization (described on lines 1-9) in col. (3) listed in your the organization in support (i) organized in the governing document? above or IRC section col. (i) of vour U.S.? (see instructions)) support? Yes No Yes Yes **Total** 

	Support Schedule for Org (Complete only if you chec					and 170(b)(1	)(A)(vi) 
	tion A. Public Support dendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	68 2007	(a) 0000	40 T-4-1
C.	menora year for its car year beginning my	(a) 2004	<b>(b)</b> 2005	(C) 2000	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,987,659	8,195,770	11,241,356	10,556,319	7,586,725	44,567,829
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1-3	6,987,659	8,195,770	11,241,356	10,556,319	7,586,725	44,567,829
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)						
6							44,567,829
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	6,987,659	8,195,770	11,241,356	10,556,319	7,586,725	44,567,829
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,999	29,955	69,652	110,987	66,214	296,807
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.)	42	3,333	2,440	1,870	3,889	11,574
11	Total support. Add lines 7 through 10 .						44,876,210
12	Gross receipts from related activities, etc.	. (see instruction	ns)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re		d, third, fourth,	•		· · · · · ·
	tion C. Computation of Public Sup	<del></del>				44	99.31 %
14	Public support percentage for 2008 (line 6					14	99.31 % 42.56 %
	Public support percentage from 2007 Sch						
	331/4 % support test—2008. If the organization qualifies	as a publicly su	upported organ	ization			▶ ☑
b	33% % support test-2007. If the organization quality box and stop here. The organization quality						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	acts-and-circum	stances" test, o	check this box a	and stop here.	Explain in Part	N how the
b	10%-facts-and-circumstances test - 2007 more, and if the organization meets the "facts-and-circumsta	acts-and-circums	stances" test, c	heck this box a	nd stop here.	Explain in Part I	V how the _
18	Private foundation. If the organization did		•	•		•	

Sche	dule A (Form 990 or 990-EZ) 2008						Page 3
Pa	Support Schedule, for Orga (Complete only if you checke				a)(2)		
Sec	tion A. Public Support						
	alendar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1)
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization'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 7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				,		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support						
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b  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.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for toganization, check this box and stop in the first first first five years.	nere	<u> </u>	nd, third, fourth			
	tion C. Computation of Public Sup	-7	<del></del>	<u> </u>		1 1	
15 16	Public support percentage for 2008 (lin Public support percentage from 2007 S	chedule A, Pa	art IV-A, line 2			15 16	% %
sec	tion D. Computation of Investmen				<del> </del>	l 1	
17	Investment income percentage for 2008				olumn (f)) .	17	<u>%</u>
18 19a	Investment income percentage from 20 33% % support tests—2008. If the organization of the support tests—2008 is the support tests—2008 is	nization did n	ot check the b	ox on line 14, a			
b	17 is not more than 33%%, check this bo 33%% support tests—2007. If the organi line 18 is not more than 33%%, check this	ization did not	check a box or	line 14 or line	19a, and line 1	6 is more than	331/3 %, and

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

Page	4

Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)
Part II - Lir	ne #10:
2004 - \$4	2 = Miscellanous Income
2005 - \$3	3,326 = Flex Forefeiture Income; \$7 = Miscellaneous Income
2006 - \$1	,788 = Flex Forefeiture Income; \$652 = Miscellaneous Income
2007 - \$1	,870 = Flex Forefeiture Income
2008 - \$2	,742 = Insurance Recovery; \$164 = Flex Forefeiture Income; \$983 = Miscellaneous Income
_,	
* 1· * 4· · · · · · · · · · · · · · · · · ·	
	·

### 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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations described below. ▶ Attach to Form 990 or Form 990-EZ. If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B. • Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)). Complete Part II-A. Do not complete Part II-B. • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B Do not complete Part II-A. If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then • Section 501(c)(4), (5), or (6) organizations: Complete Part III. Employer identification number Name of organization Connecticut Legal Services, Inc. To be completed by all organizations exempt under section 501(c) and section 527 organizations. Part I-A See the instructions for Schedule C for details. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 To be completed by all organizations exempt under section 501(c)(3). See the instructions for Schedule C for details. Enter the amount of any excise tax incurred by the organization under section 4955 . . . 1 Enter the amount of any excise tax incurred by organization managers under section 4955 . 2 No If the organization incurred a section 4955 tax, did it file Form 4720 for this year? · · · · L Yes ∐ No b If "Yes," describe in Part IV. To be completed by all organizations exempt under section 501(c), except section 501(c)(3). See the instructions for Schedule C for details. Enter the amount directly expended by the filing organization for section 527 exempt function 1 Enter the amount of the filing organization's funds contributed to other organizations for section Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political contributions received and filing organization's promptly and directly funds if none, enter -0-. delivered to a separate political organization If none, enter -0-.

Pa	rt II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.								
	Check ▶ ☐ if the filing organization belongs to an affiliated group.  Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.								
	Limits on Lob (The term "expenditures" m	(a) Filing organization's totals	(b) Affiliated group totals						
18	Total lobbying expenditures to influence	e public opinion (grass roots lobbying)	25,033						
t		e a legislative body (direct lobbying)	268,183	·					
(	• •	1a and 1b)	293,216						
c		·	12,144,220						
•		ld lines 1c and 1d)	12,437,436						
f		amount from the following table in both	771,872						
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e.							
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000							
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.							
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000							
	Over \$17,000,000	\$1,000,000.							
ξ	Grassroots nontaxable amount (enter 2	5% of line 1f)	192,968						
ŀ	Subtract line 1g from line 1a. Enter -0-	if line g is more than line a	0						
i	Subtract line 1f from line 1c. Enter -0-		0						
_ j		either line 1h or line 1i, did the organization file Fo		☐ Yes ☐ No					

### 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) Total		
2a	Lobbying non-taxable amount	486,790	550,875	648,099	771,872	2,457,636		
	Lobbying ceiling amount (150% of line 2a, column(e))					3,686,454		
С	Total lobbying expenditures	147,892	169,054	100,171	293,216	710,333		
d	Grassroots non-taxable amount	121,698	137,719	162,025	192,968	614,410		
е	Grassroots ceiling amount (150% of line 2d, column (e))					921,615		
f	Grassroots lobbying expenditures	2,726	6,412	1,877	25,033	36,048		

Schedule C (Form 990 or 990-EZ) 2008

	5768 (election under section 501(h)). See the instructions for Schedule C for	(6			(b)	
		Yes	No		lmoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local	<del> </del>				
•	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:			ĺ		
a	Volunteers?		·	ĺ		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			i		
٦ 0	Media advertisements?					
d						
e f	Publications, or published or broadcast statements?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
ï	Other activities? If "Yes," describe in Part IV					
i	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .					
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .					
<u>d</u>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			<u></u>	~	
Par	t III-A To be completed by all organizations exempt under section 501(c)(4), sec section 501(c)(6). See the instructions for Schedule C for details.	tion	501(	;)(5), d	or	
	Section 30 (C)(0). See the instructions for Schedule C for details.	<del></del>			Yes	No
4	NATURE OF THE PARTY OF THE PART			1	103	110
1	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?		٠	2		
3	Did the organization make only in-nodes lobbying expenditures of \$2,000 or less?			3	<b></b>	
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" question 3 is answered "Yes." See Schedule C instructions for details.	OR i		rt III- <i>A</i>	<b>\</b> ,	
1	Dues, assessments and similar amounts from members		_1_			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	s of		:		
а	Current year ,		2a			
b	Carryover from last year		2b			
C	Total	. }	2c	<del></del>		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	.	3			
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of			ı		
4						
4	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	_	<b>-</b>			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	_	4			
5	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?	_	<b>4 5</b>			
5 Par	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?		5	Part II-	B, line	1i.
5 Par	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?  Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)  **Total Complete True Supplemental Information**  Descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part		5	Part II-	B, line	1i.
5 Par	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?  Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)  **Total Complete True Supplemental Information**  Descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part		5	Part II-	B, line	1i.
5 Par	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?  Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)  **Total Complete True Supplemental Information**  Descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part		5	Part II-	B, line	• 1i.
5 Par	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?  Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)  **Total Complete True Supplemental Information**  Descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part I-B, line 4; Part I-C, line 1; Part		5	Part II-	B, line	1i.

ichedule C (Fo	orm 990 or 990-EZ) 2008	Page 4
Part IV	Supplemental Information (continued)	
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### SCHEDULE D (Form 990)

### **Supplemental Financial Statements**

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Nam	ne of the organization		Emplo	yer identification number
Co	nnecticut Legal Services, Inc.		06	0955461
Pa	Organizations Maintaining Donor Advised Funds or Other Simil the organization answered "Yes" to Form 990, Part IV, line 6.	ar Fun	ds or	Accounts. Complete if
	(a) Donor advised funds		(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)	ļ		
3	Aggregate grants from (during year) .	<del></del>		
4	Aggregate value at end of year L	_1		
5	Did the organization inform all donors and donor advisors in writing that the asse funds are the organization's property, subject to the organization's exclusive legal			
6	Did the organization inform all grantees, donors, and donor advisors in writing the used only for charitable purposes and not for the benefit of the donor or donor are impermissible private benefit?	dvisor c	or other	
Do	impermissible private benefit?	c" to F	orm 0	On Part IV line 7
			OIIII 9	90, Fart IV, line 1.
2		ation of ation o	f certifi	orically important land area ed historic structure conservation easement
				Held at the End of the Year
а	Total number of conservation easements		2	2a
b	Total acreage restricted by conservation easements		14	2b
c			🚅	2c
d	Number of conservation easements included in (c) acquired after 8/17/06		🛂	2d
3	Number of conservation easements modified, transferred, released, extinguished, the taxable year ►	or term	inated	by the organization during
4	Number of states where property subject to conservation easement is located ▶.			
5	Does the organization have a written policy regarding the periodic monitoring, insenforcement of the conservation easements it holds?			
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easement	nts duri	ng the	year ►
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements	during	the yea	ar▶ \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirer 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			
9	In Part XIV, describe how the organization reports conservation easements in its r balance sheet, and include, if applicable, the text of the footnote to the organization the organization's accounting for conservation easements.			
Pai	Organizations Maintaining Collections of Art, Historical Treasures, Complete if the organization answered "Yes" to Form 990, Part IV, line		ner Sir	nilar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its rever art, historical treasures, or other similar assets held for public exhibition, education, provide, in Part XIV, the text of the footnote to its financial statements that describ	r resea	arch in f	furtherance of public service,
b	If the organization elected, as permitted under SFAS 116, to report in its revenue shistorical treasures, or other similar assets held for public exhibition, education, or provide the following amounts relating to these items:  (i) Revenues included in Form 990, Part VIII, line 1	resear	ch in fu	urtherance of public service,
	(ii) Assets included in Form 990, Part X			<b>\$</b>
2	If the organization received or held works of art, historical treasures, or other sin following amounts required to be reported under SFAS 116 relating to these items	ilar as		· • • • • • • • • • • • • • • • • • • •
a b	Revenues included in Form 990, Part VIII, line 1			<ul><li>\$</li><li>\$</li></ul>

Page	2
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•	•					
	dule D (Form 990) 2008			<u>.</u>		Page
Pai	Organizations Maintain					
3	Using the organization's accession items (check all that apply):	and other record	s, check any of	the following that a	are a significant us	se of its collectio
a	Public exhibition		d 🔲	Loan or exchange	programs	
Ь	Scholarly research		e 📙	Other		<del></del>
C	Preservation for future genera	tions				
4	Provide a description of the organizer XIV.	zation's collection	s and explain h	ow they further the	organization's exe	mpt purpose in
5	During the year, did the organization assets to be sold to raise funds rather					Yes No
Pai	Trust, Escrow and Cust Part IV, line 9, or reporte				swered "Yes" to	Form 990,
	Is the organization an agent, truste included on Form 990, Part X?					Yes 🗹 No
Þ	If "Yes," explain the arrangement in	n Part XIV and cor	riplete the follov	wing table:		nount
	Desirate a balance			10	<del></del>	NAME OF THE PARTY
	Beginning balance			10	1	
	Additions during the year			10	- 1	
_	Distributions during the year			11		<del></del>
f On	Ending balance  Did the organization include an am				'E	✓ Yes □ No
	If "Yes," explain the arrangement in		, Part A, IIII 21	• • • • • •		TO TES LO NO
	t V Endowment Funds. Co		zation answer	ed "Yes" to Form	990. Part IV. line	e 10.
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	
1a	Beginning of year balance					
b	Contributions					
_	Investment earnings or losses .					
٦	Grants or scholarships					
e	Other expenditures for facilities and programs					
	Administrative expenses					
	End of year balance					
2	Provide the estimated percentage of	of the year end ba	lance held as:			
а	Board designated or quasi-endown	nent >	%			
b	Permanent endowment ▶	<b>%</b>				
C	Term endowment ▶9	6				
3a	Are there endowment funds not in thorganization by:	ne possession of th	te organization t	hat are held and adr	ninistered for the	Yes No
	m					3a(i)
	(ii) related organizations					3a(ii)
Ь	If "Yes" to 3a(ii), are the related org	anizations listed a	s required on S	chedule R?		3b

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.							
Description of Investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book vatue			
1a Land		11,676		11,676			
<b>b</b> Buildings		30,024	30,024	0			
c Leasehold improvements		732,371	339,964	392,407			
d Equipment		623,418	539,761	83,657			
e Other	1						
Total. Add lines 1a-1e. (Column (d) should equal		nn (B), line 10(c).) .		487,7			

Part VII Investments—Other Securities	See Form 990, Part X	, line 12.	<del></del>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year ma	ation: irket value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			····
	<u> </u>		
- Mary			
Total (Column (b) should equal Form 990, Part X, col. (B) line 12)		İ	
Part VIII Investments—Program Relate	<b>d.</b> See Form 990, Part X,	, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valu Cost or end-of-year ma	
			· · · · · · · · · · · · · · · · · · ·
	<u> </u>		·····
			<del></del>
			·····
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)	d V line 15		
Part IX Other Assets. See Form 990, Pa	(a) Description		(b) Book value
	(a) bescription		(b) Book value
	•		
	· ·· ·· · · · · · · · · · · · · · ·		
	<del> </del>		
		-	
	<del></del>		
Total. (Column (b) should equal Form 990, Part X, col	(B) line 15.)		
Part X Other Liabilities. See Form 990,		· · · · · · · · · · · · · · · · · · ·	
(a) Description of liability	(b) Amount		
Federal income taxes			
		_	
	**************************************	_	
		-	
		-	
Total (Column (b) should equal Form 990, Part X, col (B) line 25)		╡	
In Part XIV, provide the text of the footnote to the	organization's financial state	ements that reports the organiza	tion's liability for
uncertain tax positions under FIN 48.			

Schedule D (Form 990) 2008			Page 4
Part XI Reconciliation of Change in Net Assets from Form 9	90 to Financial Stateme	nts	
1 Total revenue (Form 990, Part VIII, column (A), line 12)		1	7,898,310
2 Total expenses (Form 990, Part IX, column (A), line 25)		2	12,437,436
3 Excess or (deficit) for the year. Subtract line 2 from line 1		3	(4,539,126)
4 Net unrealized gains (losses) on investments		4	0
5 Donated services and use of facilities		5	192,054
6 Investment expenses		6	0
7 Prior period adjustments		7	0
8 Other (Describe in Part XIV)		8	0
9 Total adjustments (net). Add lines 4–8		9	192,054
<ul> <li>Excess or (deficit) for the year per financial statements. Combine lin</li> <li>Part XII</li> <li>Reconciliation of Revenue per Audited Financial S</li> </ul>		10	(4,539,126)
		ue per r	8,090,364
1 Total revenue, gains, and other support per audited financial statem	nents	· <del>  '  </del>	6,090,304
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	0	
a Net unrealized gains on investments	2b 192,0	<b>-</b> → 1	
<ul><li>b Donated services and use of facilities</li></ul>	2c	0	
d Other (Describe in Part XIV)	· 2d	0	
e Add lines 2a through 2d	. ( )	2e	192,054
3 Subtract line 2e from line 1		3	7,898,310
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	0	
<b>b</b> Other (Describe in Part XIV)	4b	0	
c Add lines 4a and 4b		4c	0
5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I,	· · · · · · · · · · · · · · · · · · ·		7,898,310
Part XIII Reconciliation of Expenses per Audited Financial	Statements With Expen	ses per	<del></del>
1 Total expenses and losses per audited financial statements		1	11,081,400
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	. 2a 192,05		
<b>b</b> Prior year adjustments	1 - 1	0	
c Losses reported on Form 990, Part IX, line 25	. 2c		
d Other (Describe in Part XIV)	2d	0 00	400.054
e Add lines 2a through 2d		2e	192,054
3 Subtract line 2e from line 1	. <u>.</u>	3	10,889,345
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	40	0	
a Investment expenses not included on Form 990, Part VIII, line 7b	. 4a 1,548,09	<del></del> 1	
b Other (Describe in Part XIV)	1,5%0,03	4c	1,548,090
5 Total expenses. Add lines 3 and 4c. (This should equal Form 990, P		5	12,437,436
Part XIV Supplemental Information	<u>art i, inio 10.7 </u>		12,701,700
complete this part to provide the descriptions required for Part II, lines 3,	5 and 9 Part III lines 1a a	and 4. Pa	rt IV lines 1h
nd 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and			
Part IV, Line 2b:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Client Escrow Deposits = \$5,680; Flexible Benefits Deposits = \$17,5	506	<u>-</u>	
Part XIII, Line 4b: Benefit plan changes other than net periodic bene	efit costs		
			<del></del>

Schedule D (For	n 990) 2008	Page 3
Part XIV	Supplemental Information (continued)	
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### SCHEDULE J-2 (Form 990)

### **Continuation Sheet for Form 990**

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

Name of the Organization

Connecticut Legal Services, Inc.

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

(A)	(B)			(	C)			(D)	(E)	(F)
Name and Title	Average hours per week		ion (		k all	that ap		Reportable compensation	Reportable	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Joanne Lewis			$\vdash$	-		"				
Regional Director/Attorney	40.00	Ì	1			1	1	101,886	-0-	34,143
		<u> </u>	<b> </b>			<b>                                     </b>	<b> </b>	101,000		
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			$\vdash$	$\vdash$	<del>                                     </del>	<u> </u>	$\vdash$			

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

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.

► To be completed by organizations that answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No. 1545-0047

Name of the organization

Connecticut Legal Services, Inc.

Employer identification number 06 | 0955461

Part	Excess Benefit Transactions To be completed by organizations								m 990	-EZ, F	Part V	line 4	0b.
						<del></del>	····					(c) Co	rected?
1	(a) Name of disqualified person				(b)	Description o	f transaction	1				Yes	No
	<del></del>					<del></del>				•			
						·							
			•									<del>                                     </del>	
	Enter the amount of tax imposed on tunder section 4958	he orga	nization	_		alified per		ng th	e year	▶ \$			<b></b>
-	Enter the amount of tax, if any, on line	 e 2, abo	ve, rein							<b>▶</b> \$			
Part	Loans to and/or From Interes To be completed by organizations			es" on For	m 990, Pa	rt IV, line 26	, or Form	990-E	Z, Parl	t V, lır	ne 38a		_,
(	a) Name of interested person and purpose	(b) Loan	to or from	(c) Or	iginal	(d) Balar			default?	(f) Ap	proved pard or mittee?	(g) V	/rrtten ment?
		То	From					Yes	No	Yes	No	Yes	No
		<del> </del>			·· ·· · · · · · ·					.00	1	1.00	
		+						-			<u> </u>		
		+	<del>                                     </del>										
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							<del></del>				<del> </del>		
		<del>-</del>					<del></del>	ļ	-		<del> </del>		
Takal			1								L		
Total Part	<del></del>	_										1	
	To be completed by organization	ons that	answe	red "Yes"	on Form	990, Part I	V, line 27	<u>.                                    </u>					
	(a) Name of interested person	(b) Re	lationship	between interested person and the organization (c) Amount of grant or type organization				or typ	type of assistance				
		ļ	<del></del>			<del></del>							
		<del> </del>			· ·	· - · - · - · · · · · · ·	<del> </del>		····				
		<del>                                     </del>											
Part	IV Business Transactions Involv	ing Inte	rested	Persons.	· · · · · · · · · · · · · · · · · · ·		1	<del></del>					
	To be completed by organization	ons that	answe	red "Yes"	on Form	990, Part I	V, line 28	a, 28	b, or a	28c.			<del>-</del> -
	(a) Name of interested person			between on and the tion		nount of saction	( <b>d</b> ) De	scriptio	n of tra	insacti	on	(e) Sha organiz rever	
												Yes	No
Marvi	n Farbman	Forme	r office	r		22,500	indepen	dent	contr	acto	r		✓
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							<u> </u>						
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### SCHEDULE O (Form 990)

### **Supplemental Information to Form 990**

OMB No 1545-0047
2008
Open to Public

Department of the Treasury Internal Revenue Service

Connecticut Legal Services, Inc.

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Inspection
Employer identification number

0955461

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Schedule O (Form 990) 2008			Page 2
Name of the organization	Emplo	yer identification number	
		<u>                                      </u>	
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		<del></del>	
		_ <del></del>	
	-		

### SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Connecticut Legal Services, Inc.

Employer identification number 0955461 90

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Identification of Disregarded Entities

Part I

Name of the organization Department of the Treasury Internal Revenue Service

₹

Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Legal Assistance Resource Center of Connecticut 44 Capitol Ave., Suite 301, Hartford, CT 06106	Training, Publications,	Connecticut	501(c)(4)		N/A
EIN #: 06-1327063	Advocacy Work				
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for	for Form 990.	Cat No 50135Y	0135Y	Schedu	Schedule R (Form 990) 2008

Schedule R (Form 990) 2008

Part III

Identification of Related Organizations Taxable as a Parthership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income		(G) Share of end-of-year assets	(H) Disproportionale affocations?	(l) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
								Yes No		Yes No
		·								
Part IV Identification (	Identification of Related Organizations Taxabl	nization	s Taxable as a	e as a Corporation or Trust	Trust					
(A) Name, address, and EIN of related organization	of related organization		(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	come	(G) Share of end-of-year assets	(H) Percentage ownership
			•							
						:				
			•							
			•							
			•							
									Schedule R (Form 990) 2008	990) 2008

## Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II. III. or IV.		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Barts II-IV/2	oe lieted in Date II_IV/2	1
a Becaint of (1) interest (1) annuities (11) royalties (1v) rent from a controlled entity		19
b Gift grant, or capital contribution to other organization(s)		4
• Giff grant or capital contribution from other examination(s)		4
		2 7
		> DI
e Loans or loan guarantees by other organization(s)		10
f Sale of assets to other organization(s)		44
g Purchase of assets from other organization(s)		
		14
I lease of facilities equipment or other assets to other organization(s)		-
י י י י י י י י י י י י י י י י י י י		
(a) and the state of the state		
J Lease of lacillities, equipment, of ourier assets from oner organization(s)		\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
K Perormance of services or membership or fundraising solicitations for other organization(s)		× :
		<b>&gt;</b>
m Sharing of facilities, equipment, mailing lists, or other assets		- <del>1</del>
n Sharing of paid employees	•	- 1n
o Reimbursement paid to other organization for expenses		10 <
<b>b</b> Reimbursement paid by other organization for expenses	•	- qt
r Other transfer of cash or property from other organization(s)		) 
	covered relationships and tr	oneaction thresholds
		The second control of the second seco
(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
Eegal Assistance Resource Center of Connecticut	-	226 473
1	J.	214,026
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# Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Numa, address, and EN of entry   Logarity		î Ç	ě	•	-		ĺ	-		İ
Control   Cont	Name, address, and EIN of entity	(b) Primary activity	(C) Legal domicile	Are all pe	rthers		Disproportio	-	(T)	<u> </u>
Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   No     Yes   Y			(state or foreign country)	section 501(c) organization	(3) ions?		allocation		anaging partner?	. en -
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