Return of Organization Exempt From Income Tax

OMB No 1545-0047 2015

Open to Public A

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

Ā	For the 2015 calendar year, or tax year beginning , 2015, and ending ,															
В	Check	f applicable	C Name of organ	ization Conn	ce, Inc	D Emplo	yer ident	ification numb	er							
	∏ Ad	Idress change									0941	732				
	N	Number and street (or P O box if mail is not delivered to street address) Room/							/suite	E Teleph	one numb	ber				
	Пıп	tial return	134 Farmı	naton A	venue					(86	50) 5	24-7882				
	Fu	aal return/terminated		tate or province,												
	Н	mended return											580.			
	H											ordinates?	Yes	X No		
	Michael Culhane 134 Farmington Avenue HartfordCT 06105								H(b) Are	all subordinate: o,' attach a list	s included	?	Yes	No		
_	Tav.	exempt status		X 501(c) (A		(insert no)	4947(a)(1) o		If 'N	o,' attach a list	(see instr	uctions)				
j	_	· ·		21 30 1(0) (2	1 /	(misort no)	17717(4)(1)	.	H(c) Grou	up exemption n	umber Þ	•				
K		of organization									<u> </u>					
				ITUST	Association			Teal of format	20	10 1	Otato or it	ogai comione	<u>CI</u>			
Rant Summary 1 Briefly describe the organization's mission or most significant activities: The Connecticut Catholic Public Publ											Affair	s Conferen	e. Inc	cis		
established by the Bishops of the Roman Catholic Dioceses, both of the Latin Rit Rite, which have their See cities in Connecticut, to provide the Catholic Dioceses in the State with a vehicle for speaking with Check this box if the organization discontinued its operations or disposed of more than 25% of its net asset 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). Total number of individuals employed in calendar year 2015 (Part V, line 2a). Total number of volunteers (estimate if necessary).																
												<u></u>				
										th(s	ee Sche	dule	= 0)			
ě	2 Check this box > If the organization discontinued its operations or disposed of more than 25% of its net assets.															
පි	Number of voting members of the governing body (Part VI, line 1a)												5			
∞ ŏ	4	Number of in	dependent votin	g members o	of the gover	rning body (Pa	art VI, line 1b)			4			5		
ë. <u>ë</u>	5		r of individuals e								5			2		
₹	6		r of volunteers (e								6			0		
¥			ed business reve								7a			0.		
_	b	Net unrelated	d business taxab	ole income fro	om Form 99				· · · · ·		7b			<u>0.</u>		
					٦)	RF(CEIVE			Prior Yea	r	Curre				
<u> </u>	8		and grants (Pa	•					<u>620.</u>							
Revenue	9	Program sen	vice revenue (Pa	art VIII, line 2	g)	\dagger \dagge		<u>8</u>	•	344,	<u>695.</u>	3	61,	<u>960.</u>		
ě	10	Investment in	ncome (Part VIII,	, column (A),	lines 3, 4,	and 7d) N C V	-2 3 201	5. 131.	•							
•	11		ie (Part VIII, colu													
	12		e – add lines 8 t						•	344,	695.		39,	<u>580.</u>		
	13		imilar amounts p						•			<u> </u>				
	14		to or for member													
ø	15		ries, other compensation, employee benefits (Part IX, column (A), lines 5-10)								281,294.			<u>477.</u>		
28	16 a	Professional	fundraising fees													
16a Professional fundraising fees (Part IX, column (A), line 11e) . b Total fundraising expenses (Part IX, column (D), line 25)						25) ►		0.	.]		í		`	الله الله		
Ω	17									67,947.			351,804.			
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)								349,241.			632,281.			
	19 Revenue less expenses. Subtract line 18 from line 12									-4,546.				299.		
გ გ	-	110101100100									Beginning of Current Year			End of Year		
Assets o Balance	20	Total assets	(Part X, line 16)						Degi		550			849.		
	21		es (Part X, line 2													
2 <u>2</u> 2			r fund balances	•		20				1.5	550.	-	22	849.		
				Subtract line	21 110111111	16 20			• 1		550.	J.,	22,	549.		
	irtill		re Block	A N.				4			aliae it ia	tous somet ou				
-∵Und √com	er pena plete D	ities of perjury, i de eclaration of prepa	eclare mat i have exar arer (gitter than officer	is based on all	including acco	mpanying schedu which preparer has	ies and statemen s any knowledge	ts, and to the d	est of my Kr	iowieoge and c	eller, it is	uue, conect, ai	u			
Sign			WHIME C. Whale								11-10-16					
Te		Signat	Signature of officer									Date				
He	JII	Mic	Michael C Culhana													
25			Michael C Culhane Type or print name and title													
			preparer's name		Preparers	ugnature / ->	2011	Date		Chook	l If	PTIN				
		"	• •	953	1 2 / 0	artkew 1			10.16	Check	ш		520			
Pa			ew A, Byrr			ew A, By	rne CPA		- 76	self-emplo	yea	PO1500	129			
	epar		Imm's name MATTHEW A. BYRNE CPA													
US	e Or	IIY Firm's add	n's address 86 Winding Road								Firm's EIN					
			Madis				CT 064			Phone no	(20			1		
					_			<u></u>				. X Yes		No		
May the IRS discuss this return with the preparer shown above? (see instructions)											n 990 ((2015)				