EXTENDED TO NOVEMBER 15, 2016

Return of Organization Exempt From Income Tax
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.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.lrs.gov/form990.

A F	or the 2	015 calendar year, or tax year beginning and endin	ng			
B Cr	heck if oplicable	C Name of organization	0	Employer ide	entification	n number
X	Address change	CONNECTICUT NEWS PROJECT, INC.				
	Name change	Doing business as		27	7-0583	1046
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	n/suite E	Telephone nu		
	Final return/	36 RUSS STREET		86	<u>50-218</u>	<u>8-6380</u>
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G	Gross receipts \$		<u>685,072</u>
느	Amended return	HARTFORD, CT 06106	∫∺	I(a) Is this a gro	oup return	
L_	Applica- tion pending	F Name and address of principal officer WILLIAM CIBES		for subordi	nates?	Yes X N
		36 RUSS STREET, HARTFORD, CT 06106		i(b) Are all subordu		
		pt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 1	527	•	•	see instructions)
		► WWW.CTMIRROR.ORG		(c) Group exer		
			L Year of f	formation: 200	J9 M Stat	e of legal domicile: (
Pa		ummary	ICTON	T. G. MO. 3		OD WID
ဗွ		efly describe the organization's mission or most significant activities THE MIS				
Governance		EVEL OF CIVIC ENGAGEMENT AMONG THE STATE'S				
ler.		eck this box f the organization discontinued its operations or disposed of	of more th	nan 25% of its i	1 1	
é		mber of voting members of the governing body (Part VI, line 1a)		-	3	<u></u>
		mber of independent voting members of the governing body (Part VI, line 1b)			4	
Activities &		tal number of individuals employed in calendar year 2015 (Part V, line 2a)			6	
₹		tal number of volunteers (estimate if necessary) tal unrelated business revenue from Part VIII, column (C), line 12			7a	52,170
۲		t unrelated business taxable income from Form 990-T, line 34			7b	34,95
	D Ne	t difference business taxable income from our 950-1, line 54	- Ţ	Prior Year	170	Current Year
	8 Cc	ntnbutions and grants (Part VIII, line 1h)	ļ	1,103,78	31.	573,789
2		ogram service revenue (Part VIII, line 2g)		22,5		59,113
Revenue		restment income (Part VIII, column (A), lines 3, 4, and 7d)		-56		-402
œ		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		40,80		52,170
		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	1,166,59		684,670
		ants and similar amounts paid (Part IX, column (A), lines 1-3)			0.	(
Ì		nefits paid to or for members (Part IX, column (A), line 4)			0.	(
9		lanes, other compensation, employee benefits (Part IX, column (A), lines 5·10)		649,98	33.	713,709
nse		ofessional fundraising fees (Part IX, column (A), line 11e)			0.	(
Expenses		tal fundraising expenses (Part IX, column (D), line 25) 52,914.				
ம் ∤	17 Ot	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		184,8	72.	244,212
l	18 To	tal expenses Add lines 13-17 (must equal Part IX, Columb (A), line 25		834,85	55.	957,921
	19 Re	venue less expenses. Subtract line 18 from line 12		331,73	35.	-273,253
58		tal assets (Part X, line 16) NOV 1 6 2016	Begin	ning of Current	Year	End of Year
Assets or Balances	20 To	tal assets (Part X, line 16)		543,24		269,699
	21 To	tal liabilities (Part X, line 26)		17,74		17,44
<u> 킬</u>	22 Ne	tal liabilities (Part X, line 26) t assets or fund balances Subtract line 21 from line 20 FDEN, UT		525,50	05.	<u>252,254</u>
		Signature block				
	•	s of perjury, I declare that I have examined this return, including accompanying schedules and s			-	wledge and belief, it
rue,	correct, a	nd complete, Declaration of preparer (other than officer) is based on all information of which pri	reparer ha	s any knowledge		
		Signature of officer		11//(Date	116	
Sign				Dale	-	
		WILLIAM CIKES, CO-PRESIDENT Type or print name and title				
Here		Int/Type preparer's name Preparer's sygnature	Date			PTIN
	P	intrype preparer 3 name		9111 "	I-employed F	200082795
Here Paid	M	ARY E. SHUTRAN, CPA May & Starte (PA	111	set dill		
Here Paid	arer Fr	m's name HARPER & WHITFIELD P.C.	hit	Firm's El		5-1071692
Here Paid Prepa	arer Fr	rm's name HARPER & WHITFIELD P.C. rm's address 314 FARMINGTON AVENUE	114.1.	Firm's El	N ▶ 0€	5-1071692
Here Paid Prepa Use (arer Fr Only Fr	rm's name HARPER & WHITFIELD P.C. rm's address 314 FARMINGTON AVENUE FARMINGTON, CT 06032	- In t	Firm's El	N ▶ 06 5.860-6	5-1071692 577-9188
Here Paid Prepa Use (arer Fr Only Fr	rm's name HARPER & WHITFIELD P.C. rm's address 314 FARMINGTON AVENUE	111	Firm's El	N ▶ 06 5.860-6	5-1071692

	990 (2015) CONNECTICUT NEWS PROJECT, INC.	27-0583046	Page 2
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION OF THE CONNECTICUT NEWS PROJECT, INC. IS TO		<u>E</u>
	LEVEL OF CIVIC ENGAGEMENT AMONG STATE'S RESIDENTS. WE AR		
	INDEPENDENT, NON-PARTISAN, NON-PROFIT NEWS ORGANIZATION		
	REINVIGORATE COVERAGE OF CONNECTICUT'S STATE GOVERNMENT,	PUBLIC POL	ICY_
2	Did the organization undertake any significant program services during the year which were not listed on	<u> </u>	
	the prior Form 990 or 990-EZ?	L Yes	X No
_	If "Yes," describe these new services on Schedule O		₩
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∟ Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as it		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 326,198. including grants of \$) (Revenue)
	PROVIDED COMPREHENSIVE AND UNBIASED REPORTING OF CONNECT	TCOT	
	LEGISLATIVE SESSION AND STATE GOVERNMENT DURING 2015.		
			
			
		· · · · · · · · · · · · · · · · · · ·	
	206 100		110
4b	(Code) (Expenses \$ 326,198. including grants of \$) (Revenue		113.)
	PROVIDED RELIABLE AND ORIGINAL ONLINE JOURNALISM ON TOPI	CS OF INTER	EST
	TO CT RESIDENTS.		
		· · · · · · · · · · · · · · · · · · ·	
4c	(Code) (Expenses \$)
	PROVIDED INFORMATION TO HELP RESIDENTS DEVELOP PUBLIC PO	LICY AND FO	RA
	FOR PUBLIC POLICY DEBATES.		
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 815,495.		
		Form 9	90 (2015)
22000			

Form 990 (2015) CONNECTICUT NEWS PROJECT, INC.

Part 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," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>_x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> X</u>
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	ļ	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			.,
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
_	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	11a	Х	
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	118		
D	assets reported in Part X, line 16 ⁹ If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ū	assets reported in Part X, line 16 ⁹ If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	<u> </u>	Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	X
b	• • • • • • • • • • • • • • • • • • • •			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any]	,,
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		_v
4 -	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16_		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		1	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		x
40	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		
19	complete Schedule G, Part III	19		x
	complete conedule G, Fait III	•	990	<u>(2</u> 015)

Form 990 (2015) CONNECTICUT NEWS PROJECT, INC.

Part IV Checklist of Required Schedules (continued)

		Form		(2015)
	Note. All Form 990 filers are required to complete Schedule O	38	X	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	3,		- * *
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	~		
30	If "Yes," complete Schedule R, Part V, line 2	36		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		\vdash
Ø	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	SSA		A
25-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
34	Part V. line 1	34		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	L	
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_x_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JE		- <u></u>
UZ	Schedule N, Part II	32		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	51		
31	If "Yes," complete Schedule N, Part I	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	~		
JU	contributions? If "Yes," complete Schedule M	30		x
30	Did the organization receive more than \$25,000 in non-cash contributions? If Fes, complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		 ^
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X_
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	instructions for applicable filing thresholds, conditions, and exceptions)			_v
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			_V
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	complete Schedule L, Part II	26		X
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			4,5
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			ł
	Schedule L, Part I	25b		X
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			,,
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			!
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	any tax-exempt bonds?	24c		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
	Schedule K If "No", go to line 25a	24a		X
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	Schedule J	23		<u>X</u>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
2 0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
			res	NO

	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 <u>a</u>	X	
þ	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	X	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
þ	If "Yes," enter the name of the foreign country:			}
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		4,5
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			.
	any contributions that were not tax deductible as charitable contributions?	6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	e.		1
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
a 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	ı	x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8	ļ	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	_9a_		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			}
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	}		}
11	Section 501(c)(12) organizations. Enter.			
a	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources against		į	l
40-	amounts due or received from them)	40-		ł
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		
d	Note. See the instructions for additional information the organization must report on Schedule O	13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			l
U	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand	•		}
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2015)

Form 990 (2015) CONNECTICUT NEWS PROJECT, INC. 27-0583046 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X
<u>Sec</u>	tion A. Governing Body and Management						
	•			-		Yes	No_
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		11			
	If there are material differences in voting rights among members of the governing body, or if the governing	1		- {		Ì	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1	i		i		
þ	Enter the number of voting members included in line 1a, above, who are independent	1b	L	11	ı		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with	any other	j	į		
	officer, director, trustee, or key employee?				2		<u> </u>
3	Did the organization delegate control over management duties customanly performed by or under the	ie dire	t supervision	[_ [
	of officers, directors, or trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form		is filed?	ŀ	4	{	X
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets7	•	f	5	{	X
6	Did the organization have members or stockholders?		. ,	ŀ	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppom	one or		70		_X_
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,	stackh	oldere or		7 <u>a</u>		
b	persons other than the governing body?	SLUCKII	biders, or		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	ar hv th	e following:	ŀ	-10		
а	The governing body?	di by ti	c following.	ļ	8a	_X_	
b	Each committee with authority to act on behalf of the governing body?			ļ	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ached	at the	Ī			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			}	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)				
					Ţ,	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		_	[10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapter	s, affiliates,	[
	and branches to ensure their operations are consistent with the organization's exempt purposes?			Ĺ	10b		
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a Did the organization have a written conflict of interest policy? If "No," go to line 13							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			ļ	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," a	escnbe	İ			
	ın Schedule O how this was done			ļ	12c	X	
13	Did the organization have a written whistleblower policy?	-		ļ	13	X	ļ
14	Did the organization have a written document retention and destruction policy?				14	_X_	
15	Did the process for determining compensation of the following persons include a review and approv	-	ndependent	ĺ	[
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?		1	[37	ĺ
a	The organization's CEO, Executive Director, or top management official			ŀ	15a	X	v
b	Other officers or key employees of the organization			}	15b		<u> </u>
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont.	with a	J			
ioa	taxable entity during the year?	anent v	viui a		16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its i	narticination	ŀ	100		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the control of			1			
	exempt status with respect to such arrangements?			Ì	16b		
Sec	tion C. Disclosure		<u> </u>				
17	List the states with which a copy of this Form 990 is required to be filed ▶CT						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	ion 501(c)(3)s c	only) a	vaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply	•					
	Own website Another's website X Upon request Other (explain	ın Sc	hedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	of interest policy	, and	financ	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks a	nd records: 🕨				
	WILLIAM CIBES - (860) 218-6380						
	36 RUSS STREET, HARTFORD, CT 06106						
53200	3 12_18_15				Form	990	(2015)

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

(A) Name and Title	(B) Average hours per	(do	(C) Position (do not check more than box, unless person is bo officer and a director/tru					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) WILLIAM CIBES	5.00								•	
CO-PRESIDENT AND DIRECTOR	3 00	X		X	-			0.	0.	0.
(2) MARCIA CHAMBERS	3.00					1	ł		•	
DIRECTOR, SECRETARY	2 00	X		X	-		<u> </u>	0.	0.	0.
(3) SHELLEY GEBALLE	3.00	.		·		1	İ		0	0
CO-PRESIDENT AND DIRECTOR	1 00	X		X	-	-	<u> </u>	0.	0.	0.
(4) MORGAN MCGINLEY	1.00			ĺ		ļ	İ			,
DIRECTOR	1 00	X		-	-	 		0.	0.	0.
(5) JEANNETTE DEJESUS	1.00	x		İ	1	1		0.	0.	^
DIRECTOR	1.00	<u> </u>	_	<u> </u>	┢	├-	-	<u> </u>	<u>U•</u>	0.
(6) ULYSSES B. HAMMOND	1.00	x				ſ	l	0.	0.	0.
DIRECTOR	1.00	^				┝╌		·	<u>0.</u>	<u>U•</u>
(7) MEGHAN LOWNEY	1.00	x			ļ	ſ	Ì	0.	0.	0.
DIRECTOR	1.00	^		-	-	├	\vdash	ļ	V •	<u> </u>
(8) STEWART HUDSON	1.00	X		ĺ		ĺ		0.	о.	0.
DIRECTOR (9) BILAL DABIR SEKOU	1.00	<u> </u>		 	\vdash	\vdash	_			•
DIRECTOR	1.00	X				[0.	0.	0.
(10) JANET STEINMAYER	1.00			\vdash	<u> </u>	t^-	t	ļ		
DIRECTOR	1	x		1	1	[0.	0.	0.
(11) MITCHELL PEARLMAN	1.00	-					_			
DIRECTOR		x				}		0.	ο.	0.
(12) BRETT ORZECHOWSKI	40.00									
CHIEF EXECUTIVE OFFICER				X		}		79,924.	0.	0.
<u> </u>		\Box								
]	ļ	}		1
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Form 990 (2015)

rar	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	an	<u>d Hi</u>	ghe	st C	Compensated Employe	es (continued)					
	(A)	(B)	(B) (C)						(D)	(E)	(E)				
	Name and title	Average	(40		Pos		1 than	one.	Reportable	Reportable		Esti	mated		
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	n		ount of		
	•	week	\vdash	fficer and a director/trustee)				(66)	from	from related			ther	_	
		(list any hours for	recto	i		ł			the	organizations			ensatio	วท	
		related	50	93		l	sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	·C)		m the	_	
		organizations	ruste	Fres	Ì	8	m Den	i	(44-2/1093-141130)		- (_	nızatio: relatec		
		below	daat	tiona	_	퉡	St co		Ì		- {		nzation		
		(ine)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employes	F							
			T		_	1	1		 						
			1	Ì	l	ì	1	ł			Ì				
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		 	}-	}	<u> </u>	├	┼-	├	ļ	<u> </u>					
			1		ı	1				}					
		<u> </u>	<u>L</u> _	l	<u></u>	<u> </u>		<u> </u>	70.004	 					
1b	Sub-total .	•							79,924.	ļ	0.			<u>o.</u>	
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.	
d	Total (add lines 1b and 1c)							<u> </u>	79,924.	l	0.			0.	
2	Total number of individuals (including but	not limited to th	nose) list	ed a	bov	e) w	ho r	received more than \$100	0,000 of reportabl	e			_	
	compensation from the organization													<u>_</u> 0	
													Yes	No	
3	Did the organization list any former officer	, director, or tr	uste	e, ke	ey er	mple	oyee	, or	highest compensated e	mployee on			1		
	line 1a? If "Yes," complete Schedule J for	such individual	•									3		X	
4	For any individual listed on line 1a, is the s	um of reportab	le c	omp	ensa	atıoı	n an	d ot	ther compensation from	the organization					
	and related organizations greater than \$15	0,000? If "Yes	, " cc	mpl	ete :	Sch	edul	e J	for such individual			4		X	
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion	from	an	y un	relat	ted organization or indiv	idual for services					
	rendered to the organization? If "Yes, " cor	nplete Schedu	le J	for s	uch	per	son			 		5		X	
Sec	tion B. Independent Contractors														
1	Complete this table for your five highest co	ompensated in	dep	ende	ent c	ont	racto	ors 1	that received more than	\$100,000 of com	pens	ation fro	om		
	the organization. Report compensation for	the calendar y	<u>ear</u>	end	ng v	vith	or w	/ithii	n the organization's tax	year.					
	(A)							- 1	(B)	į		(C)			
	Name and busines	s address	N	ON	E				Description of s	services	C	ompen	sation		
					_					1					
										1					
								- 1		1					
												-			
								- 1	}	ŀ					
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								ł		ł					
2	Total number of independent contractors	(including but :	not l	mda	d to	the	ا مور	etec	d ahove) who received a	ore than					
2		-	iUt II		(U		0 0	SIEC	a above, who received th	iore triali					
	\$100,000 of compensation from the organ	IZALIUII P					<u> </u>					- O	00 (00		

532008 12-16-15

Form 990 (2015) CONNECTICUT NEWS PROJECT, INC. 27-0583046 Page 9

Part VIII Statement of Revenue

		Check if Schedule O conta	uns a response	or note to any line		· · · · · · · · · · · · · · · · · · ·		
		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	Federated campaigns	1a					†
E in	b	Mamharehin duas	1b	 -i				
S E	c		1c					
ar fr		Related organizations	1d					
9,8								1
Sign	f	AU 11]
he	•	similar amounts not included abov		573,789.				}
Ē	а	Noncash contributions included in lines						}
Contributions, Gifts, Grants and Other Similar Amounts	•	Total. Add lines 1a-1f		>	573,789.			
				Business Code				
ا بو	2 a	SYNDICATION SAL	ES	519100	44,966.	44,966.		
ž.	ь	505154 51150115		900099	14,105.			
SE	С	ARTIES BRITESHIN		900099	42.	42.		
Program Service Revenue	d							
P. C.	е							
م ا	f	All other program service rever	nue					
	9	Total. Add lines 2a-2f		•	59,113.			
	3	Investment income (including of	dividends, inter	est, and				
		other similar amounts)		▶ĺ				<u> </u>
	4	Income from investment of tax	exempt bond	proceeds 🕨 [<u> </u>
	5	Royalties						
			(i) Real	(II) Personal]		
	6 a	Gross rents				ļ		
	b	Less rental expenses				}		
	C	Rental income or (loss)	<u></u>			ŀ		
	d	Net rental income or (loss)		.				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other		,		
		assets other than inventory		<u> </u>		}		
	b	Less cost or other basis	i			<u> </u>		
		and sales expenses	<u></u>	402.		1		
	С	Gain or (loss)	l	-402.		1		
		Net gaın or (loss)			<u>-402.</u>			-402.
e	8 a	Gross income from fundraising	g events (not					
Other Revenue		including \$	of			[
Fe		contributions reported on line	1c) See			[[
ë		Part IV, line 18	4			[
₹		Less direct expenses	t	اـــــا				
		Net income or (loss) from fund	-	_		 		
	9 a	Gross income from gaming act]		
	-	Part IV, line 19]		
		Less. direct expenses		·				
		Net income or (loss) from gami	-	P				
	10 a	Gross sales of inventory, less i		1				
		and allowances	ě.					
		Less: cost of goods sold	l l	·		}		ł
	<u>c</u>	Net income or (loss) from sales		P.				
	44	Miscellaneous Revenue		Business Code	EO 170		E2 170	
-		ADVERTISMENT IN		541800	52,170.	 	52,170.	
	b			 		 		
ĺ	Ç			 		 		
(d		•		52,170.	 		
ſ		Total. Add lines 11a-11d Total revenue. See instructions.	•		684,670.		52,170.	-402.
	12_	TOTAL LEAGURE. ORE HISH HEHIOTIS.			<u> </u>	<u> </u>	<u></u>	

532009 12-16-15

Form **990** (2015)

Form 990 (2015) CONNECTICUT NEWS PROJECT, INC. 27-0583046 Page 10
Part IX Statement of Functional Expenses

Check if Schedule O contains a respons				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic				
ındıvıduals. See Part IV, line 22				
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,	70 004	22 077	27 074	27 072
trustees, and key employees	79,924.	23,977.	27,974.	27,973
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
	547,137.	547,137.		
7 Other salaries and wages 8 Pension plan accruals and contributions (include	<u>J47,137.</u>	347,137.		
section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	36,933.	36,933.		
10 Payroll taxes	49,715.	45,235.	2,240.	2,240
11 Fees for services (non-employees)		20/2001		
a Management	j			
b Legal	2,414.		2,414.	
c Accounting	11,397.		11,397.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25,				
column (A) amount, list line 11g expenses on Sch 0.)	13,382.	4,014.	4,684.	4,684
12 Advertising and promotion				
13 Office expenses	11,768.	3,454.	5,559.	2,755
14 Information technology				
15 Royatties				
16 Occupancy	10,063.		10,063.	
17 Travel	15,241.	12,193.	1,524.	1,524
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	101			
20 Interest	121.			121
21 Payments to affiliates	16 543	16 042	F00	
22 Depreciation, depletion, and amortization	16,543.	16,043. 4,769.	500.	
23 Insurance	9,537.	4,/09.	4,768.	
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a UNRELATED BUSINESS INCO	7,866.		7,866.	
b OUTSIDE CONTRACT SERVIC	63,250.	50,600.	6,325.	6,325
c FORUM EXPENSES	47,387.	47,387.		
d MARKETING	15,045.	15,045.		
e All other expenses	20,198.	8,708.	4,198.	7,292
25 Total functional expenses Add lines 1 through 24e	957,921.	815,495.	89,512.	52,914
26 Joint costs. Complete this line only if the organization			1	
reported in column (B) joint costs from a combined]		
educational campaign and fundraising solicitation.		}		
Check here if following SOP 98-2 (ASC 958-720)		}		Form 990 (201:

Par	t X	Balance Sheet					
_		Check if Schedule O contains a response or not	e to any line in this Par	rt X			
		,			(A) Beginning of year		(B) End of year
\Box	1	Cash - non-interest-bearing			111,323.	1	92,116
١	2	Savings and temporary cash investments				2	
J	3	Pledges and grants receivable, net	•		383,909.	3	130,422
	4	Accounts receivable, net			11,164.	4	16,267
l	5	Loans and other receivables from current and fo	ormer officers, directors	s.			
[trustees, key employees, and highest compens.					
- [Part II of Schedule L				5	
- [6	Loans and other receivables from other disquali	ed under				
[section 4958(f)(1)), persons described in section		ĺ			
ĺ		employers and sponsoring organizations of sec		- 1			
က္က		employees' beneficiary organizations (see instr)		ı		6	
Assets	7	Notes and loans receivable, net	•	· [7	
¥	8	Inventones for sale or use			8		
	9	Prepaid expenses and deferred charges		. [9,756.	9	13,218
	10a	Land, buildings, and equipment, cost or other	1				
İ		basis. Complete Part VI of Schedule D	10a 40	,972.			
	b	Less accumulated depreciation		,796.	22,742.	10c	16,176
	11	Investments - publicly traded securities		[11	
1	12	Investments other securities See Part IV, line	11			12	
l	13	Investments - program-related See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11		-	4,355.	15	1,500
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		543,249.	16	269,699
	17	Accounts payable and accrued expenses			8,994.	17	17,445
- 1	18	Grants payable .			18		
	19	Deferred revenue			8,750.	19	0
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedule D			21	
တ္တ	22	Loans and other payables to current and forme	r officers, directors, tru	stees,		}	
		key employees, highest compensated employe	es, and disqualified per	rsons			
Liabilities		Complete Part II of Schedule L				22	
ְ ע	23	Secured mortgages and notes payable to unrel	ated third parties			23	
	24	Unsecured notes and loans payable to unrelate	d third parties			24	
	25	Other liabilities (including federal income tax, pa	yables to related third				
		parties, and other liabilities not included on line	s 17-24). Complete Par	t X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25	_ _		17,744.	26	17,445
		Organizations that follow SFAS 117 (ASC 95)	3), check here 🕨 🛚 🖽	and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.				
ျှ	27	Unrestricted net assets	•	<u> </u>	131,596.	27	93,532
3al	28	Temporanly restricted net assets		<u> </u>	393,909.	28	158,722
פ	29	Permanently restricted net assets				29	
בֿ l		Organizations that do not follow SFAS 117 (A	SC 958), check here				
ō		and complete lines 30 through 34.					
)ts	30	Capital stock or trust principal, or current funds				30	
<u>.</u>	31	Paid-in or capital surplus, or land, building, or ed	quipment fund			31	
ASS	31					32	I
et Asse	32	Retained earnings, endowment, accumulated in	come, or other funds	<u> </u>			
Net Assets or Fund Balances		Retained earnings, endowment, accumulated in Total net assets or fund balances	ncome, or other funds	_	525,505. 543,249.	33 34	252,254. 269,699.

Form	990 (2015) CONNECTICUT NEWS PROJECT, INC.	27-0583	3046	Pag	e 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	,				-
1	Total revenue (must equal Part VIII, column (A), line 12)	1	684	1,6	70.
2	Total expenses (must equal Part IX, column (A), line 25)	2	95	7,92	21.
3	Revenue less expenses Subtract line 2 from line 1	3	-273	3,2	51.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	525	5,50	05.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	252	2,2!	<u>54.</u>
Pai	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	·	·		X
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other		1 1	l	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1 1	- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	}		
	separate basis, consolidated basis, or both		1	[
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,	1		
	consolidated basis, or both		1 1	ŀ	
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1	1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audīt,	1 1		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		1 1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	1 1	İ	
	Act and OMB Circular A-133?		<u>3a</u>		<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	iired audit		į	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990 (2015)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of t	the organization						Employer	identification number
	CONNECTICUT NEWS PROJECT, INC. 27-0583046							7-0583046
Part I	Reason for Public (Charity Status (A	All organizations must co	mplete th	s part) Se	e instruction	S.	
The organ	zation is not a private found	ation because it is: (i	For lines 1 through 11, o	heck only	one box)			
1 🛄	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).							
2	A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Form	n 990 or 99	90-EZ))			
з 🗔	A hospital or a cooperative					i).		
4 🔲	A medical research organization					•)(iii). Enter	the hospital's name,
	city, and state	·				. ,		·
5 🗀	An organization operated for	or the benefit of a col	llege or university owner	or operat	ted by a go	overnmental (unit describ	ed in
	section 170(b)(1)(A)(iv). (C				, -			
6 🗀	A federal, state, or local gov	·	nental unit described in :	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	emmental	unit or from t	he general	public described in
	section 170(b)(1)(A)(vi). (Co	•	,	•			·	•
8 🗔	A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9 🔲	An organization that norma				contribution	ons, member	ship fees, a	nd gross receipts from
	activities related to its exem	npt functions - subject	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of	its support	from gross investment
	income and unrelated busing	ness taxable income	(less section 511 tax) from	om busine	sses acqu	red by the o	rganization	after June 30, 1975.
	See section 509(a)(2). (Cor	mplete Part III)						
10 🔲	An organization organized a	and operated exclusi	ively to test for public sa	fety See :	section 50	9(a)(4).		
11 🗀	An organization organized a	and operated exclusi	ively for the benefit of, to	perform t	the functio	ns of, or to c	arry out the	purposes of one or
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2)	See section	509(a)(3) . C	Check the box in
	lines 11a through 11d that	describes the type o	of supporting organizatio	n and com	plete lines	s 11e, 11f, an	d 11g.	
а	Type I. A supporting orga	anızatıon operated, s	supervised, or controlled	by its sup	ported org	janization(s),	typically by	giving
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the direc	ctors or trust	ees of the s	upporting
	organization You must o	complete Part IV, Se	ections A and B.					
ь 🗆	Type II. A supporting org	anization supervised	d or controlled in connec	tion with if	s supporte	ed organizati	on(s), by ha	ving
	control or management o	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
	organization(s) You mus	t complete Part IV,	Sections A and C.					
c 🗀	Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with, a	and functiona	ılly ıntegrate	ed with,
	its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d 🗀	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	vith its suppo	rted organi	zation(s)
	that is not functionally int	tegrated The organiz	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
	requirement (see instruct	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.		
e 🗀	Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	. Туре I, Туре	II, Type III	
	functionally integrated, or							
f Ente	er the number of supported o	organizations					_	
g Pro	vide the following information	n about the supporte	ed organization(s).					
	(i) Name of supported	(ii) EIN	(III) Type of organization	(iv) is the o	rganızatıon n your	(v) Amount o	-	(vi) Amount of
	organization		(described on lines 1-9 above (see instructions))	governing		suppor	-	other support (see instructions)
		L		Yes	No	instruc		instructions)
		į į			į			
				ĺ				
Total_								

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2015 CONNECTICUT NEWS PROJECT, INC. 27-0583046 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not			'					
	include any "unusual grants ")	892,071.	758,254.	785,289.	1103781.	573,789.	4113184.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to)			
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to			1					
	the organization without charge								
4	Total. Add lines 1 through 3	892,071.	758,254.	785,289.	1103781.	573,789.	4113184.		
5	The portion of total contributions								
	by each person (other than a		,		}				
	governmental unit or publicly	}							
	supported organization) included	}	1			1			
	on line 1 that exceeds 2% of the		1						
	amount shown on line 11,	}							
	column (f)	}					1299108.		
6	Public support. Subtract line 5 from line 4						2814076.		
	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total		
	Amounts from line 4	892,071.	758,254.	785,289.		573,789.	4113184.		
8	Gross income from interest,					•			
	dividends, payments received on								
	securities loans, rents, royalties	ĺ			ĺ				
	and income from similar sources	75.	97.		į		172.		
9	Net income from unrelated business						1		
Ť	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 VI)]]					
11	Total support. Add lines 7 through 10						4113356.		
12	Gross receipts from related activities,	etc (see instructi	ons)	'	· · · · · · · · · · · · · · · · · · ·	12	59,071.		
13	First five years. If the Form 990 is for		•	d, fourth, or fifth ta	ax year as a sectio				
	organization, check this box and stor	•					▶□		
Se	ction C. Computation of Publ	ic Support Pe	rcentage						
14	Public support percentage for 2015 (line 6, column (f) d	ivided by line 11, o	column (f))	-	14	68.41 %		
15	Public support percentage from 2014	Schedule A, Part	II, line 14			15	%		
16a	33 1/3% support test - 2015. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	x and		
	stop here. The organization qualifies	as a publicly supp	orted organization	1	-		ightharpoons X		
t	b 33 1/3% support test - 2014. 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								
	and stop here. The organization qual	lifies as a publicly s	supported organiz	ation					
17a	17a 10% -facts-and-circumstances test - 2015, 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 "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization.								
t	b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets the	_							
	organization meets the "facts-and-circ								
18	Private foundation. If the organization						s >		
	Schedule A (Form 990 or 990-EZ) 2015								

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(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Section A. Public Support	sie in pictage com	pioto i dit ii j	 			
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and				1		
membership fees received. (Do not						
include any "unusual grants ")		<u> </u>				
2 Gross receipts from admissions,						
merchandise sold or services per-					,	
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that					<u> </u>	
are not an unrelated trade or bus-						
iness under section 513			1	[
••	·			 		
4 Tax revenues levied for the organ-			l			
ization's benefit and either paid to					1	
or expended on its behalf	_ .	 				
5 The value of services or facilities						
furnished by a governmental unit to			1	1	1	1
the organization without charge		 	ļ	 		
6 Total. Add lines 1 through 5	_ -		 		 	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						<u> </u>
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the]			
amount on line 13 for the year		1		l		
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						
Section B. Total Support			<u>. </u>			
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6		(5/-4	(0)=0.0	\ = /==\.	19/23/3	17.53
10a Gross income from interest,	 	 	- ·	 		
dividends, payments received on	İ					
securities loans, rents, royalties and income from similar sources	I			1	İ	
		 		 		
b Unrelated business taxable income	 -	1	l	1		į
(less section 511 taxes) from businesses	1					
acquired after June 30, 1975		 	 	 		
c Add lines 10a and 10b		 	<u> </u>	 	 	+
11 Net income from unrelated business activities not included in line 10b.		1		}		ļ
whether or not the business is	ſ			1		1
regularly carned on						
12 Other income. Do not include gain or loss from the sale of capital	·			1	1	
assets (Explain in Part VI)	<u> </u>		ļ	ļ	ļ	
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, the	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) orga	nization,
check this box and stop here		·				
Section C. Computation of Publ	ic Support Pe	ercentage				
15 Public support percentage for 2015 (I			column (fi)		15	9/
16 Public support percentage from 2014			JOIGH (17)		16	9/
Section D. Computation of Inves						
					147	
17 Investment income percentage for 20			ne 13, column (f))		17	9/
18 Investment income percentage from 2					18	9
19a 33 1/3% support tests - 2015. If the						e 1 / is not
more than 33 1/3%, check this box at	-	•	•	•		▶└
b 33 1/3% support tests - 2014. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	6, and
line 18 is not more than 33 1/3%, che	ck this box and	stop here. The org	anızatıon qualifies	as a publicly sup	ported organization	on ▶ 🔛
20 Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see in	nstructions	▶□
522022 00 22 15				Sol	hadule A (Earm C	190 or 990-F7\ 2015

Yes No

Part IV | Supporting Organizations

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

Section A. All Sup	oorting Org	anizations
--------------------	-------------	------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	10b 90 or 99	10-F7	2015
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Pa	rt IV Supporting Organizations (continued)			
		<u> </u>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		Į.	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	<u>11a</u>	 	
	A family member of a person described in (a) above?	_11b_		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.			L
Sec	tion B. Type I Supporting Organizations		T	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			}
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	İ	[
	controlled the organization's activities. If the organization had more than one supported organization,	i		}
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		}	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	 	
2	Did the organization operate for the benefit of any supported organization other than the supported		1	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in		[1
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,		ł '	
500	supervised, or controlled the supporting organization.	2	L	L
Sec	tion C. Type II Supporting Organizations		T.,	
	18/ann a maranti of the augment of a direction and a second of the direction	Γ	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1	l	Ì
	or management of the supporting organization was vested in the same persons that controlled or managed	1	1	l
500	tion D. All Type III Symporting Organizations		Ь	L
Sec	tion D. All Type III Supporting Organizations		Tvan	T N -
_		<u> </u>	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	-	1	[
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	l	İ	!
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	+	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	ļ	}]
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2_	-	<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	1	l	l
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's]
Soc	supported organizations played in this regard tion E. Type III Functionally-Integrated Supporting Organizations	3	٠	l
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instru The organization satisfied the Activities Test. Complete line 2 below.	cuons).		
a				
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	lean instructions	-1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity.	see instructions		No
2	Activities Test Answer (a) and (b) below.	<u> </u>	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	[
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ł	l	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	Į		ł
	how the organization was responsive to those supported organizations, and how the organization determined		1	
	that these activities constituted substantially all of its activities.	2a	 	
D	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			ł
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1	ĺ
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	l
_	activities but for the organization's involvement.	2b	 	
3	Parent of Supported Organizations. Answer (a) and (b) below.]	
а				
_	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a_	 	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	ļ <u>.</u> .		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		L
53201	5 00-22-15 Schedule A	(Form 990 or 99	ᄺᄔᄼᄼ	いつけん

	dule A (Form 990 or 990-EZ) 2015 CONNECTICUT NEWS PROJECT			27-0583046 Page 6
Par	Type mitten tunetionally integration design(e) cupper times			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ructions. All
	other Type III non-functionally integrated supporting organizations must cor	nplete S	Sections A through E	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1_	Net short-term capital gain	1		
2	Recovenes of pnor-year distributions	2		
3_	Other gross income (see instructions)	3		
4_	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or	1 1		
	collection of gross income or for management, conservation, or	1 1		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).	<u> </u>		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d_		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	<u>L</u>		<u>. </u>
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	1		1
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035	6		
_7	Recovenes of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for pnor year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y-ıntegra	ated Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Schedule A	(Form 990 or 990 EZ) 2015 CONNECTICUT NEWS PROJECT, INC. 27-0583046 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information.
	(See instructions)
	·

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public

Inspection

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) 4 Aggregate value of grainst form (during year) 4 Aggregate value of arisinst form (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization property, subject to the organization's exclusive legal control?	Name	of the organization CONNECTION NEWS D	ኮ ሲፒ ዮ ሮጥ ፒ Ν ሮ		Employer identification number 27-0583046
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and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide					3 ,
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 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8 If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amount relating to these items (i) Revenue included on Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide 				• • • • • • • • • • • • • • • • • • • •	·
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(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide			ducation, or research in furtherance of	i public ser	vice, provide the following amounts
(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide		•			•
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide					***************************************
	_	• •			
the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	2	-		ncial gain, j	provide
			16 (ASC 958) relating to these items		
					> \$
b Assets included in Form 990, Part X	<u>b</u>	Assets included in Form 990, Part X			\$ Sabadula D (Farm 000) 2015

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Schedule D (Form 990) 2015

		ICUT NEWS								Page 2
Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical	Treasures, c	or Othe	er Simil	ar Asse	ts(continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	k any of t	he following tha	t are a s	ignificant	use of its	collection	items
	(check all that apply):									
а	Public exhibition	c			xchange progra	ams				
b	Scholarly research	•	•	Other						
C	Preservation for future generations									
4	Provide a description of the organization's co	•		-	-			ose in Pari	t XIII.	
5	Dunng the year, did the organization solicit o					er simila	r assets	_	٦.,	г
Par	to be sold to raise funds rather than to be ma								J Yes	L. No
Fai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par	•	ete if the	organiza	ition answered	"Yes" or	rorm 990), Paπ IV,	line 9, or	
	Is the organization an agent, trustee, custodi		diant for	contribut	ione or other as	ente not	uncluded			
ıa	on Form 990, Part X?	an or other intermed	diary lor	CONTRIBUT	ions or other as	sets not	included		Yes	∏ No
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	allouwoa t	Ishla:	•	•		. –	1 162	L 140
b	ii ies, explainthe anangement in Fart Alli	and complete the it	Jilowing i	able.					Amount	
С	Beginning balance						1c		ranount	
	Additions during the year	•			•		1d			
-	Distributions during the year					•	1e			
f	Ending balance	•					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for e	escrow o	r custodial acco	unt liabi			Yes	☐ No
	If "Yes," explain the arrangement in Part XIII						•			
Par										
		(a) Current year	(b) P	nor year	(c) Two yea	rs back	(d) Three	ears back	(e) Four	years back
1a	Beginning of year balance		<u> </u>							
b	Contributions		L							
c	Net investment earnings, gains, and losses	<u> </u>	ļ							
d	Grants or scholarships	<u> </u>	ļ							
е	Other expenditures for facilities		ļ]	j				
	and programs		<u> </u>							
f	Administrative expenses		<u> </u>							
g	End of year balance	ļ <u>.</u>								
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	g, colum	n (a)) held as					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporanly restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posses.	ession of the organia	zation tha	at are hel	d and administe	ered for t	the organi	zation	[
	by									Yes No
	(i) unrelated organizations								3a(i)	
L	(ii) related organizations		rad on S	obodulo.	D2				3a(ii)	
4	If "Yes" on line 3a(ii), are the related organization. Describe in Part XIII the intended uses of the				n,				_3b_	
	t VI Land, Buildings, and Equipm		Owilletit	luitus						
	Complete if the organization answere		0. Part I\	V. line 11	a. See Form 990	D. Part X	line 10			
	Description of property	(a) Cost or			ost or other		ccumulat	ed	(d) Book	value
	Secondition of property	basis (invest		1 ''	sis (other)	• •	preciation	1	(4) 500	
1a	Land	_ 				 -	·			
	Buildings									
	Leasehold improvements									
	Equipment				8,272.		4,6	43.	3	3,629.
	Other				32,700.		20,1			2,547.
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Par	t X, colur	nn (B), lir					16	776.

Schedule D (Form 990) 2015

a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
Financial denvatives			
Closely-held equity interests			
Other			· - · - · - · - · - · - · - · - · - · -
A)			
В)			
C)			
D)		· 	
<u> </u>		· · · · · · · · · · · · · · · · · · ·	
F)			
G)			
(H)			
(Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
rt VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value		ost or end-of-year market value
	(D) BOOK Value	(c) Wethod of Valuation of	OSt OF GROOF YEAR THAIRET VALUE
(1)			
(2)		<u> </u>	
<u>3)</u> <u>4)</u>			
5)			
(6)			
77)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
art IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d See Form 990, Part X, line	e 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, col (B) line	9 15)		
art X Other Liabilities.	5 000 B 1751	44 446 5 000 5	V I 05
Complete if the organization answered "Yes" (a) Description of liability		(b) Book value	X, line 25.
		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(9)			
	251	i	
al. (Column (b) must equal Form 990, Part X, col. (B) line Liability for uncertain tax positions. In Part XIII, provide		the organization's financial et	atements that reports the

532053 09-21-15

	t XI Reconciliation of Revenue per Audited Financial Stat			083046 Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line		nac per netarn.	
1	Total revenue, gains, and other support per audited financial statements	124	1	684,670.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		· -'- -	004,070.
a	Net unrealized gains (losses) on investments	2a		
h	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d	<u> </u>	2e	0.
3	Subtract line 2e from line 1	•	3	684,670.
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	<u> </u>	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	684,670.
Pai	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Exp	enses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line		•	
1	Total expenses and losses per audited financial statements		11	957,921.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	•	<u> </u>	
a	Donated services and use of facilities	2a]]	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	<u> </u>	2e	0.
3	Subtract line 2e from line 1		3	957,921.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b	<u> </u>	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	957,921.
53205	4			D /Form 990) 2015

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

Name of the organization CONNECTICITY NEWS PROJECT Employer identification number 27-0583046

27-0583046		
ION:		
CAN BE BETTER INFORMED AND EDUCATED ABOUT THEIR GOVERNMENT AND ITS		
ACTIVITIES, SO THEY CAN MORE EFFECTIVELY PARTICIPATE IN THE DEVELOPMENT		
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ENT AND ITS		
E DEVELOPMENT		
OF PUBLIC POLICY. WE WILL ACHIEVE THIS GOAL THROUGH ORIGINAL AND		
HROUGH		
VARIOUS OTHER PLATFORMS AND TECHNOLOGIES. WE WILL REPORT, ANALYZE,		
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THE OPPORTUNITY		
TO DISCUSS IT BEFORE THE RETURN IS FILED.		
GN A CONFLICT OF		

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

Schedule O (Form 990 or 990-EZ) (2015)	Page 2
Name of the organization CONNECTICUT NEWS PROJECT, INC.	Employer identification number 27-0583046
FORM 990, PART VI, SECTION B, LINE 15A:	
BOARD OF DIRECTORS WILL ANNUALLY REVIEW AND APPROVE THE C	ORGANIZATION'S
CHIEF OPERATING OFFICER COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
CONNECTICUT NEWS PROJECT, INC. MAKES ALL OF ITS GOVERNING	G DOCUMENTS,
CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS	AVAILABLE TO THE
PUBLIC UPON REQUEST.	
FORM 990, PART XI, LINE 2C	
THE FINANCE COMMITTEE IS INVOLVED IN THIS PROCESS.	