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

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

OMB No 1545-0047

Department of the Treasury

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

Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2018 calendar year, or tax year beginning 2018, and ending . 20 D Employer identification number Check if applicable: C Name of organization Connecticut Citizen Research Group, Inc Address change Doing business as 06-0889894 Number and street (or P.O box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 30 Arbor Street - Box 6N 107N 860-983-6323 City or town, state or province, country, and ZIP or foreign postal code Final return/terminates G Gross receipts \$ Amended return Hartford, CT 06106 326,743 H(a) Is this a group return for subordinates? Yes Vo No F Name and address of principal officer: Application pending H(b) Are all subordinates included? Tyes No Ann Pratt. Executive Director If "No," attach a list (see instructions) 501(c)(3) ☐ 501(c) ( Tax-exempt status Website: ▶ H(c) Group exemption number ▶ Form of organization Corporation Trust Association L Year of formation: M State of legal domicile 1972 CT Summary Part I Briefly describe the organization's mission or most significant activities: Consumer and environmental protection. Activitles & Governance Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 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) 4 8 Total number of individuals employed in calendar year 2018 (Party Inn 1997) 12.2819 5 5 1 6 Total number of volunteers (estimate if necessary) . . . 6 30 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 38 **7b** 0 **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 225,953 305,158 9 Program service revenue (Part VIII, line 2g) 22,782 9,536 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 64 <u>63</u> 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 3,410 6,656 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 252,209 321.413 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 47,500 77,000 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . -0--0-Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 114,445 97,153 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 91,706 111,698 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 253,651 285,851 19 Revenue less expenses. Subtract line 18 from line 12 -1,442 35,562 **Beginning of Current Year** 20 Total assets (Part X, line 16) 383,510 386.025 21 Total liabilities (Part X, line 26) . 215,426 182,379 22 Net assets or fund balances. Subtract line 21 from line 20 168,084 203,646 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 nature of officer CHEEF ENRICIAL Here Type or print name and title Print/Type preparer's name Preparer's signature Paid Check | rf Ġ. self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Ein s address > Phone no May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes ☐ No

**990** (2018)

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Part		-
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	Consumer and environmental protection.	
	We conduct public education forums, and organize residents & coalitions to address consumer & environmental problems.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measur	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	thers,
	the total expenses, and revenue, if any, for each program service reported.	
	(O   0000) //Dayana (C )	
4a	(Code: 624100 ) (Expenses \$ 4,000 including grants of \$ 4,000 ) (Revenue \$ )	
	We address environmentally caused health problems such as air & water contaminants. We educate parents and the public.	
4b	(Code: 813319 ) (Expenses \$ 209,411 including grants of \$ 73,000 ) (Revenue \$ )	
	We conduct public education and sponsor forums and meetings on environmental & consumer issues. During 2018 our work for	used
	health care, clean energy, environmental hazards, jobs & the economy, equity in education and CT's clean elections law.	
	•	
	***************************************	
4c	(Code: 813312 ) (Expenses \$ 28,970 including grants of \$ ) (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.	
	***************************************	
	,	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$	
4e	Total program service expenses ▶ 242,381	

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Form **990** (2018)

Part	Checklist of Required Schedules			
	1. the annual to the discount of 100/2/2000 and 100/2/2000 (although the property of 100/2000) (b) (0/2000)		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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<b>✓</b>	
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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	:	<b>✓</b>
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		1
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		1
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, 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		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
C	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	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<b>√</b>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<b>✓</b>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<b>▼</b>
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		<b>✓</b>
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		<b>√</b>
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		<b>✓</b>
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		<b>✓</b>
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		<b>✓</b>
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		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>✓</b>
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
۲1	domestic government on Part IX, column (A), line 12 if "Yes" complete Schedule I. Parts I and II	21		/

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		✓
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			1
	through 24d and complete Schedule K. If "No," go to line 25a	24a		_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		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		✓
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	<b>✓</b>	
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		1
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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		1
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		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		✓
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		✓
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		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		<b>\</b>
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		<b>\</b>
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	<b>✓</b>	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
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?	10		
	reportable gaming (gambling) winnings to prize winners?	1c Form	, <u>9</u> 90	(2018)
		1.011		(2010)

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			<b></b>
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓	
20	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		7
3a 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		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓_
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		1
	organization solicit any contributions that were not tax deductible as charitable contributions?	- Oa		
b	gifts were not tax deductible?	6ь		1
7	Organizations that may receive deductible contributions under section 170(c).			1
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		<b>√</b>
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e		7
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<del>*</del>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<b>✓</b>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
. b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter:	9b		
10 a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 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.)	400		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes." enter the amount of tax-exempt interest received or accrued during the year.	12a		
ь 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		1
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		<del>-</del>
_	Note. See the instructions for additional information the organization must report on Schedule O.	1		
ь	Enter the amount of reserves the organization is required to maintain by the states in which		1	
-	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	ļ		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<b>✓</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	<u> </u>	<b> </b>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		1
	excess parachute payment(s) during the year?	"		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		7
	If "Yes," complete Form 4720, Schedule O.			
		Forr	n <b>990</b>	(2018)

Part \				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
Castic	Check if Schedule O contains a response or note to any line in this Part VI	•••	<u>· · · · · · · · · · · · · · · · · · · </u>	
Secu	on A. Governing body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year	$\Box$		1
1a	If there are material differences in voting rights among members of the governing body, or			1
	if the governing body delegated broad authority to an executive committee or similar			1
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
	any other officer, director, trustee, or key employee?	2		<b>√</b>
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 governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		<b>✓</b>
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect of appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		✓ ,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		,
Cantin	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		2do 1	
Secu	on B. Policies (This Section B requests information about policies not required by the internal never	<i>ue</i> C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		<u> </u>
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓ ,
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10	<del></del> -	<b></b>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u> </u>	<del></del>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<b>-</b>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		✓_
13	Did the organization have a written whistleblower policy?	13		✓
14	Did the organization have a written document retention and destruction policy?	14	✓	L
15	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	15a		7
	Other officers or key employees of the organization	15b		1
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	165		<b>/</b>
	with a taxable entity during the year?	16a		<b>-</b>
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ Connecticut			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (Sec	tion 5	501(c)
19	☐ 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 of int	erest	policy	, and
20	financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>•</b>	
	Judith Maslen, Chief Financial Officer, CCAG 30 Arbor St., Ste 6N, Hartford, CT 06106			

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Form	990	1201	О

Part VII	Compensation of Officers, Directors, Trustees, Key Employ	yees, 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. 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 orga	anız	atic	n c	ompe	nsa	ited any curren	t officer, director	r, or trustee.
				(6	C)					
(A)	(B)	١			ition			(D)	(E)	(F)
Name and Title	Average hours per week (list any	box,	unles er and	s pe dad	rson	e than o is both or/trust	an tee)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Henry Murray	11			 						
Chair of the Board of Directors		✓	_	✓	<u> </u>		ļ	-0-	-0-	-0-
(2) William Collins	2	,	ŀ	١,						
Vice-Chair of the Board of Directors		<b>✓</b>	ļ	✓	<u> </u>		<u> </u>	-0-	-0-	-0-
(3) Amy McLean Salls	.25			١,						_
Secretary of the Board of Directors	<del></del>	<b>-</b>		<b>-</b>	_		_	-0-	-0-	-0-
(4) Kathleen Curry	.25	,				,				
Treasurer of the Board of Directors		<b>/</b>	<b> </b>	ļ		<u> </u>		-0-	-0-	-0-
(5) Edith Alicea	0							_		_
Board Member		/	_	<b> </b>	-	<u> </u>		-0-	-0-	-0-
(6) Reina Cabrera	0							_	_	_
Board Member	ļ	<b>/</b>	_	$\vdash$	_	<u> </u>		-0-	-0-	-0-
(7) Maribel Rodriguez	.25				1		ļ			
Board Member '	ļ	/	_	<u> </u>	-		<b> </b>	-0-	-0-	-0-
(8) Rev. Rodney Wade	2						ŀ			
Board Member	<b></b>	1	<u> </u>	<u> </u>	_	ļ		-0-	-0-	<u>-0-</u>
(9) Ann Pratt	32			١.				ļ	_	
Executive Director	ļ	ļ		1	ļ	<b> </b>		73,077	-0-	17,466
(10) Judith Maslen	5			١.	1					
Chief Financial Officer	<u> </u>	ļ		1	<u> </u>		<u> </u>	-0-	-0-	<u></u>
(11)	-									
(12)										
(13)					-					
(14)				-					-	<u>,</u>

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees			lighe	st C	ompensated E	mployees (	(continue	ed)		
	(A) Name and title	(B) Average hours per week (list any	box,	unies	Pos leck is pe	rson	than o	n an	(D)  Reportable compensation from	(E)  Reportab compensation related	n from	Esti amo	(F) mated ount of ther	
,		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatio (W-2/1099-N	ons	composition from congar and a	ensation in the nization related lizations	
(15)				ě			ted					<del></del>	<del></del>	
(16)						<u> </u>		_					<del></del>	
(17)													<del></del>	
(18)								<b></b> .						
(19)								-		_				
(20)						ļ		-						
(21)						<u> </u>		<u> </u>				·	<del></del>	
(22)											-		<del></del> -	·
(23)												······································		
(24)								-				<del></del>		
(25)								-						
1b c	Sub-total			<u>.</u>	· ·	 	•	<b>&gt;</b>	73,077		-0-			7,466
d 2	Total number of individuals (including but					ed a	above	<b>▶</b> e) w	73,077 ho received m	ore than \$1	-0- 00,000 d	of	17	7,466
	reportable compensation from the organi	zation >								<del></del>	<del></del>		Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							mp	loyee, or high	est compe	nsated	3		<b>✓</b>
4	For any individual listed on line 1a, is the organization and related organizations													
5	individual											4		✓
Section	for services rendered to the organization on B. Independent Contractors									· · · ·	<u> </u>	5		✓
1	Complete this table for your five highest compensation from the organization. Repyear.													ĸ
	(A) Name and business add	ress							(B) Description of s	ervices	C	(C) ompens	ation	
None			····											
			4											
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Part	VIII	Statement of Reve			anu lina in thio	Dort VIII		
		Check if Schedule O	o contains a res	oonse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
र्घ स	1a	Federated campaigns	s 1a	-0-				
ara our	b	Membership dues .	1b	-0-				
S, C	С	Fundraising events .	1c	2,000				
Gift	d	Related organizations		-0-	į			
ns,	е	Government grants (con		-0-	į	-		
er S	f	All other contributions, g						
ğ Ş		and similar amounts not inc	L	303,158				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions includ			205 150			
	<u>h</u>	Total. Add lines 1a-1	<u> </u>	Business Code	305,158			i
enu	2a	CT Center for a New Ed	conomy, Inc.		9,536	9,536		
Rev	ь				3,333	3,000		
jce.	С							
Sen	đ							
E E	е							
Program Service Revenue	f	All other program sen						
4	<u>g</u> 3	Total. Add lines 2a-2 Investment income			9,536			
	3	and other similar amo			63	ļ		, 63
	4	Income from investmen	•					
	5	Royalties						
		•	(i) Real	(ii) Personal				
	6a	Gross rents				1		
	b	Less: rental expenses						
	C	Rental income or (loss)						
	d	Net rental income or (	(IOSS)					<u> </u>
	7a	Gross amount from sales of assets other than inventory	(i) Geodifices	(ii) Other				
	b	Less. cost or other basis and sales expenses .			}			
	C	Gain or (loss)						
	d	Net gain or (loss) .		<b>.</b>				
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions reporte See Part IV, line 18	2,000 ed on line 1c).	11,986			•	
Ě	b	Less: direct expenses						
J		Net income or (loss) f			6,656			6,656
	9a	Gross income from gassee Part IV, line 19 .						
	ł .	Less: direct expenses						
		Net income or (loss) f		vities ▶				
	10a	Gross sales of in returns and allowance						
į		Less: cost of goods s						
	C	Net income or (loss) f					<del></del>	
	118	Miscellaneous R	<del></del>	Business Code				<u> </u>
	b							
;	C						<del></del>	
	d	All other revenue .						
	е	Total. Add lines 11a-		•				
	12	Total revenue. See in	nstructions .	<u> ▶ </u>	321,413	9,538	-0-	6,719
								Form <b>990</b> (2018)

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				
3b, 9b, and	ude amounts reported on lines 6b, 7b, 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
and d	s and other assistance to domestic organizations lomestic governments. See Part IV, line 21	77,000	77,000		
	its and other assistance to domestic iduals. See Part IV, line 22	-0-	-0-	ļ	
orgai	ts and other assistance to foreign nizations, foreign governments, and foreign iduals. See Part IV, lines 15 and 16	-0-	-0-		·
5 Com	efits paid to or for members	-0-	-0-		
6 Comperso	pensation not included above, to disqualified ons (as defined under section 4958(f)(1)) and	73,077	65,769	3,654	3,65
-	ons described in section 4958(c)(3)(B)	<u>/</u> -0-	0-	-0-	(
8 Pens	er salaries and wages	-0-	-0-	-0-	-(
	er employee benefits	17,466	15,719	873	87
_	oll taxes	6,610	5,949	331	33
	s for services (non-employees): agement	-0-	-0-	-0-	-4
<b>b</b> Lega	n	-0-	-0-	-0-	-(
	ounting	-0-	-0-	-0-	-
	bying	-0- -0-	-0-	-0-	-
	stment management fees	-0-	-0-	-0-	-
	(If line 11g amount exceeds 10% of line 25, column lount, list line 11g expenses on Schedule O.)	74,113	49,409	-0-	24,70
	ertising and promotion	-0-	-0-	-0-	-
	e expenses	6,176	764	1,614	3,79
	mation technology	400	100	-0-	
•	upancy	1,200	1,200	-0-	-
	el	1,082	1,082	-0-	
	nents of travel or entertainment expenses by federal, state, or local public officials	-0-		-0-	,
	ferences, conventions, and meetings .	24,580	-0- 24,580	-0-	4
20 Inter	- I	2,970	-0-	2,970	-(
-	nents to affiliates	-0-	-0-	-0-	4
	reciation, depletion, and amortization .	-0-	-0-	-0-	
24 Other above line 2 (A) ar	respenses. Itemize expenses not covered to the (List miscellaneous expenses in line 24e. If the amount exceeds 10% of line 25, column mount, list line 24e expenses on Schedule O.)	1,177	809	118	25
b					
d					
25 Total	ther expenses functional expenses. Add lines 1 through 24e costs. Complete this line only if the	285,851	242,381	9,860	33,61
orgar , from fundr	asing SOP 98-2 (ASC 958-720)	74 440	40.400		24,70
TOROV	ing 501 30-2 (NOO 300-120)	74,113	49,409	-0-	<b>24,7</b> 0 Form <b>990</b> (20

Р	art X	Balance Sheet				
		Check if Schedule O contains a response of	r note to any line in this Par	tX		<u> 🔲</u>
•				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing		871	1	927
	2	Savings and temporary cash investments	<b></b>		2	
	3	Pledges and grants receivable, net		40,838	3	38,972
	4				4	130
	5	Loans and other receivables from current and	h	,		
		trustees, key employees, and highest co		1		
		Complete Part II of Schedule L	· · · · · · · · /		5	•
	6	Loans and other receivables from other disqualified pers	sons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), ar				
		sponsoring organizations of section 501(c)(9) volur	ntary employees' beneficiary			
छ		organizations (see instructions). Complete Part II of Sche	edule L		6	
Assets	7	Notes and loans receivable, net		341,801	7	345,996
Š	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			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line	11 [		12	
	13	Investments-program-related. See Part IV, line	:11 [		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equal	al line 34)	383,510		386,025
	17	Accounts payable and accrued expenses		38,511	17	14,879
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		20	<u>,, .,</u>	
	21	Escrow or custodial account liability. Complete	]~		21	
Liabilities	22	Loans and other payables to current and for				
鼍		trustees, key employees, highest comper				
jap		disqualified persons. Complete Part II of Schedu	<b>⊢</b>	161,915		152,500
_	23	Secured mortgages and notes payable to unrela	· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated		15,000	24	15,000
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lines of Schedule D	s 17–24). Complete Part X		05	
	~~		ļ.		25 26	400.070
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958	), check here ► 🗸 and	215,426	20	182,379
es S		complete lines 27 through 29, and lines 33 an	d 34.			1
Š	27.	Unrestricted net assets	1-	168,084	27	203,646
a	28	Temporarily restricted net assets		100,004	28	203,040
8	29	Permanently restricted net assets	<b>▶</b> -		29	<del></del>
Š	,	Organizations that do not follow SFAS 117 (ASC 9			7	
Net Assets or Fund Balances	ı	complete lines 30 through 34.	,,			]
S	30	Capital stock or trust principal, or current funds	<b>!</b>	<u>-</u>	30	
set	30  31√	Paid-in or capital surplus, or land, building, or ea	<del>-</del>		31	
As	32	Retained earnings, endowment, accumulated in	· ·		32	
ē	33			168,084		203,646
~	34	Total liabilities and net assets/fund balances		383,510		386.025
	· ·				$\neg$	50m 990 (2018)

_	4	•
Page		•

2 '

01111 0	30 (2010)					90
Part	XI Reconciliation of Net Assets		***			
	Check if Schedule O contains a response or note to any line in this Part XI	· · ·				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			32	1,413
2	Total expenses (must equal Part IX, column (A), line 25)	2			28	5,851
3	Revenue less expenses. Subtract line 2 from line 1	3			3	5,562
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			16	8,084
5	Net unrealized gains (losses) on investments	5				-0-
6	Donated services and use of facilities	6				-0-
7	Investment expenses	7				-0-
8	Prior period adjustments	8				-0-
9	Other changes in net assets or fund balances (explain in Schedule O)	9				-0-
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			20	3,646
Part						_
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>	•	• •	
			_		Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other		_		ł	1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	ıplain ı	in			- 1
	Schedule O.		-	_ -		لبِـــ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		· <del>  -</del>	a		<u>√</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled o	or		ĺ	
	reviewed on a separate basis, consolidated basis, or both:		İ			- {
	Separate basis Consolidated basis Both consolidated and separate basis		-	_ -		لبِ
b	, and a significant control of the significant c		· -	b		<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a			
	separate basis, consolidated basis, or both:			1	1	- 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			.		,
	of the audit, review, or compilation of its financial statements and selection of an independent according		_	:c		<del>-</del>
	If the organization changed either its oversight process or selection process during the tax year, ex	kplain i	n			
_	Schedule O.		.	-		
3 <b>a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set	torth i		_		,
	the Single Audit Act and OMB Circular A-133?		`	a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo such a country of such a country of the organization and the organization undergo such a country of the organization and the organization and the organization and the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?		1	ь		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	iuuits.			000	(2018)
	·		,	-orm	330	(2018)

#### **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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes," on 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," on 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.

Tax) (s	ee separate instructions), t		Tax) (see separate	e instructions) or Form 990	EZ, Part V, line 35c (Proxy
	ection 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
Name	of organization			-	ntification number
	cticut Citizen Research Gro	up, Inc.			06-0889894
Part		e organization is exempt und	<del> </del>		<del></del>
1	Provide a description of definition of "political car	f the organization's direct and incompaign activities")	direct political ca	mpaign activities in Part	V. (see instructions for
2	Political campaign activit	y expenditures (see instructions) .		\$	-0-
3	Volunteer hours for politic	cál campaign activities (see instruc	tions)		<b>-</b> 0-
Part	I-B Complete if the	e organization is exempt unde	er section 501(d	c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	tion under section	n 4955 ▶ \$	-0-
2	Enter the amount of any	excise tax incurred by organization	managers under	section 4955 ▶ \$	-0-
3		ed a section 4955 tax, did it file For			Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt unde	er section 501(c	c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
	activities			<b>▶</b> \$	
2		filing organization's funds contributies	_		
3	line 17b	expenditures. Add lines 1 and 2.		<b></b> \$	
4	Did the filing organization	file Form 1120-POL for this year?	?		Yes No
5	organization made payme the amount of political co	ses and employer identification nur ents. For each organization listed, on ontributions received that were pro- fund or a political action committe	enter the amount amount of the months and directly	paid from the filing organ delivered to a separate p	ization's funds. Also enter political organization, such
	(s) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

f Grassroots lobbying expenditures

Pa	rt II-A	Complete if the organizati section 501(h)).	on is exempt u	nder section 50	01(c)(3) and filed	d Form 5768 (ele	ection under			
A	Check	► ☐ if the filing organization below address, EIN, expenses, and				liated group memb	er's name,			
В	Check	► ☐ if the filing organization checome.	cked box A and "I	imited control" pr	ovisions apply.					
		Limits on Lob (The term "expenditures" r	bying Expenditu neans amounts		)	(a) Filing organization's totals	(b) Affiliated group totals			
1	a Tota	al lobbying expenditures to influence	e public opinion (	grass roots lobby	ing) /	9,711				
	<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)					484				
c Total lobbying expenditures (add lines 1a			1a and 1b)			10,195				
d Other exempt purpose expenditures						275,656				
		al exempt purpose expenditures (ad		•		285,851				
f Lobbying nontaxable amount. Enter the columns.			the amount fro	om the following	table in both	57,170	_			
	If the	e amount on line 1e, column (a) or (b) i	s: The lobbying r	nontaxable amount	is:					
	Not	over \$500,000	20% of the am	ount on line 1e.						
	Ove	r \$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.					
Over \$1,500,000 but not over \$17,000,000			\$225,000 plus	\$225,000 plus 5% of the excess over \$1,500,000.						
		Over \$17,000,000 \$1,000,000.								
	_	ssroots nontaxable amount (enter 2	•			14,293	1			
		otract line 1g from line 1a. If zero or				-0-				
		otract line 1f from line 1c. If zero or l	•			-0-				
j If there is an amount other than zero on either line 1h or line 1i, did the orga reporting section 4911 tax for this year?			-	The state of the s	Yes ✓ No					
	(S	ome organizations that made a s See th	ection 501(h) ele le separate instri	uctions for lines :	e to complete all 2a through 2f.)	of the five colum	ns below.			
		Lobbyir	g Expenditures	During 4-Year Av	eraging Period					
	C	Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	( <b>d)</b> 2018	(e) Total			
2	2a Lob	obying nontaxable amount	60,989	68,014	50,730	57,170	236,903			
		obying ceiling amount 0% of line 2a, column (e))					355,355			
	<b>c</b> Tot	al lobbying expenditures	6,830	7,093	8,460	10,195	32,578			
	<b>d</b> Gra	ssroots nontaxable amount	15,247	17,004	12,683	14,293	59,227			
		assroots ceiling amount 0% of line 2d, column (e))					88,840			

7,093

6,830

8,460

9,711

Schedule C (Form 990 or 990-EZ) 2018

32,094

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Connecticut Citizen Research Group, Inc.

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

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

► Attach to Form 990.

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

201 <b>18</b> Open to Public Inspection
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06-0889894

OMB No. 1545-0047

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Schedule I (Form 990) (2018) Promote democracy reform **Health Care policy reform %** □ Education policy reform Medicaid policy reform (h) Purpose of grant or assistance ✓ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. n/a n/a n/a n/a (f) Method of valuation (book, FMV, appraisal, other) . ďa ₽/2 2 n/a Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-. cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 14,000 12,000 29,000 13,000 (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance 501(c)(4) 501(c)(4) 501(c)(4) 501(c)(3) 06-0872695 06-0872695 06-0872695 06-0955461 (b) EIN 999 Asylum Ave, Hartford, CT 06105 1 (a) Name and address of organization (3) CT Citizen Action Group (4) Greater Hartford Legal Aid 30 Arbor St., Hartford, CT 06106 30 Arbor St., Hartford, CT 06106 30 Arbor St., Hartford, CT 06106 (2) CT Citizen Action Group CT Citizen Action Group Part II Part I Ε 2 9 (12) N **®** 9

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) (f) Description of noncash assistance 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. electoral activities. Additionally, we stipulate that funds from our grants will not be used for any grass roots lobbying activities, without prior approval. Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. We stipulate that funds will not be used for any purpose which is not consistent with 501(c)3 tax-exempt status, & under no circumstances may funds be used for (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant (b) Number of reciplents (a) Type of grant or assistance Part IV Part III က Ŋ 9 N

#### **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Department of the Treasury

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Internal Neverlae Service	P GO t	o www.irs.govir	UIIII99C	I TOT INSUIL	ICHORS AND	ne late					Sher		
Name of the organization							Employ	er ider					
Connecticut Citizen Researc				<del></del>		-				088989	94		
Part I Excess Bene Complete if the	fit Transaction	ns (section 501 answered "Ye	(c)(3), s" on i	section : Form 991	501(c)(4), a 0. Part IV. l	ind 50 line 25	1(c)(29) organiza a or 25b, or For	ations m 990	only) D-EZ.	Part \	V. line	40b.	
· · · · · · · · · · · · · · · · · · ·	<u>-</u>	(b) Relationship be				T					,		rected?
1 (a) Name of disqualified	person		organiza		porson and		(c) Description	of tran	sactio	n		Yes	No
(1)		*****				<del> </del>	<del></del>						
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2 Enter the amount				_	-		•	_	-				
under section 4958								•	!	- \$			
3 Enter the amount o	f tax, if any, on	line 2, above,	reimb	ursed by	the organ	ızatior	ı	•	1	▶ \$			
Part II Loans to and	/or From Inter	ected Person			·········	<del></del>							
				Form 99	0-EZ. Part	V. line	38a or Form 99	0. Pa	rt IV.	line 2	6: or i	f the	
organization r	eported an amo	ount on Form 9	990, P	art X, line	e 5, 6, or 2	2.			,				
	(h) Delateration	(a) D	(45)		<b>/-&gt;</b> 0		49 Deleges due	(2) 12 4	-fW7	(C) A=		m w	
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan		oan to or om the	(e) Ongu principal an		(f) Balance due	(9) in a 	eraunt?	(h) Ap	proved erd or	agree	ntten ment?
			orgar	nization?	` .					comm	nttee?	_	
			То	From	1			Yes	No	Yes	No	Yes	No
(1) Judith Maslen	CFO	cash flow	✓		18	37,472	152,500		✓		<b>✓</b>	✓	
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	sistance Bone	fiting Interest			<del></del>		\$ <u>234,881</u>	l .		L	<del></del>		
Complete if the	e organization	answered "Ye	s" on I	Form 990	0, Part IV, I	ine 27	•						
(a) Name of interested person	(h) Pelatrons	ship between inter	octod	(c) Amount	of assistance		d) Type of assistance		10	Purno	se of a	ecietan	~
(a) Name of interested person		and the organization		(C) Amount	OI assistance	•	dy rype or assistant		(0)	, i dipo	36 OI a	33131011	•
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	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Shi organi revei	zatio
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V	Supplemental Information.  Provide additional information	. fa.,	on Cobodula I. (ana	(notre estimate)		
	Provide additional information	Tor responses to questions	OII Scriedule 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 2018

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

Connecticut Citizen Research Group, Inc.	06-0889894
Part IX, line 11g: List of fees paid in excess of 10% of total expenses:	(
Fees were paid to the CT Citizen Action Group on a monthly basis to reimburse the organization for a	pro-rata share of costs to run a joint
outreach program. The breakdown is:	
Personnel:\$ 64,944	
Telecomm:\$ 2,918	
Printing, postage & supplies: \$ 2,540	
Office & overhead:\$ 3,711	
Total:\$ 74,113	
. Part VI line 19: Governing documents and IRS form 990 are available to the public upon request from 0	ur organization, located at 30 Arbor St.
Suite 107 N, Hartford, CT 06106, or by emailing jmaslen@ccag.net	
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