Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

Department of the Treasury

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

Open to Public Inspection Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. and ending 2009 For the 2008 calendar year, or tax year beginning MAR 1, 2008 Check if applicable C Name of organization D Employer identification number Please Address use IRS label or]Name change 31-1681540 print or THE HARTFORD COUNTY BAR FOUNDATION INC type Initial return Room/suite E Telephone number Number and street (or P.O. box, if mail is not delivered to street address) Specific Termin 100 PEARL ST 4TH FL 860-525-8106 Instruc-Amended City or town, state or country, and ZIP + 4 tions F Group Exemption HARTFORD, CT 06103 Number ► G Accounting method: X Cash Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) Website: ► N/A H Check ► X if the organization is not Organization type (check only one)— \mathbf{X} 501(c) (3) \mathbf{A} (insert no.) \mathbf{A} 4947(a)(1) or \mathbf{A} 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF) Check ▶ ☐ If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ 31,398. Part | Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 19,943 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 Investment income 4 Gross amount from sale of assets other than inventory Less: cost or other basis and sales expenses **e** Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1) 6a **b** Less: direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 7a Gross sales of inventory, less returns and allowances Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line-7a) 7c Other revenue (describe RECSER/STATEMENT 11,455. 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 31,398. 9 S-0S(10 Grants and similar amounts paid (attach schedule) 10 84 JAN 2 1 2010 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors OGDEN. 13 1,350. Occupancy, rent, utilities, and maintenance 14 14 Printing, publications, postage, and shipping 898. 15 15 Other expenses (describe SEE STATEMENT 10,082. 16 16 12,330. 17 Total expenses. Add lines 10 through 16 17 Excess or (deficit) for the year (Subtract line 17 from line 9) 19,068. 18 18 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 47,483. (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 66,551. 21 Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (B) End of year (A) Beginning of year 47,483. 22 66,551. 22 Cash, savings, and investments Land and buildings 23 23 24 Other assets (describe 24 47,483 25 66,551 25 Total assets 26 26 Total liabilities (describe 0.

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

Net assets or fund balances (line 27 of column (B) must agree with line 21)

Form **990-EZ** (2008)

66,551

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Fori	m 990-EZ (2008) THE HARTFORD COUNTY BAR F	<u>OUNDATION INC</u>	<u>. </u>	<u> 31 -</u>	<u> 16815</u>	40 Page 2
P	art III Statement of Program Service Accomplishmer				T	(Penses
	at is the organization's primary exempt purpose? SEE STATEMENT				l (Required	for 501(c)(3)
					and (4) or	ganizations and
Des	cribe what was achieved in carrying out the organization's exempt purposes. In a vided, the number of persons benefited, or other relevant information for each pr	i clear and concise manner, d	escribe the services		4947(a)(1 for others) trusts; optional
_					101 011013	·/
28	DONATION TO LOAVES & FISHES TO HELP	FUND THEIR N	EEDS.			
	(Grants \$) If this amount includes foreign g	rents shock here			28a	1,000.
					204	1,000.
29	DONATION TO COMMUNITY PARTNERS IN A	CTION TO HELP	FUND			
	THEIR NEEDS.					
						
	(O = +t = A)	a charle		$\overline{}$	امما	1 500
	(Grants \$) If this amount includes foreign g				29a	<u> 1,500.</u>
30	DONATION TO IMMACULATE CONCEPTION C	HURCH TO HELP	FUND THE	IR		
	NEEDS.				ł	
				_		2 000
	(Grants \$) If this amount includes foreign g	rants, check here			30a	<u>3,200.</u>
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign g	rants check here			31a	
20	Total program service expenses (add lines 28a through 31a)	ranto, oncontroro	•		T	5,700.
ஊ	total program service expenses (and lines zoa uniough 3 la)		······································		32	5,700.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one e	ven if not compensated	(See the	instructions 1	for Part IV)
				(d) Co	ntributions	
		(b) Title and average hours	(c) Compensation		mployee	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		fit plans &	account and
		position	-0)	d	eferred	other allowances
				com	pensation	
SE	E SCHEDULE ATTACHED					
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Form	990-EZ	(2008)	
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Form 990-EZ (2008) THE HARTFORD COUNTY BAR FOUNDATION INC

Part V Other Information (Note the statement requirements in the instructions for Part VI

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,	_	_	_	u	О	_		4	w	

Page 3

	Note the statement requirements in the instructions for Part VI.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy			
	tax requirements?	35a		X_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.			
	Did the organization file Form 1120-POL for this year?	37ь		x
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still unpaid at the start of the period covered by this return?	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A]		l
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			l
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 .			l
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or			l
	did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		х
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under			
	sections 4912, 4955, and 4958			l
d	Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed. NONE			
42 a	The books are in care of ► JANICE AMBRUSO Telephone no. ► 860 – 52	5-8	106	
	Located at ► 100 PEARL ST 4TH FL, HARTFORD, CT ZIP+4 ► C	610	3-1	429
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	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.		i	1
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			l
	Form 990-EZ	44		х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			l
	completed instead of Form 990-EZ	45		Х
		Form 9	90-EZ	(2008)

	90-EZ (2008) THE HARTFORD COUNTY BAR	FOUNDATION INC	1	31-1681	<u>540</u>)	Page 4
Part	tVI Section 501(c)(3) organizations only. All section tables for lines 50 and 51	n 501(c)(3) organizations mus	st answer question	is 46-49 and c	omple	te the	
46 D	id the organization engage in direct or indirect political campaign activities	s on behalf of or in conceition to	randidates for nublic			Yes	No
	ffice? If "Yes," complete Schedule C, Part I	s on benan or or in apposition to t	candidates for public		46	163	X
	id the organization engage in lobbying activities? If "Yes," complete Sc	hedule C, Part II		•	47		X
	the organization operating a school as described in section 170(b)(1)(A)	="	ule E		48	<u> </u>	X
49a D	d the organization make any transfers to an exempt non-charitable relate	d organization?			49a		Х
b If	"Yes," was the related organization(s) a section 527 organization?				49b		
	omplete this table for the five highest compensated employees (other that of compensation from the organization. If there is none, enter "None."	n officers, directors, trustees and	key employees) who	each received r	nore th	an \$10	0,000
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributio to employee benefit plans deferred compensation	& (& a oth	E) Expe ccount er allov	
51 C	umber of other employees paid over \$100,000 omplete this table for the five highest compensated independent contracto	► O Drs who each received more than	\$100,000 of comper	sation from the	organ	zation.	If there
	NONE (a) Name and address of each independent contractor paid mor	e than \$100 000	(b) Type of ser	vice 1	c) Con	npensa	tion
Total nu Sign Here	Under light independent contractors each receiving over \$100,000 Signature of the contractors each receiving over \$100,000 Type or print name and title	accoi I info					
Paid Prepare Use On							

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281 FARMINGTON AVE SUIT: FARMINGTON, CT 06032-19

May the IRS discuss this return with the preparer shown above? See instructions

Firm's name (or yours

if self-employed), address, and ZIP + 4

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

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

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2008

			THE HAR	TFORD COUNTY	BAR	FOUND	ATION	INC		3:	<u>1-1681</u>	<u>540</u>	
Pa	ırt l	Reason	for Public Char	rity Status (All organiz	zations mu	st comple	te this par	t) (see ins	tructions)				
Γhe	organ	ızatıon is not a	a private foundation	because it is: (Please ch	neck only o	ne organi	zation.)						
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2		A school des	scribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)								
3		A hospital or	a cooperative hospi	tal service organization	described	n section	170(b)(1)	(A) (iii). (At	tach Sche	dule H.)			
4				operated in conjunction							the hospital	's name,	
		city, and stat	te										
5		An organizati	on operated for the	benefit of a college or u	niversity o	wned or or	perated by	a governi	mental uni	t describe	ed in		
			(b)(1)(A)(iv). (Compl		•	•	•	•					
6				ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7	一			eives a substantial part					r from the	general i	oublic desc	ribed in	
Ť			(b)(1)(A)(vi). (Comple		*********		3			J			
8				section 170(b)(1)(A)(vi).	(Complete	Part II.)							
	X			eives: (1) more than 33			rom contri	butions, m	nembershi	p fees. ar	nd aross re	ceipts froi	m
				nctions - subject to certa						•	_	-	
				axable income (less sect							-		
			509(a)(2). (Complete	•		•		•	, ,			•	
10				perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	I). (see ins	tructions)		
11			-	perated exclusively for the		-			•		-	of one or	
				ations described in secti									
		describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h.		_				
		a Type	ı b	☐ Type II 💢	с 🔲 Тур	e III - Fund	tionally in	tegrated		d 🗔] Type III - (Other	
е		By checking	this box, I certify that	at the organization is not	controlled	directly o	r indirectly	by one or	r more disc	qualified	persons oth	ner than	
		foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2).	
f		If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
		supporting o	rganization, check tl	nis box									
g		Since August	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?			
		(i) A perso	n who directly or inc	lirectly controls, either al	lone or tog	ether with	persons o	described i	n (ii) and (iii) below,		Yes N	0
		the gove	erning body of the s	upported organization?							11g(i)		
		(ii) A family	member of a persor	n described in (i) above?							11g(ii)		
		(iii) A 35% (controlled entity of a	person described in (i) o	or (ii) abov	e?					11g(iii)		
h		Provide the f	ollowing information	about the organizations	the organ	ization sup	oports.						
			···										_
(i)	Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organizatio	the	(vii) Am	nount of	
	orga	ınızatıon		(described on lines 1-9		sted in your document?	organizat	ion in col.	(i) organiz U.S	ed in the	sup	port	
				above or IRC section									
				(see instructions))	Yes	No	Yes	No	Yes	No			
					<u> </u>						-	_	—
	-						-						
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						<u> </u>	<u></u>						
- - •	_1												
Γota	4 1		1		1		l	l	l	<u>1</u> 1			

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

	(Complete only if you checke	d the box on line (5, 7, or 8 of Part I.)		(-)(-)(-)(-)		,	
Sec	ction A. Public Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
1	Gifts, grants, contributions, and					_		
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Tax revenues levied for the organ-			1				
	ızatıon'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							
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	Public Support. Subtract line 5 from line 4							
<u>Se</u>	ction B. Total Support				_			
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
7	Amounts from line 4							
8	Gross income from interest,					,		
	dividends, payments received on							
	securities loans, rents, royalties					,		
	and income from similar sources							
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.)							
11	Total support. Add lines 7 through 10	L,,						
12	Gross receipts from related activities,	, etc. (see instructi	ions)			12		
13	First five years. If the Form 990 is for	r the organization'	s first, second, thu	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)		
<u></u>	organization, check this box and stor							
	ction C. Computation of Publ					 		
	Public support percentage for 2008 (• • • • • • • • • • • • • • • • • • • •		column (f))	•	14	%	
	Public support percentage from 2007					15	<u>%</u>	
16a	33 1/3% support test - 2008. If the c	•			14 is 33 1/3% or i	nore, check this bo	x and	
	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
t		=			3 line 15 is 33 1/39	6 or more, check th	is box	
4	and stop here. The organization qual	-			. 10 1010		▶ ∟_	
1/8	17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the "fac			-	•	ıπ IV now the orgar	nization	
	meets the "facts-and-circumstances"	-	•		-		. ,▶∟.	
t	10% -facts-and-circumstances tes	_						
	more, and if the organization meets the						,	
40	organization meets the "facts-and-circ						▗᠃▝▞	
<u>18</u>	Private foundation. If the organization	<u>ят ию пот спеск а</u>	DOX ON HITE 13, 16	a, 100, 1/a, 0f 1/				
					ocn:	edule A (Form 990	UI 99U-EZ) 2UUS	

Schedule A (Form 990 or 990-EZ) 2008 THE HARTFORD COUNTY BAR FOUNDATION INC 31-1681540 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (d) 2007 Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005(c) 2006(e) 2008 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 34,221 43,646. 20.110. 36.261 31,398, 165,636. 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 20,110. 34,221 36,261 43,646. 31,398. 165,636. 6 Total, Add lines 1 · 5 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 165.636. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 20,110. 34,221 36,261 43,646. 9 Amounts from line 6 31,398 165,636. 10a 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 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 165,636 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 100.00 15 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 100.00 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f) <u>17</u> .00 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

 $\mathbf{P}[\mathbf{X}]$

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
INTERNET AND WEB SERVICES BANK AND CREDIT CARD FEES IRS PENALTIES PROGRAM SERVICE CONTRIBUTIONS		2,241. 250. 1,891. 5,700.
TOTAL TO FORM 990-EZ, LINE 16		10,082.
FORM 990-EZ	OTHER REVENUE	STATEMENT 2
DESCRIPTION		AMOUNT
BARRISTERS BALL AUCTION GOLF OUTING RAFFLE/AUCTION		10,705. 750.
TOTAL TO FORM 990-EZ, LINE 8		11,455.

FO	FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATEME ACTS			MENT	ONT 3	
A)	DIRECTLY OR	SANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL STRACT?	[]	YES	[X]	NO	
B)		ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	[]	YES	[X]	NO	

990-EZ PG 2

STATEMENT

PROVIDE FOOD, APPLIANCES AND FINANCIAL HELP TO NEEDY THROUGH LOCAL CHURCHES, SOUP KITCHENS AND ORGANIZATIONS.

SCHWARTZ & NESBITT No. 3279 P. 1

THE HARTFORD COUNTY BAR FOUNDATION OFFICERS 2008 – 2009

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Form **8868** (Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

	Fine a separate application for each retain.		
• If y	you are filing for an Automatic 3-Month Extension, complete only Part I and check this box you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this ot complete Part II unless you have already been granted an automatic 3-month extension on a previously fi		▶ X
Pai	Automatic 3-Month Extension of Time. Only submit original (no copies needed)		-
Part	rporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and com I only		. •
	ther corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar e income tax returns	exter	nsion of time
noted (not a you r	tronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronical automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or compust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filtures gov/efile and click on e-file for Chanties & Nonprofits.	cally if	f (1) you want the additional ated Form 990-T. Instead,
Type print		Emp	loyer identification number
	THE HARTFORD COUNTY BAR FOUNDATION INC	3	1-1681540
File by due da filing y return	te for Number, street, and room or suite no. If a P.O. box, see instructions.		
instruc			
Chec	ck type of return to be filed (file a separate application for each return):		
X 	Form 990-BL	227 169	
	Form 990-PF	370	
Te • If	JANICE AMBRUSO ne books are in the care of ▶ 100 PEARL ST 4TH FL - HARTFORD, CT 0610 elephone No ▶ 860-525-8106 FAX No. ▶ the organization does not have an office or place of business in the United States, check this box this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the . If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all	s is fo	r the whole group, check this
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unto OCTOBER 15, 2009, to file the exempt organization return for the organization named a sist for the organization's return for: Calendar year or X tax year beginning MAR 1, 2008, and ending FEB 28, 2009		The extension
2	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		_
b	nonrefundable credits. See instructions. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	3a	\$
_	tax payments made Include any prior year overpayment allowed as a credit.	3b_	\$
С	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)		
	See instructions	3c	\$ N/A
Caut	tion. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

. Form 8868	3 (Rev. 4-2009)		Page 2
If you aNote. OnIf you a	are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo ly complete Part II if you have already been granted an automatic 3-month extension on a previously filed are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).	Form	▶ X 8868.
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	pies r	ieeded).
Type or	Name of Exempt Organization	Empl	loyer identification number
print	THE HARTFORD COUNTY BAR FOUNDATION INC	3	1-1681540
File by the extended due date for	Number, street, and room or suite no. If a P.O. box, see instructions.		RS use only
filing the return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARTFORD, CT 06103		
X For	pe of return to be filed (File a separate application for each return): m 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A m 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720	= '	orm 5227 Form 8870
STOP! D	o not complete Part II if you were not already granted an automatic 3-month extension on a previous	sly file	ed Form 8868.
Teleph If the	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this for part of the group, check this box	 s is foi	r the whole group, check this
	quest an additional 3-month extension of time until		00 0000
]	28, 2009
	nis tax year is for less than 12 months, check reason: Initial return Final return	ш	Change in accounting period
<u>AI</u>	te in detail why you need the extension DITIONAL INFORMATION IS REQUIRED IN ORDER TO REPARE A COMPLETE AND ACCURATE RETURN.		
	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
nor	nrefundable credits. See instructions	_8a	\$
b If th	nis application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated		
tax	payments made. Include any prior year overpayment allowed as a credit and any amount paid		
pre	eviously with Form 8868	8b	\$
	ance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit		
wit	n FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	_\$N/A
llado	Signature and Verification	h.c.	& manufactura and a discount of the state of
unaer pen it is true, c	alties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the orrect, and complete, and that I am authorized to prepare this form.	pest o	r my knowledge and belief,
Signature	► Title ►	Date	•

Form 8868 (Rev. 4-2009)