		PUBLI	
Return	of	Organ	ization

LOSURE COPY \*\* 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.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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Form

Go to www.irs.gov/Form990 for instructions and the latest information.

AF	or th	e 2022 calendar year, or tax year beginning and e	ending		
B (	Check if pplicab	CONNECTICUT ASSOCIATION OF REALTORS		D Employer identific	ation number
	Addre	P FOUNDATION, INC.			
	Name Chang	pe Doing business as		26-410299	92
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return			(860)290-	
_	termin ated			<b>G</b> Gross receipts \$	216,457.
	Amen return Applio	EASI HARIFORD, CI 00100		H(a) Is this a group re	
	tion pendi	F Name and address of principal officer: MICHAEL BARBARO		for subordinates	
	-	III FOUNDERS PLAZA 16TH FLOOR, EAST HART		H(b) Are all subordinates in	
		empt status: $X = 501(c)(3) = 501(c)()$ (insert no.) $4947(a)(1)$ or	r 🔄 527		list. See instructions
	Nebsi			H(c) Group exemption	
		f organization: X Corporation Trust Association Other	<b>L</b> Year of	of formation: 2008 N	I State of legal domicile: CT
Pa	art I	Summary			<b>T</b> O
é	1	Briefly describe the organization's mission or most significant activities: TO MA	KE DI	STRIBUTIONS	
Activities & Governance		ORGANIZATIONS THAT QUALIFY AS EXEMPT ORGAN			
ern	2	Check this box if the organization discontinued its operations or dispose			ets. 8
200	3				8
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4	Number of independent voting members of the governing body (Part VI, line 1b)			0
ties		Total number of individuals employed in calendar year 2022 (Part V, line 2a)		·····	8
tivit	6	Total number of volunteers (estimate if necessary)			0.
Ac		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		133,251.	214,628.
anu	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		14,340.	1,829.
Å		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		147,591.	216,457.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		159,884.	152,114.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ee Bei	b		0.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		15,371.	14,305.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		175,255.	166,419.
		Revenue less expenses. Subtract line 18 from line 12		-27,664.	50,038.
D Solution			Beg	ginning of Current Year	End of Year
Assets Ralani	20	Total assets (Part X, line 16)		244,903.	294,941.
tAs	21	Total liabilities (Part X, line 26)		0.	0.
ENe.	22	Net assets or fund balances. Subtract line 21 from line 20		244,903.	294,941.
Pa	art II	Signature Block			

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	gn Signature of officer Date									
	MICHAEL BARBARO, CHAIRPERSON									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	LORI BUDNICK	LORI BUDNICK	05/02	/23 self-employed	P00046310					
Preparer	Firm's name CLIFTONLARSONALLE	N, LLP		Firm's EIN 41-	0746749					
Use Only	Firm's address 29 SOUTH MAIN STR	EET, P.O. BOX 272000								
WEST HARTFORD, CT 06127 Phone no. (860) 561-4										
May the IF	lay the IRS discuss this return with the preparer shown above? See instructions									
232001 12-1	DUI 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

<u>Form</u>	CONNECTICUT ASSOCIATION OF REALTORS 990 (2022) FOUNDATION, INC. 26-4102992 Page 2
Par	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO BE GOOD NEIGHBORS TO OUR MEMBERS, OUR COMMUNITIES, AND THE WORLD
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?       Yes X No         If "Yes," describe these new services on Schedule O.       If The service of the service
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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$14,708. including grants of \$14,708.) (Revenue \$) OPIOID GRANTS/DONATIONS: FOUNDATION PURCHASED MATTRESSES TO DONATE TO OPIOID REHAB, RECOVERY AND TREATMENT CENTERS INDICATING NEED.
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$55,000. including grants of \$55,000. ) (Revenue \$)         GATES SCHOLARSHIP FUND: SCHOLARSHIP FUND ESTABLISHED TO AWARD FINANCIAL         ASSISTANCE TO CHILDREN OF CONNECTICUT REALTORS - PROCEDURES ATTACHED.
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 152,114.
232002	Form <b>990</b> (2022)

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FOUNDATION, INC.

Form 990 (2022)

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? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
8	- , 1	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<b>°</b>		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VII, 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,			
u	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
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	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	<u>X</u>	
232003	12-13-22	Form	<b>AAO</b> (	2022)

232003 12-13-22

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Form	990 (2022) FOUNDATION, INC. 26-4102	2992	Р	age <b>4</b>
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
		38	х	
Par				
_	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	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b	)		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
232004	12-13-22	Form	990	(2022)

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26-4102992 <sub>Ра</sub>	ae 5
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Form	990 (2022) FOUNDATION, INC.	26-4102992	Pa	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?			x
				<u> </u>
	If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O			<u> </u>
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over			x
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBA	AR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>5</u> b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	on solicit		
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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? <b>7a</b>		x
a L				<u></u>
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			37
	to file Form 8282?	<u>7c</u>		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<u>7e</u>		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as it	required? 7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Fo	rm 1098-C? 7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			x
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
a ⊾				
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
		14a		x
14а ь				<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?			X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?			X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			
	If "Yes," complete Form 6069.			
232005	5 12-13-22	Forn	<b>990</b>	(2022)

232005 12-13-22

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<sup>6</sup> 2022.03040 CONNECTICUT ASSOCIATION O A1552771

# CONNECTICUT ASSOCIATION OF REALTORS FOUNDATION, INC.

Form	990 (2022) FOUNDATION, INC.		26-410		P	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and fo	ra "No" i	respor	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	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		8		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direc	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?			. 3		<u> </u>
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 wa	s filed?	. 4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asso	ets?		5		X
6	Did the organization have members or stockholders?			. 6	Х	<u> </u>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or			
	more members of the governing body?			. <u>7a</u>		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, or			
	persons other than the governing body?			. 7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		•			
а	The governing body?			<u>8a</u>	X	──
b	Each committee with authority to act on behalf of the governing body?			. <u>8b</u>	X	──
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
800	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)			T
40					Yes	No X
	Did the organization have local chapters, branches, or affiliates?			. <u>10a</u>		<u> </u>
D	If "Yes," did the organization have written policies and procedures governing the activities of such cha	apters	, amiliates,	104		
110	and branches to ensure their operations are consistent with the organization's exempt purposes?		o filing the form?	. <u>10b</u>	X	<u> </u>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe on Schedule O the process, if any, used by the organization to review this Form 990.	Deloi		<u>11a</u>		
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12a	X	<u> </u>
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $ f = \gamma$			120		<u> </u>
Ŭ	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?				X	<u> </u>
14	Did the organization have a written document retention and destruction policy?				X	<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	1			
а	The organization's CEO, Executive Director, or top management official			15a		X
	Other officers or key employees of the organization					x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a			
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	izatior	's			
	exempt status with respect to such arrangements?			. 16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed $\_ extsf{CT}$					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	T (section 501(c)	(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.					
	Own website Another's website X Upon request Other (explain	on Sc	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict c	f interest policy, a	and finan	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 boo	ks and	l records			
	CYNTHIA BUTTS - (860)290-6601	<u> </u>				
	111 FOUNDERS PLAZA 16TH FLOOR, EAST HARTFORD, CT 0	610	8			
232006	12-13-22			Form	1 <b>990</b>	(2022)

7

CONNECTICUT	ASSOCIATION	OF	REALTORS
FOUNDATION.	INC.		

Part VII	Compensation of Officers,	Directors, Trustees, Key Employees, Highest Compens	ated
	Employees, and Independe	ent 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

Form 990 (2022)

F

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

(A)	(B)			( Pos	<b>C)</b> itior			(D)	(E)	(F)
Name and title	Average hours per week	box	(do not check more than one box, unless person is both an officer and a director/trustee)				n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) BUTTS, CYNTHIA EX-OFFICIO MEMBER	5.00	x						0.	329,282.	0.
(2) CHRISTIANSEN, CAROL	2.00							0.	529,202.	0.
TRUSTEE		х						0.	9,129.	0.
(3) BARBARO, MICHAEL	5.00									
CHAIR		х		x				0.	0.	0.
(4) BREEN, JOANNE	5.00									
TREASURER		Х		Х				0.	0.	0.
(5) KEUNE, DAN	5.00									
SECRETARY		Х		х				0.	0.	0.
(6) KOELLMER, MARGARET	2.00									
TRUSTEE		Х				-		0.	0.	0.
(7) SARTIRANA, DAVID	2.00	.,								0
TRUSTEE (8) ST. PETER, LINDA	2.00	Х				-		0.	0.	0.
TRUSTEE	2.00	x						0.	0.	0.
(9) TURLEY, PAULA	2.00									
TRUSTEE	2.00	х						0.	0.	0.
	1	I	I	I	L	1	I	1	1	Eorm <b>990</b> (2022)

232007 12-13-22

Form 990 (2022)

# 11130502 131839 A155277

	CONNECTIO			AT	'IO	N	OF	F	REALTORS	0.6.4	1 0 0 0			•
Form Par	990 (2022) FOUNDATIC					:				26-4	1029	92	P	age <b>8</b>
1 41	t VII Section A. Officers, Directors, Trus (A) Name and title	<b>(B)</b> Average hours per week	(do box	not c , unle:	( Pos heck ss per	C) itior more rson i		one 1 an	<b>(D)</b> Reportable compensation	(E) Reportable compensatio	on	an	(F) timate	
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizatior (W-2/1099-MIS 1099-NEC)	ns SC/	com fr orga and	other pensa om th anizat I relat nizati	e ion ed
	Subtotal Total from continuation sheets to Part VII								0.	338,4	<u>11.</u> 0.			0.
	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization								0 • eceived more than \$100,	338,4 000 of reportable			N	0.
3	Did the organization list any <b>former</b> officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for se</i> For any individual listed on line 1a, is the su	uch individual								-		3	Yes	No X
4	and related organizations greater than \$150											4	х	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." <i>com</i> <b>tion B. Independent Contractors</b>	-				-			-			5		х
1	Complete this table for your five highest con the organization. Report compensation for t	-	-								pensati	on fro	m	
	(A) Name and business	address	N	ONE	3				<b>(B)</b> Description of s	ervices	Co	(C omper		n
2	Total number of independent contractors (ir \$100,000 of compensation from the organized states and the organized states a	0	ot lin	niteo	d to	thos (	•	ted	above) who received mo	ore than				

Form **990** (2022)

232008 12-13-22

			FOUNDATION, I	NC.			26-4102	992 Page 9
Pa	rt \	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line				
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
s, s	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	-		Membership dues 1b					
n Gr			Fundraising events <b>1</b> c					
iifts ar A			Related organizations 1d	88,049.				
s, G mila			Government grants (contributions) <b>1e</b>					
ions			All other contributions, gifts, grants, and					
buti			similar amounts not included above 1f	126,579.				
d Or		g	Noncash contributions included in lines 1a-1f					
Col		h	Total. Add lines 1a-1f		214,628.			
				Business Code				
ø	2	а						
Program Service Revenue		b						
Sei		с						
am eve		d						
ogr B		е						
Pr		f	All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, intere	est, and				
			other similar amounts)		1,829.			1,829.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
anı			and sales expenses 7b					
evenue			Gain or (loss)					
. Re			Net gain or (loss)					
Other Re	8	а	Gross income from fundraising events (not					
ō			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b	I				
	_		Net income or (loss) from fundraising events	·····				
	9	а	Gross income from gaming activities. See					
		Ŀ	Part IV, line 19 9a Less: direct expenses 9b					
			• • • • • • • • • • • • • • • • • •					
	40		Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
		h	and allowances <u>10a</u> Less: cost of goods sold <b>10k</b>					
			•	-				
	-	U	Net income or (loss) from sales of inventory	Business Code				
sn	11	2						
neo		a b						
Miscellaneous Revenue		c						
isc( Be			All other revenue					
Σ			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		216,457.	0.	0.	1,829.
23200					-			Form <b>990</b> (2022)

232009 12-13-22

## CONNECTICUT ASSOCIATION OF REALTORS FOUNDATION, INC.

	1990 (2022) <b>FOUNDATION</b> ,			26-42	102992 <sub>Ра</sub>
Pa	rt IX Statement of Functional Expense	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respon			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	67,114.	67,114.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	85,000.	85,000.		
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, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
	-				

1,774.

4,951.

582.

621.

5,654.

166,419.

723.

232010 12-13-22

b

С

d

е

f

g

12

13

14

15 16

17

18

19 20

21 22

23

24

а

b С d е

25 26

Interest

Insurance

Legal

Accounting Lobbying

Professional fundraising services. See Part IV, line 17

Investment management fees

Other. (If line 11g amount exceeds 10% of line 25,

column (A), amount, list line 11g expenses on Sch 0.) Advertising and promotion

Office expenses \_\_\_\_\_

Information technology

Royalties

Occupancy

Travel

Payments of travel or entertainment expenses for any federal, state, or local public officials

Conferences, conventions, and meetings .....

Payments to affiliates

Depreciation, depletion, and amortization .....

Other expenses. Itemize expenses not covered

MISCELLANEOUS

BANK FEES

All other expenses

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

### 11130502 131839 A155277

Check here

Form 990 (2022)

0.

1,774.

4,951.

582.

621.

5,654.

14,305.

723.

11

152,114.

# CONNECTICUT ASSOCIATION OF REALTORS FOUNDATION, INC.

Form	n 990 (i			26-	4102992 Page <b>11</b>
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	102,040.	1	100,523.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b	140 586	10c	104 221
	11	Investments - publicly traded securities	142,576.	11	194,331.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	287.	14	07
	15	Other assets. See Part IV, line 11	244,903.	15	<u>87.</u> 294,941.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	244,903.	16	294,941.
	17	Accounts payable and accrued expenses		17	
	18 19	Grants payable		18 19	
	20	Deferred revenue		20	
	20	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	22	Loans and other payables to any current or former officer, director,		21	
Liabilities	~~	trustee, key employee, creator or founder, substantial contributor, or 35%			
bili		controlled entity or family member of any of these persons		22	
Lia	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow FASB ASC 958, check here			
Ses		and complete lines 27, 28, 32, and 33.			
lano	27	Net assets without donor restrictions	210,486.	27	275,232.
Ba	28	Net assets with donor restrictions	34,417.	28	19,709.
pur		Organizations that do not follow FASB ASC 958, check here			
Ę		and complete lines 29 through 33.			
ō S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	044.000	31	004.041
Ne	32	Total net assets or fund balances	244,903.	32	294,941.
	33	Total liabilities and net assets/fund balances	244,903.	33	294,941.
					Form <b>990</b> (2022)

232011 12-13-22

CONNECTICUT	ASSOCIATION	OF	REALTORS
0011111011001	11000011111010	<b>U</b> 1	1011010100

Form	990 (2022) FOUNDATION, INC.	26-4102	2992	Pag	ge <b>12</b>
Pa	rt 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	216		
2	Total expenses (must equal Part IX, column (A), line 25)	2	166	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3			38.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	244	.,90	<u>)3.</u>
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 on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	294	.,94	<u>41.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	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	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	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 on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

232012 12-13-22

SCHEDULE A (Form 990)					rity Status an					OMB No. 1545-0047	
		f the Treasury	Co	494	nization is a section 501 47(a)(1) nonexempt cha ttach to Form 990 or Fo	ritable tru	ist.	or a section		<b>ZUZZ</b> Open to Public	
		nue Service		Go to www.irs.gov/	Form990 for instructior	ns and the	latest inf	ormation.		Inspection	
		the organization	FOUN	DATION, IN					2	identification number $6-4102992$	
Pa	irt I	Reason	or Public (	Charity Status.	arity Status. (All organizations must complete this part.) See instructions.						
The	organ	ization is not a	private found	lation because it is: (	For lines 1 through 12, cl	heck only	one box.)				
1		A church, cor	vention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).			
2		A school dese	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).	Attach Schedule E (Form	ו 990).)					
3		A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).			
4		A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,	
		city, and state	e:								
5		An organizati	on operated fo	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
		section 170	<b>b)(1)(A)(iv).</b> (C	Complete Part II.)							
6		A federal, sta	te, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organizati	on that norma	ally receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in	
		section 170(I	<b>)(1)(A)(vi).</b> (C	complete Part II.)							
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a	land-grant	college	
		or university o	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	e or	
		university:									
10					than 33 1/3% of its supp						
					t to certain exceptions; a					-	
					(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.	
				mplete Part III.)			/				
11	$\square$	-	-	-	vely to test for public sat	•					
12		-	-	-	ively for the benefit of, to	-			•		
				-	d in section 509(a)(1) o					Direck the box on	
		-	-		f supporting organization				-	aivina	
a					upervised, or controlled gularly appoint or elect a	• • • •	-				
			-	complete Part IV, Se		majonty c				ipporting	
k		¬ ~		•	or controlled in connect	ion with it	s sunnorte	d organizatio	n(s) hy hay	vina	
				-	anization vested in the sa			-		•	
			-	st complete Part IV,		ante peree			90o oo.pr		
c		¬ ~	.,	•	g organization operated	in connect	tion with. a	and functional	lv integrate	ed with.	
					). You must complete I				, ,		
c		7	-		oorting organization oper				ted organiz	zation(s)	
		that is not f	unctionally int	tegrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	/eness	
		requiremen	t (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	<b>V</b> .			
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	r Type III non-functio	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number o	of supported of	organizations							
<u> </u>				n about the supporte		(iv) is the ora:	anization listed				
	(	<ul> <li>i) Name of suppo organization</li> </ul>		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see ir	-	(vi) Amount of other support (see instructions)	
		organization			above (see instructions))	Yes	No				
_											
Tot	al										
								-			

### CONNECTICUT ASSOCIATION OF REALTORS FOUNDATION, INC.

26-4102992 Page 2

le	A (	Form	990	) 20	)22	2		

Schedu Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	(e) 2022	<b>(f)</b> Total		
1	Gifts, grants, contributions, and membership fees received. (Do not								
	include any "unusual grants.")	152,317.	132,836.	158,922.	128,851.	207,579.	780,505.		
2	Tax revenues levied for the organ-								
_	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	152,317.	132,836.	158,922.	128,851.	207,579.	780,505.		
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)						325,952.		
	Public support. Subtract line 5 from line 4.						454,553.		
Sec	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	152,317.	132,836.	158,922.	128,851.	207,579.	780,505.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources $\dots$								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on $\dots$								
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						780,505.		
12	, ,		,			12			
13	First 5 years. If the Form 990 is for the	-		•					
800	organization, check this box and stop		-						
	ction C. Computation of Public						58.24 %		
	Public support percentage for 2022 (I		•			14	FC C0		
	Public support percentage from 2021					<b>15</b>			
108	33 1/3% support test - 2022. If the o	-							
h	<ul><li>stop here. The organization qualifies</li><li>33 1/3% support test - 2021. If the organization</li></ul>		•			or more, check thi			
, N	and stop here. The organization qual								
179	10% -facts-and-circumstances test					and line $14$ is $10\%$			
174	and if the organization meets the fact								
	meets the facts-and-circumstances te			-	-	withow the organiz			
h	10% -facts-and-circumstances test	-		• • • •					
2	more, and if the organization meets the	-							
	organization meets the facts-and-circu				•				
18									
	B Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

CONNECTICUT	ASSOCIATION	OF	REALTORS
FOUNDATION,	INC.		

Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(	e) 2022	(f) Total	
	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to								
5	or expended on its behalf The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons							<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								
c	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support		•	•	•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(	e) 2022	(f) Total	
9	Amounts from line 6								
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses acquired after June 30, 1975								
c	Add lines 10a and 10b								
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)							L	
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(	3) organizatic	'n,	
								<u></u>	
Sec	ction C. Computation of Publi	c Support Per	rcentage						
15	Public support percentage for 2022 (I	ine 8, column (f), c	livided by line 13, o	column (f))		15			%
	Public support percentage from 2021					16			%
Sec	ction D. Computation of Inves	stment Income	e Percentage						
17	Investment income percentage for 20	<b>)22</b> (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17			%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18			%
19a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/39	%, and line <b>1</b> 7	' is not	
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation		[	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is mo	ore tha	n 33 1/3%, a	nd	
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	nization qualifies	as a publicly suppo	orted o	rganization		
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check tł	his box and see ins	structio	ons	[	
23202	23 12-09-22						Schedule A	(Form 990) 2	2022

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# CONNECTICUT ASSOCIATION OF REALTORS FOUNDATION, INC.

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Yes No

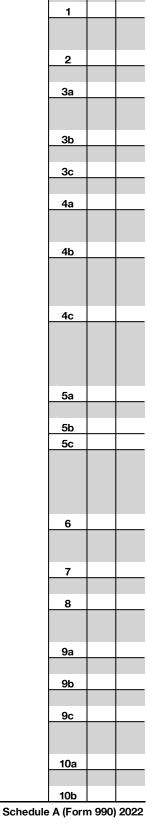
# Schedule A (Form 990) 2022 FOUI Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- 1 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.
- 2 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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?
- 6 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.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **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 on 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 on 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 line 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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(Form 990) 2022

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Fa	rt IV Supporting Organizations (continued)		1	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations		_	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, 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			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	Z		
			Vee	
	When a marinelity of the experimentary's divertees on two stars of wine the territory along a marinelity of the divertees		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			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u></u>	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		<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			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	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			
	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		
3	By reason of the relationship described on line 2, above, 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			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns)		
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
		· · · · · · · · · · · · · · · · · · ·	\	
с 2	L The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see Activities Test. <b>Answer lines 2a and 2b below.</b>	Instruction	Yes	No
			res	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 <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

these activities but for the organization's involvement.

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.** 

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 232025 12-09-22

3b | Schedule A (Form 990) 2022

2b

3a

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	CONNECTICUT ASSOCIATION	OF I	REALTORS	
Sche	edule A (Form 990) 2022 FOUNDATION, INC.			26-4102992 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( <i>explain</i>	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-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			
	collection of gross income or for management, conservation, or			
	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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries 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 0.85 of line 1.	2		
3	Minimum asset amount for prior 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-functionally	integra	ted Type III supporting c	organization (see

instructions).

Schedule A (Form 990) 2022

232026 12-09-22

	t V Type III Non-Functionally Integrated 509		nizations (		6-4102992 Page 7
		allo Supporting Orga	nizations (continu	<u>led)</u>	0
	on D - Distributions				Current Year
1 2	Amounts paid to supported organizations to accomplish exer			1	
2	Amounts paid to perform activity that directly furthers exemp organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	e of supported organizations	<b>、</b>	2	
4	Amounts paid to acquire exempt-use assets	es of supported organizations	<u>,                                     </u>	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	5		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
_	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
6	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A	(Form 990) 2022	CONNECTICU FOUNDATION			OF	REALTORS	26-4102992 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sect	Information. Provide the lines 1, 2, 3b, 3c, 4b, 4c, 5a,	e explanat 6, 9a, 9b Section E	tions required by , 9c, 11a, 11b, ar , lines 1c, 2a, 2b	nd 11c; ), 3a, ar	; Part IV, Section B, li nd 3b; Part V, line 1; I	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section C, Part V, Section B, line 1e; Part V,
232028 12-09-2	2						Schedule A (Form 990) 2022

### \*\* PUBLIC DISCLOSURE COPY

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

26-4102992

Schedule	В
(Form 990)	

Department of the Treasury

Internal Revenue Service

Name of the organization

Organization type (check one):

CONNECTICUT ASSOCIATION OF REALTORS

FOUNDATION, INC.

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

## General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

## Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)



FOUND	ATION, INC.	26	-4102992
Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$81,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$10,566.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_		\$7,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$10,304.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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23 2022.03040 CONNECTICUT ASSOCIATION O A1552771

CONNECTICUT ASSOCIATION OF REALTORS

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Name of organization

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Page 2 Employer identification number

26-1102002

	B (Form 990) (2022)		Page <b>3</b>
	rganization CTICUT ASSOCIATION OF REALTORS		Employer identification number
	ATION, INC.		26-4102992
Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		— — — — — — — — — — — — — — — — — — — —	

Schedule B (Form 990) (2022)

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Schedule	B (Form 990) (2022)				Page <b>4</b>		
Name of o	organization				Employer identification number		
CONNE	CTICUT ASSOCIATION OF R	EALTORS					
	ATION, INC.				26-4102992		
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a)	ons to organizations described i	in section 501	(c)(7), (8), or (10) th	nat total more than \$1,000 for the year		
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000	D or less for the	e year. (Enter this info. o	once.) \$		
	Use duplicate copies of Part III if additional	space is needed.					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held		
Part I				(d) Desi	cription of now girt is neid		
		(e) Transfer o	f gift				
	Transformed		<b>D</b> .				
	Transferee's name, address, a	na ZIP + 4	Re	elationship of tra	insferor to transferee		
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held		
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	insferor to transferee		
(a) No.							
from	(b) Purpose of gift	(c) Use of gift	of gift (d) Description		cription of how gift is held		
Part I							
	(e) Transfer of gift						
			•				
	Transferee's name, address, a	nd ZIP + 4	Re	lationship of tra	Insferor to transferee		
(a) N -		<u> </u>					
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Des	cription of how gift is held		
Part I		(,,					
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Re	elationship of tra	insferor to transferee		
223454 11-15	5-22				Schedule B (Form 990) (2022)		

# 11130502 131839 A155277

(Form 990) Complete if the organ			al Financial Statements		OMB No. 1545-0047
			nization answered "Yes" on Form 990,	2022	
Depart	ment of the Treasury	Α	), 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12t Attach to Form 990.		Open to Public
Interna	Revenue Service		0 for instructions and the latest informat		Inspection
Nam	e of the organizatior		ATION OF REALTORS	Employ	ver identification number 26-4102992
Par	t I Organizat	FOUNDATION, INC.	d Funds or Other Similar Funds o	or Accounts	20-4102992
I UI		answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds	and other accounts
1	Total number at end	l of year			
2		contributions to (during year)			
3	Aggregate value of g	grants from (during year)			
4	Aggregate value at e	end of year			
5	-		writing that the assets held in donor advise		
			exclusive legal control?		Yes No
6	•		dvisors in writing that grant funds can be u		
			r donor advisor, or for any other purpose c	-	
Par			ganization answered "Yes" on Form 990, P		Yes No
1		rvation easements held by the organizati		art IV, line 7.	
•		of land for public use (for example, recrea		a historically im	portant land area
		natural habitat	Preservation of		
	Preservation c				
2		• •	fied conservation contribution in the form o	f a conservatior	easement on the last
	day of the tax year.			He	ld at the End of the Tax Year
а	Total number of con	servation easements		2a	
b	•				
с			ucture included in (a)	<u>2c</u>	
d		ation easements included in (c) acquired a			
•					·
3	Number of conserva		eased, extinguished, or terminated by the	organization dui	ing the tax
4	-	here property subject to conservation eas	sement is located		
5			riodic monitoring, inspection, handling of		
•	•	rcement of the conservation easements if			Yes No
6			handling of violations, and enforcing conse		
7	Amount of expenses	s incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easements o	luring the year
8		• • • • • •	e satisfy the requirements of section 170(h		
•	and section 170(h)(4				Yes No
9		÷ .	on easements in its revenue and expense s		+h -
		Include, if applicable, the text of the footr unting for conservation easements.	note to the organization's financial statement	nts that describ	es the
Par	t III Organizat	ions Maintaining Collections of	f Art, Historical Treasures, or Oth	ner Similar A	ssets.
		he organization answered "Yes" on Form			
1a			8, not to report in its revenue statement an	d balance shee	t works
			blic exhibition, education, or research in fur		
	service, provide in P	Part XIII the text of the footnote to its finar	ncial statements that describes these items	s	
b	If the organization el	lected, as permitted under FASB ASC 95	8, to report in its revenue statement and ba	alance sheet wo	orks of
	art, historical treasu	res, or other similar assets held for public	exhibition, education, or research in furthe	erance of public	service,
	provide the following	g amounts relating to these items:			
	(i) Revenue include	ed on Form 990, Part VIII, line 1			
				\$_	
2			asures, or other similar assets for financial	gain, provide	
	-	nts required to be reported under FASB A	-		
			for Form 990		hodulo D (Earm 000) 0000
		duction Act Notice, see the Instruction	5 IUT FORM 990.	Sc	hedule D (Form 990) 2022
232051	09-01-22		26		

<sup>11130502 131839</sup> A155277

		ICUT ASSOC	IATIC	N OF H	REALTORS					-
		ION, INC.					26-43	102992	F	<sup>v</sup> age <b>2</b>
Par	t III Organizations Maintaining C								ued)	
3	Using the organization's acquisition, accessic collection items (check all that apply):	ion, and other record	ls, check	any of the f	ollowing that mak	ke signifi	cant use of its			
а	Public exhibition	(	d 🗌 L	oan or exc	hange program					
b	Scholarly research	e	e 🗌 (	Other						
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how the	ey further th	e organization's e	exempt p	ourpose in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, his	torical treas	sures, or other sin	nilar asse	ets			
	to be sold to raise funds rather than to be m							Yes		No
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or									
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod		•				_		_	_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able:		г				
						⊢		Amount		
	Beginning balance						1c			
	Additions during the year						1d			
	Distributions during the year						1e			
	Ending balance									
	Did the organization include an amount on F					•	L	Yes		
_	If "Yes," explain the arrangement in Part XIII.									
Par	<b>t V</b> Endowment Funds. Complete	-								
		(a) Current year	(b) Pi	rior year	(c) Two years bad	ск (а) і	hree years back	(e) Four	years	3 Dack
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	•	e (line 1g	, column (a)	) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment	_%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organization	ation that	are held ar	nd administered for	or the		r		
	organization by:								Yes	No
	(i) Unrelated organizations							. 3a(i)		<u> </u>
	(ii) Related organizations									<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sc	hedule R?				3b		
4	Describe in Part XIII the intended uses of the		owment fu	ınds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	ed "Yes" on Form 990	0, Part IV,	line 11a. S	ee Form 990, Par	t X, line	10.			
	Description of property	(a) Cost or o basis (investr		• •	or other ( (other)	<b>c)</b> Accun depreci		<b>(d)</b> Book	valu	e
1a	Land									
b	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X colum	n (R) line 11						0.
		And the second s		<u>, inc n</u>	<u></u>			le D (Form	990	

Schedule D (Form 990) 2022 FOUNDATION,	INC.		26-4102992 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes	1 1		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes'			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)         Part IX       Other Assets.         Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
<u>(2)</u> (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin Part X Other Liabilities.			
Complete if the organization answered "Yes' <b>1.</b> (a) Description of liability	on Form 990, Part IV, line	TTE OF TIT. See FORM 990, Part X, I	(b) Book value
			(b) BOOK Value
(1) Federal income taxes			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) lin	e 25.)		
	,	the organization's financial statem	

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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# CONNECTICUT ASSOCIATION OF REALTORS

	CONNECTICUT ASSOCIATION O	F REALTORS				
Sche	dule D (Form 990) 2022 FOUNDATION, INC.				4102992 Page	e <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With Rev	enue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	la.				
1	Total revenue, gains, and other support per audited financial statements			1	214,683	3.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	214,683	3.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,774.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	1,774	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	216,457	7.
Pa	t XII Reconciliation of Expenses per Audited Financial Staten	nents With Exp	oenses per F	Returr	າ.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	la.				
1	Total expenses and losses per audited financial statements			1	164,645	5.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	(	).
3	Subtract line 2e from line 1			3	164,645	5.
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	1,774.			
b	Other (Describe in Part XIII.)	4b				
с	Add lines 4a and 4b			4c	1,774	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	166,419	9.
Pa	t XIII Supplemental Information.					

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

232054 09-01-22

1 Does the organiz	FOUNDATIO	Gov Comple UT ASSOCIA N, INC. nd Assistance to substantiate the	ATION OF REA amount of the grants	d Individual answered "Yes" Attach to Form gov/Form990 for ALTORS	s in the Uni on Form 990, Par on 990. the latest informative grantees' eligibility	ted States rt IV, line 21 or 22. ation.		
2 Describe in Part	ward the grants or assis IV the organization's pro d Other Assistance to	ocedures for monito	oring the use of grant f	unds in the United	States.			X Yes No
1 (a) Name and ad	nat received more than s Idress of organization vernment	\$5,000. Part II can I <b>(b)</b> EIN	be duplicated if addition (c) IRC section (if applicable)	onal space is neede (d) Amount of cash grant	ed. <b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CONNECTICUT COALI HOMELESSNESS - 25 HARTFORD, CT 0610	7 LAWRENCE ST -	06-1126880		41,974.	0.			TO HELP CCEH END HOMELESSNESS IN CONNECTICUT
2 Enter total numb	er of section 501(c)(3) a	nd government org	anizations listed in the	line 1 table		L	•	1.

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

FOUNDATION, INC.

26-4102992

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
GATES SCHOLARSHIP	64	55,000.	0.		
LEC LURATO	1	10,000.	0.		
KATIE SCOTT HAMZY	1	10,000.	0.		
LAURA DEMONTE	1	10,000.	0.		
Part IV Supplemental Information. Provide the information r	equired in Part I. lin	e 2: Part III. column	(b): and any other ac	ditional information.	
PART I, LINE 2:					
HE FOUNDATION PROVIDES ASSISTANC	E TO INDIV	IDUALS IN	THE FORM O	F	
CHOLARSHIP MONEY AND REQUIRES PR					
INSTITUTION. THE FOUNDATION PROV	IDES OTHER	ASSISTANC	E (DISASTE	R RELIEF,	

FOR EXAMPLE) TO OTHER 501(C)(3) ORGANIZATION WHOSE MISSION IS CONSISTENT

WITH THAT OF THE FOUNDATION. THE FOUNDATION ALSO PROVIDES HOUSING

ASSISTANCE GRANTS TO INDIVIDUALS AND FAMILIES IMPACTED BY STATE AND LOCAL

DISASTERS AND TRAGEDIES.

sc	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20	)
		Compensated Employees		20		-
Depa	rtment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organizatior	CONNECTICUT ASSOCIATION OF REALTORS	Employer ide			nber
		FOUNDATION, INC.	26-41	L02992	2	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri-	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes of	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		<b>1</b> b		
2	Did the organization	require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	s, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if ar	y, of the following the organization used to establish the compensation of the organization's				
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
	establish compensa	tion of the CEO/Executive Director, but explain in Part III.				
	Compensation	committee Written employment contract				
	Independent c	ompensation consultant Compensation survey or study				
	Form 990 of of	her organizations Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	ated organization:				
а		e payment or change-of-control payment?		. <b>4</b> a		X
b	•	eive payment from a supplemental nonqualified retirement plan?		. <b>4b</b>		X
с		eive payment from an equity-based compensation arrangement?		<b>4c</b>		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
_		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	-	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the re					37
						X
b		ation?		5b		X
		r 5b, describe in Part III.				
6		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n					37
						X
b		ation?		6b		X
_		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				37
		es 5 and 6? If "Yes," describe in Part III		. 7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie			
				8	_	X
9		d the organization also follow the rebuttable presumption procedure described in				
		53.4958-6(c)?		9		
LHA	For Paperwork Research Active Strength For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forn	n 990)	2022

232111 10-18-22

# CONNECTICUT ASSOCIATION OF REALTORS FOUNDATION, INC.

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) BUTTS, CYNTHIA	(i)	0.	0.	0.	0.	0.	0.	0.
EX-OFFICIO MEMBER	(ii)	305,758.	0.	23,524.	0.	0.	329,282.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

Page 2

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Schedule J (Form 990) 2022

### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

# PART I, LINE 3:

CONNECTICUT ASSOCIATION OF REALTORS, INC. USES WRITTEN EMPLOYMENT CONTRACT,

COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION

COMMITTEE TO ESTABLISH COMPENSATION OF THE ORGANIZATION'S OFFICERS.

Schedule J (Form 990) 2022

OMB No. 1545-0047 Supplemental Information to Form 990 or 990-EZ SCHEDULE O (Form 990) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Open to Public Attach to Form 990 or Form 990-EZ. Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Inspection Internal Revenue Service CONNECTICUT ASSOCIATION OF REALTORS Employer identification number Name of the organization FOUNDATION INC. 26-4102992 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: 501(C)(3) OF THE INTERNAL REVENUE CODE FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES AND TO FUND SCHOLARSHIPS FOR OR PLANNING TO ATTEND, AN INSTITUTION OF HIGHER PERSONS ATTENDING, EDUCATION AND TO PROVIDE AWARDS FOR ACADEMIC PERFORMANCE. TO BE GOOD NEIGHBORS TO OUR MEMBERS OUR COMMUNITIES, AND THE WORLD FORM 990, PART VI, SECTION A, LINE 6:

THE EXECUTIVE COMMITTEE OF THE CONNECTICUT ASSOCIATION OF REALTORS,

ARE MEMBERS OF THE FOUNDATION

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND IS SUBMITTED TO THE

EXECUTIVE COMMITTEE PRIOR TO FILING. IT IS ALSO PROVIDED TO THE ENTIRE

GOVERNING BODY PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY IS ON EVERY MEETING NOTICE, INTRODUCED AT

THE FIRST BOARD MEETING ANNUALLY AND IS PART OF THE NEW TRUSTEE ORIENTATION PROCESS

35

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

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE POSTED ON

ORGANIZATION'S WEBSITE. FINANCIAL STATEMENTS UPON REQUEST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

Schedule O (Form 990) 2022

INC.

SCHEDULE F (Form 990)	m 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.										
Department of the Internal Revenue S	Treasury			ach to Form 990. for instructions and the latest	tinformation			Open to Inspec	Public		
Name of the c		CONNECTICUT AS FOUNDATION, IN	SSOCIATION OF REAL		t mormation.			identification			
Part I Ide	entification	of Disregarded Entities. Comple	te if the organization answered "Ye	es" on Form 990, Part IV, line 3	3.						
<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activity	(c) Legal domicile (state c foreign country)	or (d) Total inco	(e) me End-of-year	assets	<b>(f)</b> Direct controlli entity	ng			
Part II Ide	entification ganizations	of Related Tax-Exempt Organiza during the tax year.	ations. Complete if the organization	on answered "Yes" on Form 990	D, Part IV, line 34, b	pecause it had one of	or more related	tax-exempt			
		(a) address, and EIN ted organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	<b>(f)</b> Direct contr entity		(g) on 512(b)(13) ontrolled entity?		
	, 111 FOU	TION OF REALTORS, INC NDERS PLAZA 16TH FLOOR, 06108	EDUCATION/INFORMATION, PUBLIC RELATIONS, LEGISLATIVE.	CONNECTICUT	501(C)(6)	2	CONNECTICUT ASSOCIATION REALTORS, IN		<u>No</u>		
	- 										

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

Schedule R (Form 990) 2022

OMB No. 1545-0047

# Schedule R (Form 990) 2022 FOUNDATION, INC.

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	end-of-year allocations?			Genera manag partne	l or Percentage <sup>ing</sup> ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) (f) Type of entity (C corp, S corp, or trust) income		<b>(g)</b> Share of end-of-year assets	(h) Percentage ownership	Sec 512(l contr ent	(i) ction (b)(13) trolled tity?
		country)		0				Yes	No
									$\square$

# CONNECTICUT ASSOCIATION OF REALTORS FOUNDATION, INC.

Schedule R (Form 990) 2022

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		2
b Gift, grant, or capital contribution to related organization(s)			
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	1j		_
k Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
n Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1</b> n	X	
Sharing of paid employees with related organization(s)			_
Reimbursement paid to related organization(s) for expenses			
a Reimbursement paid by related organization(s) for expenses		X	
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) CONNECTICUT ASSOCIATION OF REALTORS, INC.	С	81,000.	COST INCURRED
(2) CONNECTICUT ASSOCIATION OF REALTORS, INC.	L	117,000.	FAIR MARKET VALUE
(3) CONNECTICUT ASSOCIATION OF REALTORS, INC.	N	27,251.	FAIR MARKET VALUE
(4) CONNECTICUT ASSOCIATION OF REALTORS, INC.	Q	7,049.	COST INCURRED
(5)			
(6)			

Schedule R (Form 990) 2022 FOUNDATION, INC.

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a)	(b)	(c)	(d)	(6	a)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501 ( org	all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Gener		ercentage
of entity		(state or foreign	(related, unrelated,	501( org	c)(3) s.?	total	end-of-year	tion allocat	iate tions?	amount in box 20	manag partn	er? OV	wnership
		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes	NO	

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CONNECTICUT	ASSOCIATION	OF	REALTORS
FOUNDATION,	INC.		

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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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