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Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public

_		ue service		the organization may have to use a copy of this feturn to satisfy state reporting for		mspection
<u>A</u>	For th	e 2008 ca		year, or tax year beginning , 2008, and ending		, 20
B	check if a	pplicable:		C Name of organization CT Citizen Research Group, Inc.	D Emplo	yer identification number
	\ddress	change	use IRS label or	Doing Business As	06	0889894
_	lame ch	- 1	print or	Number and street (or P.O box if mail is not delivered to street address) Room/suite	E Teleph	ione number
$\overline{}$	nitial ret	-	type. See	30 Arbor Street 6N	(860)	233-2181
			Specific	City or town, state or country, and ZIP + 4	1	
C-38	erminat		instruc- tions.	Hartford, CT 06106-1209	G Gross n	nocioto t 4 000 020
_		d return	E Non			
	oplicatio	n pending				n for affiliates? ☐ Yes 🔽 No
_					ell affiliates	included? Yes No
1	Tax-exe	mpt status	s: [Z] 5	01(c) (3) ◀ (insert no.)	No," attach a	a list (see instructions)
J	Websi	te: ▶		H(c) Grou	p exemption nu	ımber 🕨
K	Type of	organization	🗹 Сотро	ation ☐ Trust ☐ Association ☐ Other ▶ L Year of formation: 1972	M State o	of legal domicile: CT
Pa	irt I	Summ	ary			
	1 1	Driofly de	ooribo	the organization's mission or most significant activities: Consumer and	environm	ental protection.
	' '	Activitie	e inclu	de programs to address environmentally caused childhood health pro	blome eu	ch ac load nelconing
8						
Ĕ	-			dicate the cause of the problems and also work with families who have		versely anected.
E	_			on policy changes needed to address problems such as health care a		
õ	2 (Check this	box ►	if the organization discontinued its operations or disposed of more than 25% of its	assets.	•
8	3	Number	of votin	g members of the governing body (Part VI, line 1a)	. 3	7
9	4	Number	of inde	pendent voting members of the governing body (Part VI, line 1b)	. 4	7
₹				employees (Part V, line 2a)	5	8
Activities & Governance	!			volunteers (estimate if necessary)	6	200
•	l .			lated business revenue from Part VIII, line 12, column (C)	•	0
				isiness taxable income from Form 990-T, line 34.	7b	0
		ver unie	ialeu Di	Prior	 	Current Year
				 		
<u>o</u>	8	Contribut	tions ar	765,601	745,456	
Revenue	9 1	Program	service	revenue (Part VIII, line 2g)	226,792	256,202
8	10	investme	ent inco	ne (Part VIII, column (A), lines 3, 4, and 7d)	22,013	7,362
Œ	11 (Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,560	0
					1,020,966	1,009,020
				ar amounts paid (Part IX, column (A), lines 1-3)	334,250	475,000
					0	113,330
8				or for members (Part IX, column (A), line 4)	381,013	291,017
Expenses				mpensation, employee benefits (Part IX, column (A), lines 5–10)		231,017
8				draising fees (Part IX, column (A), line 11e)	0 <u>(2004)</u>	U
a	þ.	Total fund	draising	expenses (Part IX, column (D), line 25, CEIVED 81,193	10 / 7 th ex 10 20 10 10 10 10 10 10 10 10 10 10 10 10 10	NEW PRINTERS
				(Part IX, column (A), lines 1 a-11d, 111-24f)	240,661	225,268
	18	Total exp	oenses.	Add lines 13-17 (must equal Partix, golumn, (A), line (25).	955,924	991,285
	19	Revenue	less ex	Add lines 13–17 (must equal Partix, column (A), line 25)	65,042	17,735
Assets or				Beginning	g of Year	End of Year
45 E	20	Total acc	eate /Pa	rt X, line 16) OGDEN, UT	492,326	489,198
Age	21		•	Part X, line 26)	168,540	147,677
Net A	22			nd balances. Subtract line 21 from line 20.	323,786	341,521
	rt		ature		323,700	341,021
				penury, I declare that I have examined this return, including accompanying schedules and state		to the heat of my knowledge
				e, correct, and complete Declaration of preparer (other than officer) is based on all information		
		1.		mad a VIII	- 1, /	24/10
Sig		 	(As.	1 flu ou		2711
He	re	Sign	ature of	fficer	ate	_
			Ass	Malan Salls South Di	Cut	って
		Тур	e or pnnt	name and title		
_		Preparer	's A	Date Check if		identifying number
		signature		self- employed ▶ [(see instru	ctions)
Paid			•	(capayou v L	-	
Pre	parer's	Firm's no	ame (or y	urs \		!
Use	Only	ıf self-en	nployed),			
_			and ZIP		no ► (<u>)</u>
Ma	y the	IRS disc	uss this	return with the preparer shown above? (see instructions)		Yes No
E	Divini	A at an	d Dane	work Reduction Art Notice see the senarate instructions Cat No.	11282V	Form QQ () (2009)

Par	t III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission: CCRG is dedicated to actively engaging the residents of CT to address consumer, environmental and public health problems. We conduct research, training and educational activities in support of this mission.

2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 197,456 including grants of \$) (Revenue \$ 256,202) Address environmentally caused health problems such as childhood lead polsoning. We educate
	parents and the public about lead poisoning prevention and treatment, we assist families with lead poisoned children to obtain lead-free housing & we assist local governments to create lead abatement programs.
4b	(Code:) (Expenses \$ 235,438 including grants of \$ 165,000) (Revenue \$) We research, write & publish reports conduct public education and sponsor forums and meetings.
	During 2008 our work focused on health care access, environmental hazards,the impact on our state of the costs of our overseas wars and implementation of the new clean elections law in CT.
4c	(Code:) (Expenses \$ 420,058 including grants of \$ 310,000) (Revenue \$) We build coalitions with other nonprofit organizations, unions and churches to address public
	policy questions and to provide outreach and education services to their members. During 2008 our coalition work focused on health care access for CT residents
4d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses ▶ \$ 852.952 (Must equal Part IX. Line 25, column (B).)

Par	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	√	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		. ✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	✓	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	1	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	12	1	
40	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	13		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		1
14a	· · · · · · · · · · · · · · · · · · ·			- <u>*</u>
b 45	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	L	1
18	Did the organization report more than \$15,000 total 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 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	<u> </u>	1
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	ļ,	✓
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	-	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	├	✓
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		1
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 questions	24a		
	24b–24d and complete Schedule K. If "No," go to question 25	24b		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year		 	
С	to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		/
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		1

Par	t IV Checklist of Required Schedules (continued)			
`			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		1
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		1
C	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		√
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
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		✓
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		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		1
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		1
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		1

Form **990** (2008)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
`			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	4		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	Ō		}
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	e 1c		
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	8 2b		ļ
p	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-	+	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	'		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b			
	this return?	3a 3b		1
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		 	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			1
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ban and Financial Accounts.	к		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. <u>5a</u>	+	-
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		+-	\vdash
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entit Regarding Prohibited Tax Shelter Transaction?	5c	<u> </u>	
6a	Did the organization solicit any contributions that were not tax deductible?	. 6a	↓	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of gifts were not tax deductible?	or 6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more that \$75?	n 7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		†
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s		
	required to file Form 8282?	7c	 	-
	If "Yes," indicate the number of Forms 8282 filed during the year			-
в	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u> </u>	1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g	+	1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	1	+	•
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C a required?	5 <u>7h</u>		1
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	g 8		1
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	┼	1
10	Section 501(c)(7) organizations. Enter:	ŀ	1	
a	initiation lees and capital contributions included on Fact vin, line 12	ᅱ	-	
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	\dashv		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	\neg		
	amounts due or received from them.)	_		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041 If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	? [12	1	Ц

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

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

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

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

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

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

Check this box if the organization did not co	ompensate	any o	offic	er,	dire	ctor,	trus	tee, or key em	ployee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and Title	Average	Posit	on (k all	that ap		Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/10 99-M ISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
individual Board Members:										
Edith Alicea, Coventry, CT, Board member	-0-	1	_	<u> </u>	L	ļ		-0-	-0-	-0-
Reina Cabrera, Board member Quaker Hill, CT	-0-	,						-0-	-0-	-0-
William Sweeney, Board member		-	-	\vdash		1	├			
W. Hartford, CT	-0-	1						-0-	-0-	-0-
A.F.				1						
Officers:		 	-	├		}	├			
William Collins, Vice President Norwalk, CT	-0-	1		1				-0-	-0-	-0-
Kathleen Curry, Treasurer	414	 		<u> </u>				<u> </u>		
_W. Hartford, CT	1/4	1	L	1		ļ	<u> </u>	-0-	-0-	-0-
Doreen DelBianco, Secretary	-0-			١,				-0-	-0-	-0-
Waterbury, CT Henry Murray, President		1	-	✓	\vdash	├	 			:
Hartford, CT	1/4	1		1		1		-0-	-0-	-0-
Amy McLean Salis	40			T -				72,019	0	-0-
Executive Director:	40	ļ	_	✓	<u> </u>	ļ <u>.</u>	<u> </u>	72,019	-0-	-0-
				1						
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							T	†		- 1/11/1/1
	<u> </u>		L	<u>L_</u>	L_	<u> </u>				

Part VII Se	ction A. Officers, Directors, Tru	istees, Key	Fmb	loye	ees,	an	d Hig	hes	t Compensated	Employees	(con	tinue	<u>a) </u>	
•	(A) Name and title	(B)	(C) Position (check all that app					mh/l	(D) Reportable	(E) Reportable		Ec	(F) timate	a
Name and the		Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensatio from related organization (W-2/1099-Mi	n d is	com fr org	nount of other pensation the anization delate anization	of tion e on ed
							ļ				1			
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]					:							
1b Total	,	I	<u> </u>		<u> </u>	<u> </u>	L	<u> </u>	72,019		-0-			-0
2 Total numb	er of individuals (including thos	e in 1a) wh	no rec	eive	ed r	nor	e thai			ortable comp		ation	from	
organizatioi	n ▶ -0-								 				Yes	No
	ganization list any former office							ioye	e, or highest o	compensated	_ t			,
, ,	on line 1a? If "Yes," complete S Iividual listed on line 1a, is the								d other compe			3		/
	ation and related organizations											4		1
5 Did any pe	erson listed on line 1a receive ndered to the organization? If "	or accrue Yes," com	com	pen: Sch	satı ledu	on i	from I for s	any such	unrelated org	anization fo		5		1
	ependent Contractors													
	his table for your five highest c ion from the organization.	ompensate	ed ind	lepe	ende	ent o	contra	acto	ors that receive	d more than	\$10	0,000	of	
	(A) Name and business ad	dress							(B) Description of s	services	((C Compe		n
CT Citizen Acti	on Group, Inc. 30 Arbor St., S	te 6N, Hart	ford,	СТ	061	06		+	ublic Educatio				132	2,04
								PI	honebanking (& doorkno				
													····	
		(including					·····						-	

Part	VIII	Statement of Re	venue						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns	L	1a	0				
gra		Membership dues	<u>L</u>	1b	12,445	İ			
ts, (С	Fundraising events .	<u>L</u>	1c	12,329	İ			
giff		Related organizations	<u>L</u>	1d					
ns,	0	Government grants (contri	ıbutions). 🗀	1e					
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, g	grants,						
년 왕		and similar amounts not inclu	ded above	1f	720,682				
on E		Noncash contributions include	ed in lines 1a-1	lf \$			İ		
O B	h	Total. Add lines 1a-1f	 	• • •		745,456		 	
9				Ļ	Business Code				
Ne.	2a	CT Children's Medica	l Center		90099	233,159	233,159		
Program Service Revenue	ь	US Action			90099	23,043	23,043		
Š	С								
Ser	d			}					
Ē	0								
ğ	f	All other program servi							
	8	Total. Add lines 2a-2f			<u> ▶</u>	256,202			
	3	Investment income (income other similar amounts)				7,362	7,362		
	4	Income from investment of							
	5	Royalties	•		<u> </u>				
			(i) Real		(ii) Personal		1		
	6a	Gross Rents							
	Ь	Less: rental expenses							
		Rental income or (loss)							
	d	Net rental income or (lo	oss)	<u> </u>	🕨				
	7a	Gross amount from sales of	(i) Secuntion	es	(ii) Other				
		assets other than inventory Less: cost or other basis							
	ן י	and sales expenses .							
	c d	Gain or (loss) Net gain or (loss)	L						
ē		Gross income from		ī					
enne		events (not including \$							ł
ě	1	of contributions reporte	d on line 1	c).					İ
<u>.</u>	i	See Part IV, line 18		· a					
Other Reve	b	Less: direct expenses		. b					
0	C	Net income or (loss) from	om fundrais	sing e	vents ►				
	9a	Gross income from gan See Part IV, line 19	ning activitie	es. . a					
		Less: direct expenses.		. ь					
	C	Net income or (loss) from	om gaming	activ	ities				
	10a	Gross sales of inv							
	١.	returns and allowances]			
		Less: cost of goods so							+
	- c	Net income or (loss) from Miscellaneous Rev		. IAGUIL	Business Code				+
					220.700 0000				1
	Ι.								
	1								
	C	•••••						 	+
		All other revenue						 	-
		Total. Add lines 11a-1							
	12	Total Revenue. Add in 9c, 10c, and 11e				1,009,020	263,564		

Part IX Statement of Functional Expenses

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

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	475,000	475,000		·						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0								
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0								
4	Benefits paid to or for members	0	0								
5	Compensation of current officers, directors, trustees, and key employees	72,015	68,414		3,601						
_			,								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0						
7	Other salanes and wages	145,749	132,424	11,985	1,340						
8	Pension plan contributions (include section 401(k)										
_	and section 403(b) employer contributions)	0	0	0	0						
9	Other employee benefits	37,621	37,621	0	0						
10	Payroll taxes	20,817	19,413	1,026	378						
11	Fees for services (non-employees):				_						
а	Management	0	0	0	0						
b	Legal	0	0	0	0						
C	Accounting	24,252	0	24,252	0						
d	Lobbying	0	0	0	0						
е	Professional fundraising services. See Part IV, line 17	0	0	0	0						
f	Investment management fees	2,654	2,654	0	0						
	Other	2,654	140	0	<u>0</u>						
12	Advertising and promotion	11,215	8,265	815	2,135						
13	Office expenses	9,806	9,806	0.5	2,133						
14	Information technology	0,000	0	Ö	0						
15	Royalties	3,076	2,776	0	300						
16 17	Occupancy	12,562	12,338	53	171						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	o	0						
19	Conferences, conventions, and meetings .	14,264	11,330	0	2,934						
20	Interest	17,603	0	17,603	0						
21	Payments to affiliates	0	0	0	0						
22	Depreciation, depletion, and amortization .	0	0	0	0						
23	Insurance	6,040	6,040	0	0						
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)										
а	Joint cost reimbursements to CCAG	132,046	66,731	0	65,315						
b	Bank fees & report filing fees	6,425	0	1,406	5,019						
c d											
9	All ather symmetry										
25	All other expenses Total functional expenses. Add lines 1 through 24f	991,285	852,952	57,140	81,193						
26	Joint Costs. Check here ▶	137,164	66,072		71,091						

Pa	rt X	Balance Sheet					
•			(A) Beginning of year		(B End of) year	<u>.</u>
	1	Cashnon-interest-bearing	6,875	1		2	,939
	2	Savings and temporary cash investments	31,571	2			,080
	3	Pledges and grants receivable, net	49,693	3			,266
	4	Accounts receivable, net	56,807	4		61	<u>,560</u>
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.	0	5			0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	0	6			0
ø	7	Notes and loans receivable, net	339,380			360	,266
Assets	8	Inventories for sale or use	0				0
As	9	· ·	8,000	9		12	,087
	10a	Prepaid expenses and deferred charges					
		Less: accumulated depreciation. Complete Part VI of Schedule D		10c			0
	44		0				0
	11 12	Investments—publicly traded securities	0				0
	13	Investments—program-related. See Part IV, line 11	0				0
	14	Intangible assets	0				0
	15	_	0				0
	16	Other assets. See Part IV, line 11	492,326			489	,198
	17	Accounts payable and accrued expenses		17			,763
,	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20	· · · · ·		
တ္တ	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties		23		73	3,914
	24	Unsecured notes and loans payable	53,392	24		54	1,000
	25	Other liabilities. Complete Part X of Schedule D		25			
	26	Total liabilities. Add lines 17 through 25	168,540	26		147	,677
ances	27	Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	238,505	27		240),471
Bala	28	Temporarily restricted net assets	85,281			101	1,050
<u></u>	29	Permanently restricted net assets		29			
or Fund	23	Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
13	30	Capital stock or trust principal, or current funds		30			
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
As	32	Retained earnings, endowment, accumulated income, or other funds		32			
<u>e</u>	33	Total net assets or fund balances	323,786	33		341	1,251
4	34	Total liabilities and net assets/fund balances	492,326	34		489	9,198
Pá	art X	Financial Statements and Reporting					
1	Ac	counting method used to prepare the Form 990: Cash Cash Cash	ıl 🗌 Other			Yes	No
		ere the organization's financial statements compiled or reviewed by an inc		t?	2a		1
		ere the organization's financial statements audited by an independent acc			2b	✓	<u> </u>
		Yes" to lines 2a or 2b, does the organization have a committee that assumes		sight of			1
		audit, review, or compilation of its financial statements and selection of an ii			2c	✓	
38	a As	a result of a federal award, was the organization required to undergo an	audit or audits as se	t forth in			
	the	e Single Audit Act and OMB Circular A-133?			3a	<u> </u>	1
1	o If"	'Yes." did the organization undergo the required audit or audits?			3b	I	ł

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name	ame of the organization Employer identification number														
		en Research							06		889894				
Pai	rt I	Reason	for Public Ch	arity Status (All or	ganizatio	ons mus	t comple	ete this	oart.) (se	e instru	ctions)				
The 1 2 3 4		A church, co A school des A hospital or A medical re	onvention of churscribed in section a cooperative has been been cooperative for search organizative for the cooperative for search organizative for the cooperative fo	dation because it is: rches, or association on 170(b)(1)(A)(ii). (Attacspital service organition operated in conj	of church ach Sche ization de unction v	nes descriedule E.) escribed with a hos	ribed in s in sectio spital des	ection 1' n 170(b)(scribed in	70(b)(1)(A (1)(A)(iii). n section	(Attach S					
5		An organizat	me, city, and station operated for (b)(1)(A)(iv). (Cor	the benefit of a colle					erated by a governmental unit descri						
6	П				ntal unit	describe	d in secti	ion 170(t	.)/4)/Δ)/ω						
7	☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										the general public				
9		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)													
10 11	 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a ☐ Type I b ☐ Type III C ☐ Type III-Functionally integrated d ☐ Type III-Other 														
е		By checking persons other	this box, I cert	tify that the organization managers and other	ion is no	t control	led direc	tly or ind	lirectly by	one or	more disqualified				
f g		organization	, check this box at 17, 2006, has	a written determinati the organization acce											
		., .	•	r indirectly controls, ening body of the supp		_		h person	s descrit	oed in (ii) · · ·	Yes No				
h		(iii) A 35% c	controlled entity	erson described in (i) a of a person described ation about the organ	in (1) or						11g(ii) 11g(iii)				
	Nam	e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the o	organization sted in your document?	(v) Did y the organ col (i)	ou notify nization in of your port?	organizat	s the ion in col. zed in the S?	(vii) Amount of support				
					Yes	No	Yes	No	Yes	No					
		<u> </u>			-	 									
						:									

	al	<u></u>						,							

Par	(Complete only if you check					and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Ca	endar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	670,312	526,964	825,330	765,601	745,456	3,533,663
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4	Total. Add lines 1-3	670,312	526,964	825,330	765,601	745,456	3,533,663
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						202,925
6	shown on line 11, column (f)						3,330,738
	tion B. Total Support					,,_ , ,	
	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	670,312	526,964	825,330	765,601	745,456	3,533,663
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,316	17,447	20,695	22,013	7,362	82,833
9	Net income from unrelated business activities, whether or not the business is regularly carned on	0	0	0	0	0	0
10	Other Income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	9,051	10.369	0	6,560	0	25,980
11	Total support. Add lines 7 through 10 .				<u>.</u>		3,642,476
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	1,261,356
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>	d, third, fourth			on 501(c)(3) ► □
						14	91 %
14	Public support percentage for 2008 (line	= = =	-	i, column (i))		15	68 %
15 16a	Public support percentage from 2007 Sci 33% % support test—2008. If the organizand stop here. The organization qualifies	zation did not o	check the box of		line 14 is 33/ ₃ 9	% or more, che	
	33% % support test-2007. If the organization quality box and stop here. The organization quality	lifies as a publi	cly supported of	organization .			▶ ☑
17a	10%-facts-and-circumstances test — 20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum"	acts-and-circun	nstances" test,	check this box	and stop here.	Explain in Part	IV how the
b	10%-facts-and-circumstances test-2007 more, and if the organization meets the "forganization meets the "facts-and-circumstances"	acts-and-circum inces" test. The	istances" test, c organization qua	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganization	IV how the
18	Private foundation. If the organization did	l not check a bo	x on line 13, 16	a, 16b, 17a, or 1	17b, check this	box and see ins	tructions >

•	art III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)						
	tion A. Public Support		pm				
Ca	ilendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the organization's tax-exempt purpose	· · · · · · · · · · · · · · · · · · ·			··· · ··· · · · · · · · · · · · · ·	ļ	
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1-5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support		73.0005	4 3 2222	(4) 0007	T (1,0000	40 T-1-1
	elendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6					<u> </u>	
iva	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u></u>	nd, third, fourti		year as a secti	
	tion C. Computation of Public Su				40)	145	
15 16	Public support percentage for 2008 (III Public support percentage from 2007	Schedule A, P	art IV-A, line 2			15 16	% %
Sec	tion D. Computation of Investme	nt Income P	ercentage			, , , , , , , , , , , , , , , , , , , 	
17	Investment income percentage for 200	•		~	olumn (f)) .	17	<u>%</u>
18	Investment income percentage from 2					18	<u>%</u>
19a	17 is not more than 331/3 %, check this b	oox and stop h	ere. The organ	ızation qualıfie:	s as a publicly	supported org	anization 🕨 🗌
b	33% % support tests—2007. If the organ line 18 is not more than 33% %, check this	is box and stop	here. The orga	nization qualifie	es as a publicly	supported orga	anization 🕨 🔲
20	Private foundation. If the organization	ala not check	a box on line	14, 19a, or 19b	<u>, cneck this b</u>	ox and see ins	tructions 🕨 📙

Schedule A (Fe	orm 990 or 990-EZ) 20	008						Page 4
Part IV		Information.	Complete art III, line	e this part t 12. Provide	to provide e any other	the explanational int	on required by formation. (see	Part II, line 10; instructions)
					• • • • • • • • • • • • • • • • • • • •			
							,	
					••••••			
						•		
************								*************
					/			

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

		s," to Form 990, Part IV, line 3, or Fo : Complete Parts I-A and B. Do not co		, line 46 (Political Car	mpaign Activities), then
		ion 501(c)(3)) organizations: Complete	=	ow. Do not complete P	Part I-B.
	Section 527 organizations: Cor	• • • • • • • • • • • • • • • • • • • •		•	
	•	s," to Form 990, Part IV, line 4, or Fo that have filed Form 5768 (election un			• •
		that have NOT filed Form 5768 (elections," to Form 990, Part IV, line 5 (Prox)		(h)): Complete Part II-B	. Do not complete Part II-A.
	Section 501(c)(4), (5), or (6) orga				
	me of organization		*************************************	Emp	loyer identification number
СТ	Citizen Research Group, I	inc.		06	0889894
	rt I-A To be complete	ed by all organizations exemptions for Schedule C for details.		1 501(c) and secti	on 527 organizations.
1	Provide a description of the	ne organization's direct and indirect	t political campai	gn activities in Part	IV.
2	Political expenditures .				\$
3	Volunteer hours				
			·		
Pa		ed by all organizations exemptions for Schedule C for details		n 501(c)(3).	
1	Enter the amount of any e	excise tax incurred by the organiza	tion under section	1 4955 ▶	\$ 0
2	Enter the amount of any e	excise tax incurred by organization	managers under	section 4955 . 🕨	\$0
3		d a section 4955 tax, did it file For			
4a					· · · 🗌 Yes 🔲 No
	If "Yes," describe in Part I				
Pa		ed by all organizations exemitions for Schedule C for details		n 501(c), except	section 501(c)(3).
1	Enter the amount directly activities	expended by the filing organization	on for section 527	7 exempt function	\$
2		ling organization's funds contribute			\$
3		t exempt function expenditures. Act 7b			\$
4		file Form 1120-POL for this year?			🗌 Yes 🔲 No
5		s and employer identification numbe			zations to which payments
	were made. Enter the amo	ount paid and indicate if the amour promptly and directly delivered to a s	nt was paid from separate political o	the filing organization	n's funds or were political
	or a political action commit	tee (PAC). If additional space is need	dea, provide intom	ation in Part IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	contributions received and

Pa		nizations exempt under section 501(c)(3) to 1(h)). See the instructions for Schedule C for		768
Α	Check ▶ ☐ if the filing organization	belongs to an affiliated group.		
В	Check ▶ ☐ if the filing organization	checked box A and "limited control" provision	ons apply.	
		bying Expenditures leans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
12	Total lobbying expenditures to influence	e public opinion (grass roots lobbying)	12,356	
t			3,205	
		1a and 1b)	15,561	
,	• = •		975,723	
	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	id lines 1c and 1d)	991,284	
1		e amount from the following table in both		
•	columns.	amount nom the lone wing table in betti	173,693	
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxable amount is: 20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
ç	Grassroots nontaxable amount (enter 2	25% of line 1f)	43,423	
ŀ	Subtract line 1g from line 1a. Enter -0-	if line g is more than line a	0	
i	Subtract line 1f from line 1c. Enter -0-	if line f is more than line c	0	
j 		either line 1h or line 1i, did the organization file Fo		☐ Yes ☐ No

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

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total			
2a	Lobbying non-taxable amount	149,715	184,466	168,389	173,693	676,263			
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,014,395			
С	Total lobbying expenditures	6,408	5,705	13,644	3,205	28,962			
d	Grassroots non-taxable amount	37,429	46,117	42,097	43,423	169,066			
0	Grassroots ceiling amount (150% of line 2d, column (e))					253,599			
f	Grassroots lobbying expenditures	18,655	9,365	16,324	12,356	56,700			

Schedule C (Form 990 or 990-EZ) 2008

•	5768 (election under section 501(h)). See the instructions for Schedule C for					
		Yes	No		(b) Amoun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local					
•	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
i	Other activities? If "Yes," describe in Part IV					
j	Total lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sect	ion !	501(:)(5).	or	
	section 501(c)(6). See the instructions for Schedule C for details.			-71-77		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1_1_		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	↓	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? t III-B To be completed by all organizations exempt under section 501(c)(4), sect			3	<u> </u>	l
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" question 3 is answered "Yes." See Schedule C instructions for details.	OR i	f Pa	rt`III-	Α,	
1	Dues, assessments and similar amounts from members	.	1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
а	Current year	.	2a			
b	Carryover from last year	.	2b			
C	Total	.	2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	.	3_		····	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	/ing				
5	and political expenditure next year?		4			
	t IV Supplemental Information	• 1	5			
Con	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, lin, complete this part for any additional information.					
••••			••••			
				••••		
		•••••		•••••		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Open to Public Inspection

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

Employer identification number Name of the organization 06 0889894 CT Citizen Research Group, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) . 3 Aggregate value at end of year . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 Yes No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other Yes No impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Part II Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure □ Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . 2d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year ▶ _____ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶..... Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Dogo	9
Page	

Par	t III Organizations Maintaini	ng Collections	of Art, Histori	cal Treasures,	or Other Similar	Assets (continued)
3	Using the organization's accession items (check all that apply):	and other records	s, check any o	f the following th	at are a significant	use of its collection
а	Public exhibition		d 📙	Loan or exchan		
b	Scholarly research		e 📙	Other		
C	Preservation for future general	ions				
4	Provide a description of the organiz Part XIV.	ation's collections	s and explain t	now they further t	the organization's e	exempt purpose in
5	During the year, did the organization assets to be sold to raise funds rathe	r than to be mainta	ained as part of	the organization's	s collection?	
Par	Trust, Escrow and Cust Part IV, line 9, or reported				answered "Yes" t	to Form 990,
	Is the organization an agent, trusted included on Form 990, Part X?					not Yes No
b	If "Yes," explain the arrangement in	Part XIV and cor	nplete the follo	wing table:		<u> </u>
					 	Amount
	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a h	Did the organization include an amilf "Yes," explain the arrangement in	ount on Form 990 Part XIV), Part X, line 2	1?		. L Yes L No
	t V Endowment Funds. Co		zation answe	red "Yes" to Fo	orm 990. Part IV.	line 10.
		(a) Current year	(b) Prior year	(c) Two years b	·-·-	
4-	Positores of year balance	(-,,	(-)			
	Beginning of year balance					
	Contributions					
	Investment earnings or losses .					
d	Grants or scholarships					
Ð	Other expenditures for facilities and programs					
f g	Administrative expenses End of year balance					
2	Provide the estimated percentage of	of the year end ba	lance held as:			
а	Board designated or quasi-endown	nent ▶	%			
b	Permanent endowment ▶	%				
C	Term endowment ▶9	6				
3a	Are there endowment funds not in thorganization by:	ne possession of the	he organization	that are held and	d administered for the	Yes No
	(i) unrelated organizations					3a(i)
						3a(ii)
b	If "Yes" to 3a(ii), are the related org	anizations listed a	as required on	Schedule R? .		. 3b
4	Describe in Part XIV the intended u	ses of the organiz	zation's endow	ment funds.		
Pai	t VI Investments-Land, Bu	uildings, and Ed	uipment. Se	e Form 990, Pa	rt X, line 10.	
	Description of investment	(a) Cost or o (investo		Cost or other basis (other)	(c) Depreciation	(d) Book value
1a	Land			<u>_</u>		
ь	Buildings					
c	Leasehold improvements	3				L
d	Equipment	I		3,111	3,111	0
	Other					
Tota	II. Add lines 1a-1e. (Column (d) should	equal Form 990, Pa	art X, column (B), line 10(c).)	▶	

Part VII Investments - Other Securities		line 40	
(-) D		****	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value	
Inancial derivatives and other financial products			
Closely-held equity interests			
Other		<u> </u>	
			
	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12)			
Part VIII Investments - Program Relate	d. See Form 990, Part X	, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
		Cost of the of year market value	
			-
-			
Feed (Column (b) should so all Form 2000 Fled V and (D) line 12.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) ► Part IX Other Assets. See Form 990, Part	rt Y line 15		
Cart IX Carles Added Goot Office Coo, Full	(a) Description	(b) Book vi	alue
			
			
			
Total. (Column (b) should equal Form 990, Part X, co	I. (B) line 15.)		
Part X Other Liabilities. See Form 990,	Part X, line 25.		
(a) Description of liability	(b) Amount		
Federal income taxes			
		_	
·	<u> </u>	⊣	
-		\dashv	
		_	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25) ▶			

Pa	Reconciliation of Change in Net Assets from Form 990 to Fin	ancial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,009,020
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	991,285
3	Excess or (deficit) for the year. Subtract line 2 from line 1		17,735
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities		0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)		0
9	Total adjustments (net). Add lines 4-8	9 10	47.725
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and rt XII Reconciliation of Revenue per Audited Financial Statement	<u> </u>	17,735
			1,009,020
1	Total revenue, gains, and other support per audited financial statements	· · · · · '	1,000,020
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net diffealized gains on investments		
b	Dollated services and use of facilities		
C	necoveries of prior year grants		
d	Other (Bosonia in the Arty)	26	,
e		3	
3	Subtract line 2e from line 1	· · · · · ·	1,000,020
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	investment expenses not included on roini 550, rait viii, inte 75		
b	Other (Describe III Fait XIV)	40	:
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		
	rt XIII Reconciliation of Expenses per Audited Financial Stateme		
1		1	- I'
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a			
b	2h		
c	201		
d			
е			9
3	Subtract line 2e from line 1		991,285
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а			
b	Other (Describe in Part XIV)		1
C	Add lines 4a and 4b	<u>4</u>	c
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line	18.) 5	991,285
	rt XIV Supplemental Information		
Cor	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9	; Part III, lines 1a and 4;	; Part IV, lines 1b
and	I 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XI	II, lines 2d and 4b.	
	•••••••••••••••••••••••••••••••••••••••		***************************************

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open To Public Inspection

CT Citizen Research Group, Inc.					06	0889894
Part I Fundraising Activit	ies. Complete	if the orga	nization a	answered "Yes"	to Form 990, Par	t IV, line 17.
 Indicate whether the organizate Mail solicitations Email solicitations Phone solicitations In-person solicitations 2a Did the organization have a write		e _ f _ g _	Solicitati Solicitati Special	on of non-governn on of government fundraising events	nent grants grants	
or key employees listed in For. b If "Yes," list the ten highest p to be compensated at least \$:	m 990, Part VII) o aid individuals o	or entity in our entities (f	connectior undraisers	with professional pursuant to agree	fundraising service ements under which	s? Yes No
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total			▶		·	
3 List all states in which the org registration or licensing.		•	icensed to	solicit funds or h	as been notified if	is exempt from

		• • • • • • • • • • • • • • • • • • • •				

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-Ez, line 6a. List events with gross receipts greater than \$5,000. 1 Gross receipts			G (Form 990 or 990-EZ) 2008			······································				Page 2					
General France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Control France Cont	Pa	rt II		omplete if the organiza	tion answered "Yes" to	o Form 990, Part IV, li	ne 18, e	or rep	ortec	1					
Awards Event (event type) (total number) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (col) (col (et) (col (et) (col (et) (col (et) (col (et) (col (et) (co			111010 111411 410,000 0111	····			T	Tadal F							
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5 Non-cash prizes			minus line 2)	0	0										
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8 Direct expense summary. Add lines 4 through 7 in column (d)		4	Cash prizes												
8 Direct expense summary. Add lines 4 through 7 in column (d)	S	_	Name and address												
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8 Direct expense summary. Add lines 4 through 7 in column (d)	Şire	7	Other direct expenses				ļ								
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Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. Gaming		_					<u> </u>		12	329					
than \$15,000 on Form 990-EZ, line 6a. Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color Color	Pa	_	or rec	ortec											
bingo/progressive bingo col. (a) through col. (e)			than \$15,000 on Form	990-EZ, line 6a.											
2 Cash prizes	e e			(a) Bingo		(c) Other gaming									
2 Cash prizes	le le				bingo/progressive bingo		CO1. (8	throu	gh col	(c))					
2 Cash prizes	æ	1	Gross revenue												
5 Other direct expenses .		•	aroo rovonao ,							,					
5 Other direct expenses .	88	2	Cash prizes			t									
5 Other direct expenses .	ens		•												
5 Other direct expenses .	쫎	3	Non-cash prizes				ļ								
5 Other direct expenses .	ect Ex		D. 16. 22												
Yes	ä	4	Hent/facility costs				 								
6 Volunteer labor		5	Other direct expenses .												
6 Volunteer labor				☐ Yes %	☐ Yes %	☐ Yes %									
8 Net gaming income summary. Combine lines 1 and 7 in column (d)	ĺ	6	Volunteer labor		☐ No		ļ			····					
8 Net gaming income summary. Combine lines 1 and 7 in column (d)							,			,					
9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		7	Direct expense summary. Ac	ld lines 2 through 5 in c	olumn (d)		μ								
9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		8	Net gaming income summar	y. Combine lines 1 and	7 in column (d)										
9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity							<u> </u>		Yes	No					
b If "No," Explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	9	En	ter the state(s) in which the o	organization operates ga	aming activities:										
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: 11 Does the organization operate gaming activities with nonmembers? 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	a	ls	the organization licensed to o	perate gaming activitie	s in each of these state	es?		9a		<u> </u>					
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b If "Yes," Explain: 11 Does the organization operate gaming activities with nonmembers?	102	W	ere any of the organization's				ar?	10a		1					
11 Does the organization operate gaming activities with nonmembers?			The arry of the organization of gamming morning, deepended of tellimitation during the tax year.												
Does the organization operate gaming activities with nonmembers?	_														
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity															
is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	_							11	<u> </u>	 					
	12	IS for	tne organization a grantor, be rmed to administer charitable	eneticiary or trustee of a gaming?	a trust or a member of	a partnership or other	entity	12							

3016	dule G (Form 990 or 990-EZ) 2008		F	Page C
			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility			
b	An outside facility]		ŀ
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
C	If "Yes," enter name and address:			
	Name ▶:			
	Address >	١.		
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
··a	Is the organization required under state law to make charitable distributions from the gaming proceeds to	1		1
-	retain the state gaming license?	17a		
b				

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

OMB No. 1545-0047 2008.

Part II

Part General Information on Grants and Assistance

CT Citizen Research Group, Inc.

Name of the organization

Nat Assoc of Social Workers CT.

2139 Silas Deane Hwv.

1 (a) Name and address of organization or government

Common Cause Educ Fund

1133 19th St NW

CT.Citizen Action.Group...... 30 Arbor Street STE 6N

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ment of the Treasury	▲	complete if the orga	anization answered "Ye	► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.	/, lines 21 or 22.		Open to Public
Revenue Service			Attach to	Attach to Form 880.			Inspection
of the organization						Employer iden	Employer identification number
Sitizen Research Group, Inc.						90	0889894
General Information on Grants and Assistance	on Grants and	Assistance					
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	n records to subs	tantiate the amon	int of the grants or as	ssistance, the grantees	s' eligibility for the gra	ints or assistance, a	nd
the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	award the grants cration's procedure	or assistance?	the use of grant funds	in the United States.			. Z Yes
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	sistance to Go. 21, for any rec. 1-1 (Form 990) if	vernments and ipient that received additional space	Organizations in t ved more than \$5,0 e is needed	the United States. Coop. Check this box	Complete if the orgalif no one recipient r	nization answered eceived more thar	"Yes" on \$5,000. Use
Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Assoc of Social Workers CT. Silas Deane Hwy.	06-0907232	501(c)6	\$25,000				Health Care policy
umon Cause Educ Fund	31-175057	501(c)3	\$25,000				Campaign Finance
Sitizen Action Grouprbor Street STE 6N	06-0872695	501(c)4	\$425,000				Consumer & enviro
						:	
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Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50055P

Schedule I (Form 990) 2008

Page 7	(f) Description of non-cash assistance	:				nation.	ation on joint		s be used for	al.				0 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
on Form	(f) Description of					and any other additional information.	g with our organiz		tances may funds	hout prior approva				
ization answered "Yes"	(e) Method of valuation (book, FMV, appraisal, other)					Ni Ni	izations that are workin		ıtus, & under no circums	grass roots lobbying activities, without prior approval.				
in the United States. Complete if the organization answered is needed.	(d) Amount of non-cash assistance					tion required in Part	ward grants to organ	lies.	501©3 tax-exempt sta					,
United States, C	(c) Amount of cash grant					ovide the informa	grant funds. We a	part of these activi	not consistent with	grant will not be us				1
	(b) Number of recipients					ete this part to pr	il reports on use of	nds is an ongoing	purpose which is r	at funds from this g				
orm 990) 2008 Grants and Other Assistance to Individuals in the Unite Use Schedule I-1 (Form 990) if additional space is needed	(a) Type of grant or assistance					Supplemental Information. Complete this part to provide the information required in Part I, line	Grantees are required to provide annual financial reports on use of grant funds. We award grants to organizations that are working with our organization on joint	programs. Programmatic monitoring of grant funds is an ongoing part of these activities.	We stipulate that funds will not be used for any purpose which is not consistent with 501©3 tax-exempt status, & under no circumstances may funds be used for	electoral activities. Additionally, we stipulate that funds from this grant will not be used for any				
Schedule I (Form 990) 2008 Part III Grants a Use Schi						Part IV	Grantees	programs.	We stipul	electorala				

SCHEDULE O (Form 990)

Supplemental Information to Form 990

2008

Employer identification number

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

OMB No 1545-0047

06 0889894 CT Citizen Research Group, Inc. This is an amended return. Schedule A is also amended. Form 990 is being submitted in place of the previously filed form ! 990EZ. Schedules D, G, I & O are included for the 1st time. The reason for amending our original return is due to submitting our previous return before we obtained our audited financial statements. It therefore did not have the adjustments to revenue and net assets accounts that are necessary to demonstrate compliance with SFAS 117. Our amended return reflects that. We had previously reported deferred revenue' liabilities and matching deductions from revenue. We now are reporting our previously deferred revenue as Temporarily Restricted Net Assets, and adjusting revenue accordingly. This adjustment resulted in our 2008 gross revenue exceeding the \$1,000,000 limit required of for 990EZ filers. We are therefore submitting form 990 as an amended return for the period. DESCRIPTIONS OF SPECIFIED RESPONSES TO THE FOLLOWING SECTIONS OF FORM 990: Part VI, Section A,Line 10: Our 990 will now reviewed by our accounting firm as well as our board officers prior to filing. Part VI, Section B, Line 12c: We now have a written conflict of interest policy, which is reviewed annually by board & staff. Annual disclosure of compliance is required. Infringements may result in suspension of relationship with the organization, cancellation of arrangement and/or reprimand. Part VI line 15 a: Executive Director compensation was discussed and voted upon by the Board of Directors. Part VI line 15 b: Employee compensation is contractually established in a collective bargaing agreement with United Automobile, Aerospace and Agricultural Implement Workers of America, Local 376, which represents CCRG employees Part VI line 19: Audited financial statements and IRS form 990 are available to the public upon request from our organization also are on file for public inspection at the CT Office of Attorney General, Public Charities Unit. Our governing documents and policies are availble upon request, to our offices at 30 Arbor Street, Hartford, CT