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# ) DEC 1 6 2013

Form 990

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

OMB No 1545-0047

2014

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public.

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

For the 2014 calendar year, or tax year beginning 2014, and ending 20 D Employer identification number C Name of organization Connecticut Citizen Research Group, Inc. Check if applicable. 06-0889894 Address change Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 860-983-6323 Initial return 30 Arbor Street - Box 6N 107N City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Hartford, CT 06106 G Gross receipts \$ Amended return F Name and address of principal officer: H(a) is this a group return for subordinates? ☐ Yes ☑ No Application pending H(b) Are all subordinates included? Tes Ves Vo 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 If "No," attach a list. (see instructions) 501(c)(3) Tax-exempt status Website: ▶ H(c) Group exemption number ▶ L Year of formation: Form of organization. 
✓ Corporation 
Trust 
Association 
Other > 1972 M State of legal domicile: CT Summary Part I Briefly describe the organization's mission or most significant activities: Consumer and environmental protection. Activities include programs to address environmentally caused childhood health problems such as lead poisoning. Activities & Governance We work to eradicate the cause of the problems and also work with families who have been adversely affected. Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . Number of independent voting members of the governing body (Part VI, line 1b) 7 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 1 Total number of volunteers (estimate if necessary) . . . . . . 6 6 10 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 0 Current Year Contributions and grants (Part VIII, line 1h). 8 198.725 256,577 Program service revenue (Part VIII, line 2g) 9 116,765 114,391 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . 55 60 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 7,621 1,267 12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12) 323,216 372,295 13 Grants and similar amounts paid (Part IX) column (A), lines 1-3) . . . . . 95,250 100,000 14 Benefits paid to or for members (Part IX) column (A), line 4) . . . . . . . 0 Salaries, other compensation, embloyee benefits (Part IX, column (A), lines 5-10) 15 153,542 100,870 16a Professional fundralsing fees (Part IX, column (A), line 11e) . . . . . . 0 0 Total fundraising expenses (Part IX; column (D), line 25) ▶ Other expenses (Part IX column (A) lines 11a-11d, 11f-24e) 17 128,394 113,597 Total expenses: Add lines 13-17 (must equal Part IX, column (A), line 25) 18 377,186 314,467 Revenue less expenses. Subtract line 18 from line 12 19 -53,970 57,828 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 426,050 443,487 21 Total liabilities (Part X, line 26) . 254.931 214,540 22 Net assets or fund balances. Subtract line 21 from line 20 171,119 228,947 Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer CHIEF FINANCIAL Here JUDIT Type or print name and title Print/Type preparer's name Preparer's signature Check [] if Paid self-employed **Preparer** Firm's EIN ▶ Firm's name **Use Only** Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

9-28 12

Cat. No. 11282Y

Form 990 (2014)

art I	0 (2014)		Page 2
al C			Γ
4	Check if Schedule O contains a response or note to any line in this Part III	<del>· · ·</del>	<u> L</u>
	Briefly describe the organization's mission:		
	Consumer and environmental protection.  Activities include programs to address environmentally caused childhood health problems such as lead poisoning.		
	We work to eradicate the cause of the problems and also work with families who have been adversely affected.		
	The work to clausage are easies of the problems and the first terms and the second and the secon		
	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	] Yes	☑ No
	If "Yes," describe these new services on Schedule O.		
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	☐ Yes	<b>☑</b> No
	If "Yes," describe these changes on Schedule O.		
	Describe the organization's program service accomplishments for each of its three largest program services, a expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocathe total expenses, and revenue, if any, for each program service reported.		
4a	(Code: 624100 ) (Expenses \$ 114,391 including grants of \$ ) (Revenue \$	114,39	1)
	We address environmentally caused health problems such as childhood lead poisoning. We educate parents and the		/
	about lead poisoning prevention and treatment, we assist families with lead poisoned children to obtain lead-free hor		
	& we assist local governments and community organizations to create lead abatement programs.		
	*		
			·
4b			)
4b	(Code: 813319 ) (Expenses \$ 98,000 including grants of \$ ) (Revenue \$ We research, write & publish reports conduct public education and sponsor forums and meetings. During 2014 our w		)
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) (Revenue \$

242,787

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$

4e Total program service expenses ▶

Felt	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
٠,	complete Schedule A	1	1	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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	•	1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	,	✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		1
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<b>✓</b>
14 a		14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	· · · · · · · · · · · · · · · · · · ·	20a	<u></u>	1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
		Fon	n <b>990</b>	(2014)

Part	V Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22`	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<b>\</b>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>✓</b>
b b	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 to defease any tax-exempt bonds?	24b 24c		<b>✓</b>
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? 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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<b>✓</b>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b	-	1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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	ļ	1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
		Fon	n <b>99</b> 0	(2014)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	· Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a <sub>、</sub>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1	'
<b>2</b> a	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 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	,		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	✓	L
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		1
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>√</b>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓	├—
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		,	}
_	gifts were not tax deductible?	6b	<b>✓</b>	<del> </del>
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			1
а	and services provided to the payor?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		1
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		<u> </u>
	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		<b>✓</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>✓</b>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			j
_	sponsoring organization have excess business holdings at any time during the year?	8		├─
9	Sponsoring organizations maintaining donor advised funds.	9a	-	· '
a	Did the sponsoring organization make any taxable distributions under section 4966?	9b		<del> </del>
10	Section 501(c)(7) organizations. Enter:		l	<del>                                     </del>
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	]		1 .
11	Section 501(c)(12) organizations. Enter:	1		
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources		]	'.
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	<del> </del>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	ł	ļ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	<del> </del>	<del>                                     </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	138	├	<del> </del>
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	1		,
C	Enter the amount of reserves on hand	44-		1.
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		/
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .		n <b>99</b> 0	) (2014)

Form 99	90 (2014)			Page 6
Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedul	le O. See ir	nstruct	ions.
Soction	Check if Schedule O contains a response or note to any line in this Part VI	<del></del>	<del></del> -	. 🗸
Secri	Off A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	7		
ь 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship any other officer, director, trustee, or key employee?	. 2		√ ·
3	Did the organization delegate control over management duties customarily performed by or under the of supervision of officers, directors, or trustees, or key employees to a management company or other person?	. 3		<b>✓</b>
4 5 6 7a`	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	? . <b>5</b>		√ √ √
b	Are any governance decisions of the organization reserved to (or subject to approval by) memi stockholders, or persons other than the governing body?	bers, 7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken do the year by the following:	ıring		
а	The governing body?	. <u>8a</u>	✓	
ь	Each committee with authority to act on behalf of the governing body?	. <u>8b</u>	<del> </del>	<b>✓</b>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9	1	<b> </b>
Secti	on B. Policies (This Section B requests information about policies not required by the Internal I	Revenue (	ode.)	1
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	. 10a		<b>✓</b>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chap affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes	s? 10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the fo	m? <b>11</b> a	1	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			,
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a licts? 12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "I describe in Schedule O how this was done	Yes," 120		1
13	Did the organization have a written whistleblower policy?		-	1
14 15	Did the organization have a written document retention and destruction policy?	al by	<b>/</b>	
а	The organization's CEO, Executive Director, or top management official	. 15a	<u> </u>	<b>  ✓</b>
b	Other officers or key employees of the organization	. 15b		✓
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger with a taxable entity during the year?			- ,
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard organization's exempt status with respect to such arrangements?	te its		, , ,
Secti	on C. Disclosure			
17 18	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 (Social by Section 1024 if applicable), 990, and 990-T (Social by Section 1024 if applicable).	Section 501	(c)(3)s	only)
19	available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict financial statements available to the public during the tax year.	of interest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books a	and record:	s: ►	
	Judith Maslen, Chief Financial Officer, 30 Arbor Street, Room 107N, Hartford, CT 06106 t	el: 860-983-	6323	

· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	-9-
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
•	Independent Contractors	
	Check if Schedule O contains a response or note to any line in this Part VII	

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

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

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 neither the organization no	or any relate	d org	aniz			ompe	nsa	ited any currer	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per	box,	unles	Pos neck ss pe	rson	e than o is both or/trus	an tee)	(D)  Reportable compensation	(E) Reportable compensation from	
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Henry Murray	.25	j		/				0	0	,
Chair of Board of Directors (2) William Collins	.25	-	-	<u> </u>	-	<del> </del>	-			<u> </u>
Vice-Chair of Board of Directors		1		1				0	o	C
(3) Kathleen Curry	.25									
Secretary- Treasurer of Board of Directors		✓		✓				0	o	
(4) Edith Alicea	0									
Board Member		1	<u> </u>	✓	_	ļ		0	0	
(5) Reina Cabrera	0	]								
Board Member		<b>✓</b>	<u></u>	L			<u></u>	0	0	
(6) Amy McLean-Salls	0			l						
Board Member		<b>✓</b>	_	ļ	<u> </u>	ļ		0	0	
(7) William Sweeney	0					1				
Board Member		<b>/</b>	ļ	<u> </u>	<u>_</u>		<u> </u>	0	0	
(8) Judith Maslen	4.5			١,		1				
Chief Financial Officer	<del>                                     </del>		-	✓	<u> </u>			19,973	0	3,937
(9)		ł		1		ł				
(10)										
(11)			-		<u> </u>					
(12)				-	_		<u> </u>	1		
(13)				-					1	
(14)			-		-		-			

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	•				•	C)			:	j				
	(A)	(B)	(do n	ot ch		ition	e than o	one	(D)	(E)		(	(F)	
	Name and title	Average	99 box, unless person is both				ıs both	n an	Reportable	Reportab			mated	
		hours per week (list any	<del> </del>				or/trus	<del>-</del>	compensation	compensation related			ount of	
		hours for	임료	Inst	Officer	<u>₹</u>	휥턒	Former	the	organizatio	ons	comp	ensatio	'n
		related organizations	Individual trustee or director	Institutional trustee	ğ	Key employee	oy est	Ter I	organization (W-2/1099-MISC)	(W-2/1099-N	AISC)		m the nization	,
		below dotted	₫ <u>₽</u>	onal	1	믕	8 8		(***2/1099-141100)				related	
		line)	l st	2		66	ag l					organ	zation	s
			8	1 8			Highest compensated employee							
		ļ		<b>!</b>		ļ	8.	<u> </u>						
(15)					ļ				1					
		ļ	<u> </u>	<u> </u>	L_	ļ.,	ļ	<u> </u>						
(16)	***************************************							1						
				<u> </u>	<u> </u>				-			<del></del>		
(17)		. <del> </del>	ŀ				ŀ	1	<u> </u>					
		ļ <u>.</u>			-	<b> </b>		<del> </del>	<del> </del>					
(18)		<del> </del>	-	ļ				1						
(4.0)				├		-		├	<del>                                     </del>			····		
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(20)		. <del> </del>	ł			ŀ								
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(21)		<del></del>	1	ŀ										
(22)				$\vdash$	$\vdash$	$\vdash$	<b></b>	╁						
) <del></del> /		†	1			ŀ								
(23)				<b>†</b>										
<b>37.77</b> .			1			1					İ			
(24)														
			Ī	<u> </u>										
(25)											l			
			L	<u> </u>	<u> </u>	<u>L</u>	L.,							
1b	Sub-total				•				19,973					3,937
С	Total from continuation sheets to Part						•			ļ				
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	19,973	<del> </del>				3,937
2	Total number of individuals (including but		d to th	1056	e lis	ted	abov	e) w	ho received m	ore than \$1	00,000	of		
	reportable compensation from the organ	ization >			no	one				<del></del>			1	
•	Dud the association list and former of	einau diraa		4			lease a		dayoo or bigb	ant name	nested		Yes	No
3	Did the organization list any former or employee on line 1a? If "Yes," complete							siir	ployee, or fligi	iest compe	ii isaleu	3	1	1
	For any individual listed on line 1a, is the									· · · ·	om tha	-	<del>                                     </del>	<b>V</b>
4	organization and related organizations	arester th	porta porta	150	กกก	19 1	isalic f "Vo	л I а	complete Sch	perisation il pedule .l fo	rsuch			
	individual	greater tri						3,	complete ou		. Judii	4		1
5	Did any person listed on line 1a receive	or accrile co	-						related organi	zation or inc	ividual		<del> </del>	-
3	for services rendered to the organization											5		1
Section	on B. Independent Contractors		<u>_</u>						•			1		
1	Complete this table for your five highest	compensat	ed in	dep	end	ent	contr	act	ors that receive	ed more tha	ın \$100.	000 of		
-	compensation from the organization. Re													ax
	year.	•							_					
	(A)							Π	(B)			(C)		
	Name and business add	dress						_	Description of s	services	C	ompens	ation	
	none							_						
								$\vdash$						
								ـ						
								$\vdash$						
2	Total number of independent contractor	ore (include	na bi	ıt n	Ot.	limit	ed to	\ \ +b	nee listed ah	ove) who		<del></del>		
4	received more than \$100,000 of compen							<i>-</i> 11	none	575, WIIO				
			-						110116		_			

Part	VIII	Statement of Revenue						
	•	Check if Schedule O contains	a res	ponse or note to			. <i></i>	<u> </u>
				_	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	1a					
ž a	b	Membership dues	1b		1			
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising events	1c					
	d	Related organizations	1d					
	е	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants,						
혈통		and similar amounts not included above	1f	256,577				
a at	g	Noncash contributions included in lines 1a	•					
	h	Total. Add lines 1a-1f	· ·	Business Code	256,577	<del></del>		
ž	2a				i	-		
Program Service Revenue	b			114,391			<del> </del>	
8	C						<del> </del>	
Ž.	d							1.1-
S	e							<del></del>
<u> </u>	f	All other program service revenu			·····			
2	g	Total. Add lines 2a-2f		▶	114,391		- · · · · · · · · · · · · · · · · · · ·	
	3	Investment income (including	dıvid	ends, interest,				
				▶	60	60	· · · · · · · · · · · · · · · · · · ·	
	4	Income from investment of tax-exe						
	5	Royalties	<u> </u>			<del> </del>		· · · · · · · · · · · · · · · · · · ·
		(i) Rea	i	(ii) Personal				,
	6a	Gross rents						
	b	Less: rental expenses						
	d	Rental income or (loss)  Net rental income or (loss)		L	-			
	7a	Gross amount from sales of (i) Security	ies	(it) Other				
		assets other than inventory						,
	b	Less: cost or other basis						'
		and sales expenses			ļ			
:	С	Gain or (loss)	-					
	đ	Net gain or (loss)		▶				
enne/	8a	Gross income from fundraising events (not including \$						
Other Reven		of contributions reported on line 1 See Part IV, line 18		5,377				
\$	1	Less: direct expenses						
_		Net income or (loss) from fundra		events . >	1,267			
		Gross income from gaming active See Part IV, line 19	· a					
		Less: direct expenses						,
		Net income or (loss) from gamir		vities >		· · · · · · · · · · · · · · · · · · ·		
	10a	Gross sales of inventory, returns and allowances						
	<b>_</b>		_					
	b	Less: cost of goods sold Net income or (loss) from sales						ب
		Miscellaneous Revenue	J. 111V	Business Code				
	11a					1		,
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶				
	149	Total revenue See instructions		<b>▶</b> [	070 005			l — — — — — — — — — — — — — — — — — — —

Form **990** (2014)

Part Section	n 501(c)(3) and 501(c)(4) organizations must com	nplete all columns. Al	l other organizations	s must complete colu	mn (A).
	Check if Schedule O contains a respon-				🔲
Do no 8b, 9b	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	100,000	100,000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	o	o		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4 5	Benefits paid to or for members	0	0	9,585	-
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	
7	Other salaries and wages	51,914	51,914	0	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0	0	0	0
9	Other employee benefits	32,132	28,195	3,937	C
10	Payroll taxes	7,239	5,411	1,828	0
11	Fees for services (non-employees):	77-00			
	Management	87,894	43,947	o	43.947
h	Legal	0	0	0	0
c	Accounting	605	0	605	Q
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0		·····	O
f	Investment management fees	0	0	0	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0	0	0	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	6,893	136	1,587	5,170
14	Information technology	1,367	1,367	0	
15	Royalties	0	0	0	0
16	Occupancy	2,924	2,924	0	O
17	Travel	6,522	6,522	0	0
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings .	121	121	0	
20	Interest	2,753	0	2,753	
21	Payments to affiliates	0	0	0	
22	Depreciation, depletion, and amortization .	0	0	0	0
23	Insurance	4,518	2,250	2,268	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b					· · · · · · · · · · · · · · · · · · ·
C					
d					
u e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	314,467	242,787	22,563	49,117
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and	314,407	242,101	22,303	43,117
	fundraising solicitation. Check here  filowing SOP 98-2 (ASC 958-720)	87.804	42.047		42.047

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (B) Beginning of year End of year 1 233 81 1 2 2 Savings and temporary cash investments . . . . . 3 3 Pledges and grants receivable, net . . . . . 37,017 37,699 4 4 Accounts receivable, net 31,655 53,845 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . . . . . . 6 7 357.145 351,862 7 8 Inventories for sale or use . . . . . 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c Less: accumulated depreciation . . . . b 11 11 Investments—publicly traded securities . . . . . . 12 12 Investments—other securities. See Part IV, line 11 . 13 Investments—program-related. See Part IV, line 11... 13 14 14 15 15 Other assets. See Part IV, line 11 . . . . . . . . 16 16 Total assets. Add lines 1 through 15 (must equal line 34) . 426.050 443,487 17 Accounts payable and accrued expenses . . . . . 20,815 17 7,746 18 18 19 19 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 187,472 175,965 23 Secured mortgages and notes payable to unrelated third parties . . . 31,644 23 15,829 24 Unsecured notes and loans payable to unrelated third parties . . . 24 15,000 15,000 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 . . 26 26 254,931 214,540 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . . . 27 157,855 166,947 28 13,264 62,000 29 29 ol Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds . 33 33 171,119 228,947 Total liabilities and net assets/fund balances . . . 34 426,050 443,487 Form **990** (2014)

		Pa	ge 12
		37	2,295
			4,467
			7,828
_		17	1,119
			0
			0
_			0
			<u>0</u>
		22	28,947
		Yes	No
Į	2a		<b>✓</b>
	·		ـ ا

Form **990** (2014)

Form 9	90 (2014)			P	age 12
Par	XI Reconciliation of Net Assets		-		
	Check if Schedule O contains a response or note to any line in this Part XI				. $\square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1			72,295
2	Total expenses (must equal Part IX, column (A), line 25)	2			14,467
3	Revenue less expenses. Subtract line 2 from line 1	3			57,828
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	71,119
5	Net unrealized gains (losses) on investments	5		-	- (
6	Donated services and use of facilities	6			(
7	Investment expenses	7		_	-
8	Prior period adjustments	8			(
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		2	28,947
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other				T
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ir	ī		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	l	1
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled o	r 🗀		
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		1
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	a 🗀		1
	separate basis, consolidated basis, or both:		İ		1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versigh	t i	-	-
	of the audit, review, or compilation of its financial statements and selection of an independent account	ıntant?	2c	1	}
	If the organization changed either its oversight process or selection process during the tax year, ex	plain ir	n		T
	Schedule O.			1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	າ		
	the Single Audit Act and OMB Circular A-133?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo	ergo the	•		1
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	l	

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name	or the organization					Employer identification	i number			
	tizen Researh Group, Inc.						89894			
Pai	t I Reason for Public Cha	rity Status (Ail	organizations must	t comple	te this p	art.) See instruction	ons.			
The o	organization is not a private founda		•		-	•				
1	- Control of the cont									
2	A school described in section									
3	A hospital or a cooperative ho									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)									
6	☐ A federal, state, or local gover	nment or govern	mental unit described	d in <b>secti</b> o	on 170(b)	(1)(A)(v).				
7	An organization that normally	_					n the general public			
	described in section 170(b)(1)		•	•	•		•			
8	☐ A community trust described i	n section 170(b	)(1)(A)(vi). (Complete	Part II.)						
9	☐ An organization that normally				from con	tributions members	hin fees, and gross			
·	receipts from activities related									
	support from gross investme									
	acquired by the organization a						,			
10	☐ An organization organized and				•	•				
11	☐ An organization organized and	•	-	-			out the purposes of			
••	one or more publicly supported	-	-	-		-				
	the box in lines 11a through 11c									
а				_		=	- ·			
_	the supported organization(s		Territoria de la companya della companya della companya de la companya della comp	-						
	organization. You must com	•		,						
b	Type II. A supporting organiz	zation supervise	d or controlled in con	nection w	ith its su	pported organization	n(s), by having			
	control or management of th	•				• •				
	organization(s). You must co		-	•			,			
С	Type III functionally integra	ited. A supportir	ng organization opera	ted in cor	nection	with, and functional	y integrated with,			
	its supported organization(s)						, ,			
d	<del></del>									
	that is not functionally integra						an attentiveness			
	requirement (see instructions				-					
е							I, Type III			
	functionally integrated, or Ty	-	onally integrated supp	porting or	ganizatio	n.	<del></del>			
1	Enter the number of supported of	-					]			
9	<u>_</u>			· · · · · · · · · · · · · · · · · · ·		(2), 1 ··· · · · · · · · · · · · · · · · ·				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		ır goveming	(v) Amount of monetary support (see	(vi) Amount of other support (see			
		,	above or IRC section	docui	ment?	instructions)	instructions)			
			(see instructions))	Yes	No					
/A\						····-				
(A)										
(B)										
(C)										
(D)										
	<del></del>									
(E)										
	· · · · · · · · · · · · · · · · · · ·	7 - 4	<del>7</del>	10 00	, ^					
*										

icnedule A (I	Form 990 or 990-EZ) 2014						Pag
Part II	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the	ne box on line	e 5, 7, or 8 of	f Part I or if th	e organizatio	n failed to qu	alify under
·	Part III. If the organization fails to	qualify unde	er the tests li	sted below, p	lease comple	ete Part III.)	
Section /	A. Public Support						
Calendar	year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
						F	

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d</b> ) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	425,795	314,849	310,741	198,725	256,577	1,506,687
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf			· · · · · · · · · · · · · · · · · · ·			<del></del>
3	The value of services or facilities	ł					
	furnished by a governmental unit to the						
	organization without charge		<del></del>				<del></del>
4	Total. Add lines 1 through 3	425,795	314,849	310,741	198,725	256,577	1,506,687
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount				!		
	shown on line 11, column (f)						0
6	Public support. Subtract line 5 from line 4.			ll			1,506,68797.7
	on B. Total Support		<b></b>	( ) 0040	( 7 0010	1,0044	<b>10 T</b>
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	425,795	314,849	310,741	198,725	256,577	1,506,687
8	Gross income from interest, dividends,						
	payments received on securities loans,	ļ					
	rents, royalties and income from similar sources						
	}	2,245	1,077	649	55	60	4,086
9	Net income from unrelated business						
	activities, whether or not the business is regularly carried on		i				
40							<del></del>
10	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)				7.070	4.00	***
44	Total support. Add lines 7 through 10	7,275	6,160	9,070	7,672	1,267	31,444
11 12	Gross receipts from related activities, etc.	(see instruction				12	1,542,217
13	First five years. If the Form 990 is for th						588,276 n 501(c)(3)
	organization, check this box and stop her	-			-		
Secti	on C. Computation of Public Suppor			<del> </del>	<del></del>		· · · ·
14	Public support percentage for 2014 (line 6			1 column (fl)		14	97.7 %
15	Public support percentage from 2013 Sch					15	97 %
	331/3% support test — 2014. If the organiz	zation did not o	heck the box	on line 13, and	l line 14 is 331		
	box and stop here. The organization qual						. ▶ □
b	331/3% support test - 2013. If the organ	' <del>-</del> '	• • •	_	16a, and line	15 is 331/3%	
	check this box and stop here. The organi						. ▶ □
17a	10%-facts-and-circumstances test - 20	14. If the orga	nization did no	t check a box	on line 13, 16	a. or 16b. and	
	10% or more, and if the organization mee						
	Part VI how the organization meets the "fa						
	organization						. ▶ 🗆
ь	10%-facts-and-circumstances test-20	13. If the orga	nization did no	nt check a box	on line 13 16	a 16b or 17a	
~	15 is 10% or more, and if the organizat						
	Explain in Part VI how the organization me						
	supported organization						. ▶ □
18	Private foundation. If the organization did	d not check a l	oox on line 13,	16a, 16b, 17a	, or 17b, checl	k this box and	
	instructions	<u> </u>	<u> </u>	<u></u>	<u></u>	<u> </u>	. ▶ □

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

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

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization fails to qualify	under the te	SIS listed Del	ow, piease co	ompiete Part	11.)	<del></del>
	on A. Public Support	<del></del>	· ····	T	<del>,</del>	r <u></u>	<del></del>
_	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees						
•	received. (Do not include any "unusual grants.")						·
2	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						<u> </u>
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the		ļ		:		
	organization's benefit and either paid		ŀ				
	to or expended on its behalf						
5	The value of services or facilities		ł		İ		
	furnished by a governmental unit to the		1	!	1		
	organization without charge						
6	Total. Add lines 1 through 5				ļ		
7a	· · ·		-	1			
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified		1				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from			]			
	line 6.)				<u> </u>	L	
	on B. Total Support					,	
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,			ļ			
	royalties and income from similar sources .						<del> </del>
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		1		}		
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business				1		
	activities not included in line 10b, whether				}		
	or not the business is regularly carried on						
12	Other income. Do not include gain or			1	1		
	loss from the sale of capital assets		1		1		
	(Explain in Part VI.)			ļ			
13	Total support. (Add lines 9, 10c, 11,		1	ŀ			
	and 12.)	L	<u> </u>	<u> </u>	L	L	<u></u>
14	First five years. If the Form 990 is for the	-					
	organization, check this box and stop he			· · · · ·	<u> </u>		•
	on C. Computation of Public Suppor			01		745	
15	Public support percentage for 2014 (line		•				<u>%</u>
16 Ca ati	Public support percentage from 2013 Sci			· · · · · · · · · · · · · · · · · · ·	<u> </u>	16	%
	on D. Computation of Investment In		<del></del>	u. line 40		1471	
17	Investment income percentage for 2014 (		• • •	-			<u>%</u>
18	Investment income percentage from 2013					18	% and line
19a	331/3% support tests—2014. If the organ 17 is not more than 331/3%, check this box						
			_				
b	331/3% support tests – 2013. If the organization 18 is not more than 331/3%, check this						
00	Private foundation. If the organization di		_	-			
20	Frivate louridation. If the organization of	u not check a	DOX OIT TIME 14	, 19a, Or 190, (	CHECK LIIIS DOX	and see mstru	ctions 🕨 🔲

#### Part IV Supporting Organizations

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

Secti	on A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	ļ	
6	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		-
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI.</b>	9c		
10a	the second of th	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		-

Scheau	ie A (Form 990 or 990-EZ) 2014		,	age 🤇
Part	Supporting Organizations (continued)		150	
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		i	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		i	
	below, the governing body of a supported organization?	11a	<u></u>	ļ
Ь	A family member of a person described in (a) above?	11b	ļ	<u> </u>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	L
Secti	on B. Type I Supporting Organizations		Yes	No
_		$\overline{}$	res	MO
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
•	Did the agreeigntion are such far the bornelit of any supported argonization other than the supported	-		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			Ì
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	}		
	supervised, or controlled the supporting organization.	2	ł	ŀ
Soct	ion C. Type II Supporting Organizations	1-		<u> </u>
Secti	ion c. Type it Supporting Organizations		Yes	No
4	. Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		.03	110
1	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	1		ŀ
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations	<u> </u>	L	l
0000	on b. Air Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		1.00	
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	İ	1
3	By reason of the relationship described in (2), did the organization's supported organizations have a		1	
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	İ		
	supported organizations played in this regard.	3	1	
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s):
	☐ The organization satisfied the Activities Test. Complete line 2 below.			-,.
a	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (some parent of the par	see in	etn icti	onel
С	The organization supported a governmental charge besonds in that whom you supported a government charge	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	ļ	1
	how the organization was responsive to those supported organizations, and how the organization determined		ļ	
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	1	1	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		ŀ	1
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		
	activities but for the organization's involvement.	2b	<u>L</u>	<u> </u>
3	Parent of Supported Organizations. Answer (a) and (b) below.	1		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1	1	l
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u></u>	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		ļ	l
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L	L

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	<del></del>
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the containing of the containing organization or the containing organization organization organization organization organization organization organization organization organization organization organization or			•
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			,
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			ı
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional instructions).	y-in	tegrated Type III support	ing organization (see

Part	Type III Non-Functionally Integrated 509(a)(3	8) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish		·· _ · · · · · - · · · · · · · · · · · ·	
2 ,	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purp	nizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.	<del>/ </del>		
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<u> </u>	(::\	(iii)
Se	ection E - Distribution Allocations (see instructions)	(ī) Excess Distributions	(ii) Underdistributions Pre-2014	Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			······································
3	Excess distributions carryover, if any, to 2014:			
a				
b_				
<u>c</u>				······································
<u>d</u>				
<u>e</u>	From 2013			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u></u>	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
•	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
<u>b</u>				
d	Excess from 2013			
<b>e</b>	Excess from 2014			
	and the second s	<del></del>		

#### **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (s	ee separate instructions), t	hen	,, (	,,	,,
• Se	ection 501(c)(4), (5), or (6) organization	anizations: Complete Part III.		Employeride	ntification number
	J			Employeride	
	izen Research Group, Inc.  I-A Complete if th	e organization is exempt und	or costion FO1/	a) or is a section 507	06-0889894
1		the organization's direct and indire			organization.
2	·		•		-0-
3	Volunteer hours				none
•	Voluntoor riodio				
Part	LB Complete if th	e organization is exempt und	er section 501(	c)(3).	<del></del>
1	Enter the amount of any	excise tax incurred by the organiza	ation under sectio	n 4955 ▶ S	-0-
2		excise tax incurred by organization			-0-
3	•	ed a section 4955 tax, did it file Fo	•		Yes No
4a	Was a correction made?				Yes No
Ь	If "Yes," describe in Part				7 1/2
Part		e organization is exempt und by expended by the filing organiz			(c)(3).
•					
2		filing organization's funds contrib			) 
_		vities			
3		expenditures. Add lines 1 and 2			, 
	•			·	<b>.</b>
4	Did the filing organization	n file Form 1120-POL for this year	?		. Yes No
5	Enter the names, address	ses and employer identification nur	mber (EIN) of all s	ection 527 political organi	zations to which the filing
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organ	ization's funds. Also enter
	the amount of political co	ontributions received that were pro-	mptly and directly	delivered to a separate p	political organization, such
	as a separate segregated	fund or a political action committee	e (PAC). If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0	contributions received and promptly and directly
				idido irriono, cinar o :	delivered to a separate
					political organization If none, enter -0-
(1)					
(2)					
<del></del> /					
(3)					
(4)					
(5)		<b>}</b>			
	<del></del>				
(6)					

f Grassroots lobbying expenditures

JC110Q	ale 0 (1 dill 330 di 380-LZ) 2014					i ago a
	II-A Complete if the organization section 501(h)).	•			•	
	heck ▶ ☐ if the filing organization be name, address, EIN, expe	enses, and share	e of excess lobb	ying expenditur	es).	oup member's
вС	heck ▶ ☐ if the filing organization cl	necked box A a	nd "limited cont	rol" provisions a	ipply.	
		bying Expenditu			(a) Filing	(b) Affiliated
	(The term "expenditures" n	neans amounts (	oaid or incurred.)		organization's totals	group totals
1a	Total lobbying expenditures to influence	e public opinion (	grass roots lobby	ing)	4,220	
b	Total lobbying expenditures to influence	e a legislative boo	dy (direct lobbying	3)	0	
С	Total lobbying expenditures (add lines	1a and 1b)			4,220	
d	Other exempt purpose expenditures .				310,246	
е	Total exempt purpose expenditures (ad	ld lines 1c and 1c	i)		314,467	_
f	Lobbying nontaxable amount. Enter					
	columns.				62,893	
	If the amount on line 1e, column (a) or (b) is	s: The lobbying r	nontaxable amount	is:		
	Not over \$500,000	20% of the ame	ount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess of	over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	10% of the excess of	over \$1,000,000.	ĺ	
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus	5% of the excess ov	/er \$1,500,000.		
	Over \$17,000,000					
g	Grassroots nontaxable amount (enter 2	5% of line 1f) .			15,723	
h	Subtract line 1g from line 1a. If zero or	less, enter -0			0	
i	Subtract line 1f from line 1c. If zero or le	ess, enter -0			0	
i	If there is an amount other than zero	on either line	Ih or line 1i, did	the organization	file Form 4720	
•	reporting section 4911 tax for this year	?				∐ Yes ∐ No
	(Some organizations that made a se	ection 501(h) ele	eriod Under sec ction do not have uctions for lines	e to complete all	of the five column	s below.
	Lobbyin	g Expenditures I	During 4-Year Av	eraging Period	<del>y</del>	·
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d) 2014	(e) Total
2a		105,498	90,220	75,437	62,893	334,048
b	Lobbying ceiling amount (150% of line 2a, column (e))					501,073
С	Total lobbying expenditures	8,649	11,509	8,692	4,220	33,070
d		26,375	22,555	18,859	15,723	83,512
0	Grassroots ceiling amount (150% of line 2d, column (e))					125,269

12,940

Schedule C (Form 990 or 990-EZ) 2014

4,220

29,445

6,859

5,426

	(election under section 501(h)).				(b)	<del></del>
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed in iption of the lobbying activity.	Yes	No		(b) moun	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?		-	ļ		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
C	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?			L		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			<u> </u>		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?					
j	Total. Add lines 1c through 1i	-				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			-		
b	If "Yes," enter the amount of any tax incurred under section 4912			<b></b>		
c d	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?					
Part		(5), c	or se	ction		
	501(c)(6).				<del></del>	· · · ·
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	<b>↓</b>	<u> </u>
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	ـــــ	ļ
3 Part	Did the organization agree to carry over lobbying and political expenditures from the prior year?			<u> </u>	<u> </u>	
rait	Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Of answered "Yes."				line	3, is
1	Dues, assessments and similar amounts from members	. [	1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	of				
a	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 t					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobby	ing	-			
5	and political expenditure next year?	.	4			
Part	Taxable amount of lobbying and political expenditures (see instructions)	<u>.</u>	5			
	e the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated ground	n lint	N. Dor	+ II A I	<u></u>	نہ ہے۔
2 (see	instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ıp iisi	), Par	ı II-A, I	mes i	ano
- 1000	modestions, and raiting, into 1. Also, complete this part for any additional information.					
						<b>-</b>
					***	
						·

# SCHEDULE ! (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047 2014

Open to Public Inspection Employer identification number

06-0889894

► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

CT Citizen Research Group, Inc.

Part I

Department of the Treasury Internal Revenue Service Name of the organization

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ons listed in the line 1 table	כיוים ווחווז אין היו אין היואמווידמוים!	
	and government organizations lis-	Enter total number of section 501(c)(3) and government or Enter total number of other organizations listed in the line	2 Ente
			(12)
			(11)
			(10)
			6
			(8)
			ص ص
			(9)
			(2)
			(4)
06-0872695 501(4) \$18,000 0 Environmental Advocacy	-	(3) CT Citizen Action Group, Inc. 30 Arbor St. Hartford, CT 06106 06-0872	(3) CT Citi
06-0872695 501(4) \$30,000 0 Campaign Finance Reform		(2) CT Citizen Action Group, Inc. 30 Arbor St. Hartford, CT 06106 06-0872	(2) CT Cita 30 Arbor
06-0872695 501(4) 52,000 0 Health Care Advocacy		(1) CT Citizen Action Group, Inc. 30 Arbor St. Hartford, CT 06106 06-0872	(1) CT Citi
(b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (g) Description of (h) Purpose of grant cash assistance (book, FMV, appraisal, non-cash assistance other)	(c) IRC section if applicable	1 (a) Name and address of organization (b) El or government	1 (a) Name
Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	e to Domestic Organizations of that received more than \$5,	Grants and Other Assistance to Domestic O Part IV, line 21, for any recipient that received r	Part II
the selection criteria used to award the grants or assistance?	e grants or assistance?	selection criteria used to award tne cribe in Part IV the organization's pr	the s

Schedule I (Fo	Schedule I (Form 990) (2014)					Page 2
Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.	nestic Individual space is needed.	Is. Complete if the	organization answe	red "Yes" to Form 990, I	art IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
-						
7						
က						
4						
S.						
9						
7						
Part IV Grantees an	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. 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.	he information re on use of grant fund	iquired in Part I, line is. We award grants to	2, Part III, column organizations that are	(b), and any other additi	onal information. ion on joint programs.
Programma	Programmatic monitoring of grant funds is an ongoing part of these activities.	rt of these activities.				
We stipulate	We stipulate that funds will not be used for any purpose which is not	hich is not consiste	ent with 501(c)3 tax-exe	empt status, & under n	consistent with 501(c)3 tax-exempt status, & under no circumstances may funds be used for	be used for
electoral ac	electoral activities. Additionally, we stipulate that funds from this gra	rom this grant will n	ot be used for any gra	ss roots lobbying activ	nt will not be used for any, grass roots lobbying activities, without prior approval.	
•						

#### **SCHEDULE L** (Form 990 or 990-EZ)

#### **Transactions With Interested Persons**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Inspection

Department of the Treasury Internal Revenue Service

(10)

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

OMB No. 1545-0047

Name of the organization **Employer identification number** 06-0889894 CT Citizen Research Group, Inc. Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (c) Description of transaction (a) Name of disqualified person organization Yes No (1) (2) (3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (a) Name of interested person (b) Relationship (c) Purpose of (d) Loan to or (e) Original (f) Balance due (g) In default? (h) Approved (i) Written from the principal amount by board or with organization agreement? loan organization? committee? No To From Yes Yes No (1) **CFO Judith Maslen** cash flow 187,472 175,965 (2)(3)(4)(5)(6)(7)(8)(9)(10)Total 175,965 Grants or Assistance Benefiting Interested Persons. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2)(3)(4)(5)(6)(7) (8) (9)

	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organa rever	zatic
				Yes	N
				_	_
					L
					$\vdash$
					$\vdash$
					L
				-	L
					├
V Supplemental Information					<u> </u>
Provide additional information	n for responses to questions	on Schedule L (see	instructions).	•	
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#### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Bevenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

CT Citizen Research Group, Inc.	06-0889894
Part VI, line 11: a draft of form 990 & attachments is sent to our Board officers for review before filing.	
Part VI line 19: IRS forms 990, governing documents and policies are available to the public upon requ	est from our organization,
located at 30 Arbor Street, Suite 107N, Hartford, CT 06106, or by emailing jmaslen@ccag.net	
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