Form 990-EZ

Short Form 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 2019

Open to Public Inspection

Department of the Treasury

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

"Go to www.irs.gov/Form990EZ for instructions and the latest information.

Internal Revenue Service For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20 В Check if applicable C Name of organization D Employer identification number REGISTRARS OF VOTERS ASSOCIATION OF Address change Name change CONNECTICUT INC 30-0491082 Initial return Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number 27 WEST MAIN ST RM 507 860-826-3315 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption Application pending NEW BRITAIN Number • X Cash Accrual Other (specify) ◆ Accounting Method Check ◆ X if the organization is not WWW.ROVAC.ORG required to attach Schedule B 0) 🗢 (insert no) 4947(a)(1) or Tax-exempt status (check only one) — |X| = 501(c)(3) | |501(c)(3)|527 (Form 990, 990-EZ, or 990-PF) X Corporation Form of organization Trust Association Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ◆ \$ 73,547 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) X Check if the organization used Schedule O to respond to any question in this Part! Contributions, gifts, grants, and similar amounts received 49,1522 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 4 4 Investment income 5a Gross amount from sale of assets other than inventory 5a 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b 6c Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7a 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 9 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 10 RECEIVED 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 MAY 1 7 2021 13 Professional fees and other payments to independent contractors Occupancy, rent, utilities, and maintenance 14 14 15 15 Printing, publications, postage, and shipping OGDEN, UT 16 Other expenses (describe in Schedule O) 16 454 17 Total expenses. Add lines 10 through 16 17 1,093 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 92,547 19 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 93,640 21 Net assets or fund balances at end of year Combine lines 18 through 20

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2019)

F	art II	Balance Sheets (see the ir	nstructions for Pa	art II)		_			_
		Check if the organization use	d Schedule O to	respond to any	question in this Part	II			
					(A) B	eginning of year		(B) End of year	
22	Cash, savir	igs, and investments				92,547	22	93,6	540
23	Land and b	uildings				0	23		
24	Other asse	ts (describe in Schedule O)				0	24		
25	Total asset	ts				92,547	25	93,6	40
26	Total liabil	ities (describe in Schedule O)				0	26		0
27	Net assets	or fund balances (line 27 of colu	ımn (B) must agre	e with line 21)		92,547	27	93,6	340
	Part III	Statement of Program Se			e the instructions for	r Part III)			
		Check if the organization use	ed Schedule O to	respond to any	question in this Part			Expenses	
Wr	at is the org	anization's primary exempt purpo					(Re	quired for section	
	-	•					501	(c)(3) and 501(c)(4)	
De	scribe the or	ganization's program service acco	omplishments for e	each of its three la	gest program services	1	org	anizations, optional	for
as	measured by	y expenses. In a clear and concis	e manner, describe	e the services prov	ided, the number of		oth	ers)	
per	rsons benefit	ed, and other relevant information	for each program	title					
28	CONFER	ANCES							
	(Grants \$) If this	amount includes f	oreign grants, che	ck here	♦	28a	40,7	793
29				······································				•	
	(Grants \$) If this	amount includes f	oreign grants, che	ck here	♦ 1	29a		
30	(Oranio V	,	<u> </u>	oroign grantor one		<u> </u>			
-									
	(Grants \$) If this	amount includes t	foreign grants, che	ck here	• 17	30a		
21		ram services (describe in Schedul		oroign grants, one	<u> </u>	<u> </u>	1000	· · · · · · · · · · · · · · · · · · ·	
J I	(Grants \$		amount includes t	foreign grants, che	ck here	▲ □	31a		
32		ram service expenses (add lines			OK HOTE	•	32	40,7	793
	art IV	List of Officers, Directors, Trus			h one even if not comp	ensated — see th			
_	. 43	Check if the organization used S	chedule O to resp	ond to any questio	n in this Part IV			·	Ш
		(a) Name and title		(b) Average hours per week	(c) Reportable compensation	(d) Health bei	nefits, emplovee	(e) Estimated amou	int of
		(a) Name and the		devoted to position	(Forms W-2/1099-MISC (If not paid, enter -0-)) benefit plans	, and	other compensati	
_	SUE W.	ARSEN			(ii not paid, citter o)	doi:iiid doiiipd	110011011		
	PRESIDE			15.00					
	_	PHER PRUE							
		VE VICE-PRES		2.00					
		A STRAVATO		2.00					
	VICE-PR			2.00					
_	LAUREN (2.00		+			
	SECRETAL			2.00					
_	LISBETH			2.00		· 			
	TREASURI			7.00					
_	PETE GO		-	7.00				 	
	ASST TR			2.00					
_		······································		2.00	·	 			
		BURRELL		2.00					
_	DIRECTO			2.00					
		RIE MASTROIANNI		2 00					
_	DIRECTO	<u> </u>		2.00					
	FRED DE								
_	DIRECTO			2.00					
		DECARLO							
_	DIRECTO			2.00		-		<u> </u>	
	MICHALE								
	DIRECTO	R							
	KAREN C	HEYNEY							
	DIRECTO	R							

Form	990.F7	(2010)

Form 990-EZ (2019) REGISTRARS OF VOTERS ASSOCIATION OF 30-0491082

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Pa	Part V Other Information (Note the Schedule A and p instructions for Part V.) Check if the organization	personal benefit contract statement requirements in the used Schedule O to respond to any question in this Part V			
	-			Yes	No
33		sly reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O		33	<u> </u>	X
34					
	copy of the amended documents if they reflect a change to the orgonal change on Schedule O. See instructions	ganization's name Otherwise, explain the	24		x
35a		000 or more during the year from business	34	 	<u> </u>
55 a	activities (such as those reported on lines 2, 6a, and 7a, among o	•	35a		x
b		•	35b		
c		•	100		\vdash
	reporting, and proxy tax requirements during the year? If "Yes," co		35c		x
36	6 Did the organization undergo a liquidation, dissolution, termination	n, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	N	36		X
37a	7a Enter amount of political expenditures, direct or indirect, as descri	ibed in the instructions	_		
b	b Did the organization file Form 1120-POL for this year?		37b	<u> </u>	X
38a					<u> </u>
	any such loans made in a prior year and still outstanding at the er	·	38a	<u> </u>	X
ь		involved 38b	-		
39					
a		39a 39b	-		
40a			-		
40a	section 4911 ♦, section 4912 ♦	- ·			
b					
_	excess benefit transaction during the year, or did it engage in an ex			İ	
	that has not been reported on any of its prior Forms 990 or 990-E.	• •	40ь		
С					
	on organization managers or disqualified persons during the year	under sections 4912,			
	4955, and 4958	*			
d	d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter a	amount of tax on line			
	40c reimbursed by the organization	*			
e		ation a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T		40e	1	X
41	• • • • • • • • • • • • • • • • • • • •		0-65	2 7	620
42a	2a The organization's books are in care of ◆ LISBETH BECKI	ER Telephone no ♦ 86	0-65	2-1	020
	Located at ♦ 2155 MAIN STREET GLASTONBURY	c ⊤ ZIP+4 ♦ 06	033		
ь				Yes	No
	a financial account in a foreign country (such as a bank account,		42b		X
	If "Yes," enter the name of the foreign country ◆				
	See the instructions for exceptions and filing requirements for Fin	CEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)				7.7
С	, , , , , , , , , , , , , , , , , , , ,	in an office outside the United States?	42c		<u> </u>
40	If "Yes," enter the name of the foreign country ◆ 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-E.	7 in liquid Form 4044 Charleborn	•		▲ □
43	and enter the amount of tax-exempt interest received or accrued				▼
	and enter the amount of tax-exempt interest received or accided to	during the tax year		Yes	No
44a	4a Did the organization maintain any donor advised funds during the	vear? If "Yes " Form 990 must be		103	1.10
774	completed instead of Form 990-EZ	, , , , , , , , , , , , , , , , , , , ,	44a	1	x
b		the year? If "Yes." Form 990 must be	1.0		
-	completed instead of Form 990-EZ	, ,	44b	1	X
С		vices during the year?	44c		X
d					
	explanation in Schedule O	· · · · · · · · · · · · · · · · · · ·	44d		<u>L</u>
45a		of section 512(b)(13)?	45a		X
b					_
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule	R may need to be completed instead of			
	Form 990-EZ See instructions		45b		X
DAA	AA		orm 99	0-EZ	(2019)

to candidates for public office? If "Ves," complete Schedule C, Part I Part VI Scotion 501(c)(3) organizations Dnly All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Ves No. Do 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 Is the organization as chool as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E So Did the organization make any transfers to an exempt non-charidable related organization? (a) Name and tide of each employee (b) Aregine (b) Expenditude (c) Fart II (c) Name and tide of each employee (a) Name and tide of each employee (b) Aregine (c) Expenditude (c) Fart II (c) Name and tide of each employee (a) Name and tide of each employee (b) Aregine (c) Expenditude (c) Fart II (c) Name and business address of each independent contractors who each received more than \$100,000 of compensation from the organization of the whole will be added to possion (froms W-2/1999.4 SC) (b) Type of service (c) Complete this table for the organization of the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization from the	46	Oid the	organization engage, directly or indirectly, in political	l campaign activitie	s on heh	alf of or in oppos	sition		<u> </u>	Yes	No
All section 501 (c)(3) organizations must answer questions 47-49b and 52, and complete the tables for times 50 and 51. Chock if the organization used Schedule O to respond to any question in this Part VI 7 Did the organization again (abbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 8 Is the organization as chool as described in section 170(b)(1)(A)(n)? If "Yes," complete Schedule E 9 Did the organization make any transfers to an exempt non-chartable related organization? 10 If "Yes," was the related organization as section 527 organization? 11 (Pers, "was the related organization as section 527 organization? 12 (Omplete this table for the organization file there is none, enter "None" 13 (a) Name and title of each employee 14 (a) Name and title of each employee 15 (A) Availage, house per vivete, compensation or from the organization or organization or developed in position (Ferna W 271099 Ms SC) 16 (A) Availage, house per vivete, compensation or organization orga					3 011 0011		Sition		40	5	x
50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 7 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 8 18 the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes, 'complete Schedule E 8 18 18 the organization as activate secribed in section 170(b)(1)(A)(ii)? If 'Yes, 'complete Schedule E 9 20 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter 'None' (a) Name and title of each employee (b) Average horse week dovided to position (Forms W-2/1094-MSD) (b) Name and title of each employee spaid over \$100,000 (c) Reportable better in the organization of the organization if there is none, enter 'None' (a) Name and business address of each independent contractor who each received more than \$100,000 of compensation from the organization if there is none, enter 'None' (b) Type of service (c) Compensation (c) Compensation (c) (b) Type of service (c) Compensation (c) Compensatio	Par	t VI									
Check if the organization used Schedule O to respond to any question in this Part VI 70 Did the organization engage in lobbying activities of have a section 501(ft) election in effect during the tax year? If "Yes," Complete Schedule C, Part II 81 Is the organization as short as described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule E 82 Did the organization ask on the related organization ask early transfers to an exempt non-charitable related organization? 93 Did the organization ask on transfers to an exempt non-charitable related organization? 94 Occupied this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and title of each employee (b) Reportable (c) Reportable (c) Present (c) Reportable (c) Present penetral, every compensation (c) Present penetral, expenditure (c) Present penetral, every compensation (c) Present penetral, expenditure (c) Present penetral, every compensation (c) Present penetral, expenditure (c) Present penetral penetral penetral penetral penetral penetral penetral penetral penetral			, , , , , ,	wer questions 47	–49b aı	nd 52, and con	nplete the	ables for li	nes		
Total file 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				to respond to any	auestic	on in this Part \	/I				
d Total number of other employees pard over \$100,000 f Total number of other employees pard over \$100,000 d Total number of other employees pard very \$100,000 d Total number of other employees pard very \$100,000 d Total number of other employees pard very \$100,000 d Total number of other employees pa				-						Yes	No
Both the organization in actional as described in section 170(b)(1)(A)(v)? If Yes, "complete Schedule E				section 501(h) elec	tion in ef	fect during the ta	ax				'''
decomplete the table for the organization make any transfers to an exempt non-charitable related organization? 49s X		-	•	4.4.4.4.4.8.4.4.4.4.4.4.4.4.4.4.4.4.4.4							37
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d Total number of other independent contractors each receiving over \$100,000 ▶ 20 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A 21 June penalties of perjun, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is nue, correct, and complete Schedule A 22 Sign No 23 Sign No 24 Print/Type preparer's name 25 Print/Type preparer's name 26 Preparer 27 Print/Type preparer's name 28 Preparer 29 Date 30 Sign No 30 Sign No 40											
(a) Name and business address of each independent contractor d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Judger penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and behef, it is rue, correct, and complete policitation of progree (otherghan officer) is based on all information of which preparer has any knowledge LISBETH BECKER, TREASURER Type or print name and title PrintType preparer's name Preparer Progreer's signature of officer LISBETH BECKER, TREASURER Type or print name and title PrintType preparer's name Preparer's signature of officer LISBETH BECKER, TREASURER Type or print name and title Proparer's signature of officer LISBETH BECKER, TREASURER Type or print name and title Preparer's signature of officer LISBETH BECKER, TREASURER Type or print name and title Preparer's signature of officer LISBETH BECKER, TREASURER Type or print name and title Proparer's signature of officer LISBETH BECKER, TREASURER Type of print name and title Preparer's signature of officer LISBETH BECKER, TREASURER Type of print name and title Preparer's signature of officer LISBETH BECKER, TREASURER Type of print name and title Preparer's signature of officer LISBETH BECKER, TREASURER Type of print name and title Preparer's signature of officer LISBETH BECKER, TREASURER Type of print name and title Preparer's signature of officer LISBETH BECKER, TREASURER Type of print name and title Preparer's signature of officer LISBETH BECKER, TREASURER Type of print name and title Print name						ctors who each	receivea ma	re than			
d Total number of other independent contractors each receiving over \$100,000 22 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A 23 Lide penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rune, correct, and completes/pectaristion of pregions (other/finan officer) is based on all information of which preparer has any knowledge and belief, it is rune, correct, and completes/pectaristion of pregions (other/finan officer) is based on all information of which preparer has any knowledge Paid Paid Proporties signature Preparer's signatur		* : 	•			(h) Typ	e of service		(c) Com	nencatio	,
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Judger penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete peclaration of preparer (other/man officer) is based on all information of which preparer has any knowledge Sign LISBETH BECKER, TREASURER Type or print name and title Print/Type preparer's name Preparer Firm's name "Francis E. Jordan & Co. Firm's self-employed gelf-employed gel			(a) Name and business address of each independent co	Tiractor		(6) 195	e or service		(0) 0011	perisation	•
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Judger penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete peclaration of preparer (other/man officer) is based on all information of which preparer has any knowledge Sign LISBETH BECKER, TREASURER Type or print name and title Print/Type preparer's name Preparer Firm's name "Francis E. Jordan & Co. Firm's self-employed gelf-employed gel								1			
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Judger penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete peclaration of preparer (other/man officer) is based on all information of which preparer has any knowledge Sign LISBETH BECKER, TREASURER Type or print name and title Print/Type preparer's name Preparer Firm's name "Francis E. Jordan & Co. Firm's self-employed gelf-employed gel											
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Judger penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete peclaration of preparer (other/man officer) is based on all information of which preparer has any knowledge Sign LISBETH BECKER, TREASURER Type or print name and title Print/Type preparer's name Preparer Firm's name "Francis E. Jordan & Co. Firm's self-employed gelf-employed gel											
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Judger penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete peclaration of preparer (other/man officer) is based on all information of which preparer has any knowledge Sign LISBETH BECKER, TREASURER Type or print name and title Print/Type preparer's name Preparer Firm's name "Francis E. Jordan & Co. Firm's self-employed gelf-employed gel											
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Judger penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete peclaration of preparer (other/man officer) is based on all information of which preparer has any knowledge Sign LISBETH BECKER, TREASURER Type or print name and title Print/Type preparer's name Preparer Firm's name "Francis E. Jordan & Co. Firm's self-employed gelf-employed gel											
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Judger penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete peclaration of preparer (other/man officer) is based on all information of which preparer has any knowledge Sign LISBETH BECKER, TREASURER Type or print name and title Print/Type preparer's name Preparer Firm's name "Francis E. Jordan & Co. Firm's self-employed gelf-employed gel							•				
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A Judger penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete peclaration of preparer (other/man officer) is based on all information of which preparer has any knowledge Sign LISBETH BECKER, TREASURER Type or print name and title Print/Type preparer's name Preparer Firm's name "Francis E. Jordan & Co. Firm's self-employed gelf-employed gel					 						
Completed Schedule A Didder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rule, correct, and complete Declaration of preciarer (other/than officer) is based on all information of which preparer has any knowledge Sign Signature of officer Date Date Check If PTIN Type or print name and title Print/Type preparer's name Preparer's signature Date O5/12/21 Self-employed PG 137976 The print of the preparer Firm's name Francis E. Jordan & Co. Firm's EIN O6-0966728 The print of the preparer Position Po			· ·	•	•	•	<u>.</u>				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is rue, correct, and complete declaration of preparer (other/than officer) is based on all information of which preparer has any knowledge Sign LISBETH BECKER, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Prim's name "Francis E. Jordan & Co. Firm's EIN "06-0966728 Base Only Firm's address "PO Box 142 Glastonbury, CT 06033-0142 Phone no 860-633-5691 May the IRS discuss this return with the preparer shown above? See instructions				on 501(c)(3) organiz	ations m	iust attach a		_	. 🐨 .		
rue, correct, and complete Declaration of preserre (other/than officer) is based on all information of which preparer has any knowledge Sign Signature of officer LISBETH BECKER, TREASURER Type or print name and title Print/Type preparer's name Preparer Firm's name "Francis E. Jordan & Co. Firm's eddress "PO Box 142 Glastonbury, CT 06033-0142 May the IRS discuss this return with the preparer shown above? See instructions Page on all information of which preparer has any knowledge Date Check X if PTIN Check X if PAJ 3797 Paj 3797 Phone no 860-633-5691								4 - 4 1 1			NO
LISBETH BECKER, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date O5/12/21 Self-employed Pal 379 76 Print's name " Francis E. Jordan & Co. Firm's EIN " 06-0966728 Print's address " PO Box 142 Phone no 860-633-5691 May the IRS discuss this return with the preparer shown above? See instructions Yes No. No.	Under true, co	penaitie: orrect, ai	s of perjury, I declare that I have examined this return, incl nd complete. Declaration of preparer (other than officer) is	uding accompanying s based on all informati	on of which	and statements, a ch preparer has ar	ina to the bes ly knowledge	t of my knowl	eage ana b	ellet, it is	
LISBETH BECKER, TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date O5/12/21 Self-employed Pal 379 76 Print's name " Francis E. Jordan & Co. Firm's EIN " 06-0966728 Print's address " PO Box 142 Phone no 860-633-5691 May the IRS discuss this return with the preparer shown above? See instructions Yes No. No.			Nichela Dollar			7	PhILI	2.200	2.1		
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Paid Preparer Use Only May the IRS discuss this return with the preparer shown above? See instructions Check X if self-employed Pai37976			<u> </u>		_//		1.	ı	<u> </u>		
Preparer Use Only Firm's name Francis E. Jordan & Co. Firm's address PO Box 142 Glastonbury, CT 06033-0142 May the IRS discuss this return with the preparer shown above? See instructions Firm's elin 06-0966728 Phone no 860-633-5691				reparer's sig nature	1	_	Date	Check	⟨_X]		
Use Only Firm's address "PO Box 142 Glastonbury, CT 06033-0142 Phone no 860-633-5691 May the IRS discuss this return with the preparer shown above? See instructions Yes No.	Paid		FIRANCES i. JORDAN		1_)	05/1	2/21			
Glastonbury, CT $06033-0142$ Phone no $860-633-5691$ May the IRS discuss this return with the preparer shown above? See instructions	•	<u> </u>		n & Co.		/		Firm's EIN 46	06-0	9667	28
May the IRS discuss this return with the preparer shown above? See instructions	Use (Only							_		
<u> </u>	_				12			Phone no 8	160-63		_
	May t	the IRS	discuss this return with the preparer shown above?	See instructions		· · · · · · · · · · · · · · · · · · ·			P		No

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

◆ Attach to Form 990 or Form 990-EZ.

REGISTRARS OF VOTERS ASSOCIATION OF

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

CONNECTICUT INC

Employer identification number 30-0491082

Pa	irt i	Reaso	on for Public Charity	Status (All organizations	must co	mplete	this part) See instruction	ns				
The	orga	nization is not	a private foundation because	e it is (For lines 1 through 12, o	check only	one box)	- · · · · · · · · · · · · · · · · · · ·				
1		A church, cor	vention of churches, or asse	ociation of churches described	n section	170(b)(1)(A)(i).	1				
2		A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ))		$\mathcal{L}(\mathcal{A})$				
3	П			ce organization described in sec			ii).	ノー				
4		· •		d in conjunction with a hospital of			•	ospital's name,				
	_	city, and state		,				•				
5		•		of a college or university owned	or operate	ed by a go	overnmental unit described in					
	_	section 170(b)(1)(A)(iv). (Complete Part	11)								
6		A federal, sta	te, or local government or g	overnmental unit described in s	ection 17	0(b)(1)(A)(v).					
7		•	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)									
8		A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	: { }							
9				cribed in section 170(b)(1)(A)(i of agriculture (see instructions)				ge				
10	X	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)										
11		An organizati	on organized and operated o	exclusively to test for public safe	ety See s	ection 50)9(a)(4).					
12		An organizati	on organized and operated o	exclusively for the benefit of, to	perform th	ne functio	ns of, or to carry out the purpo	ses				
		of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).										
			<u> </u>	nat describes the type of suppor			•					
	а	the suppo	orted organization(s) the pov	erated, supervised, or controlled ver to regularly appoint or elect omplete Part IV, Sections A a	a majority			ng				
	b		• •	pervised or controlled in connec		its suppoi	rted organization(s), by having					
		control or	management of the suppor	, ting organization vested in the s Part IV, Sections A and C.								
	С			upporting organization operated tructions) You must complete				nth,				
	d			I. A supporting organization ope e organization generally must sa								
		requirem	ent (see instructions) You n	nust complete Part IV, Section	ns A and	D, and P	art V.					
	е			eived a written determination front- n-functionally integrated suppor			s a Type I, Type II, Type III					
	f	Enter the nun	nber of supported organizati	ons								
	g	Provide the fo	ollowing information about th	e supported organization(s)				Ψ				
(-	ne of supported ganization	(II) EIN	(III) Type of organization (described on lines 1–10	1 ' '	rganization ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see				
				above (see instructions))		ment?	instructions)	instructions)				
					Yes	No						
(A)			;									
(B)												
(C)												
(D)							·					
(E)												
					-							
Tota	.1					Ţ						

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

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

Sec	tion A. Public Support	quality under the	e tests listed be	elow, please co	inpiete Part II)		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees	` '	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , ,	\-,'	
•	received (Do not include any "unusual grants")	22,065	21,850	22,440	22,235	22,435	110,025
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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	22,065	21,850	22,440	22,235	22,435	110,025
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b			<u> </u>			
8	Public support. (Subtract line 7c from			1			
500	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	22,065	21,850	22,440	22,235	22,435	110,025
		22,065	21,850	22,440	22,235	22,435	110,025
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	162	237	260	262	267	1,188
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	162	237	260	262	267	1,188
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	22,227	22,087	22,700	22,497	22,672	111,213
14	First five years. If the Form 990 is for the	organization's first,	second, third, fou	rth, or fifth tax year	r as a section 501(c)(3)	
_	organization, check this box and stop her						<u> </u>
Sec	tion C. Computation of Public St					15	
Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))							99.00%
16_	Public support percentage from 2018 Sch					16	99.00%
	tion D. Computation of Investme				·	11	
17	Investment income percentage for 2019 (I			, column (f))		17	1 %
18	Investment income percentage from 2018					<u> 18 </u>	1 %
19a	33 1/3% support tests—2019. If the orga 17 is not more than 33 1/3%, check this b						► X
b	33 1/3% support tests—2018. If the orga		_				
	line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization di						▶ [

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.

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

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

• 8	ection 501(c)(4), (5), or (6) organizations. Complete Part III						
Name	e of organization REGISTRARS OF VOTERS	S ASS	OCIATION O	F	Employer ident	ification number	
	CONNECTICUT INC				30-04910	82	
Pai	t I-A Complete if the organization is exem	pt unde	er section 501(c)	or is a section	n 527 organizatio	on.	
1	Provide a description of the organization's direct and indire	ct politica	I campaign activities	in Part IV (see ins	structions for		
	definition of "political campaign activities")						
2	Political campaign activity expenditures (see instructions)				◆ \$		
3	Volunteer hours for political campaign activities (see instru	ctions)					
Pai	t I-B Complete if the organization is exem	pt und	er section 501(c)(3).			
1	Enter the amount of any excise tax incurred by the organiz	ation unde	er section 4955		◆ \$		
2	Enter the amount of any excise tax incurred by organization	n manage	ers under section 495	5	◆ \$		
3	If the organization incurred a section 4955 tax, did it file Fo	rm 4720 f	for this year?			Yes No	
4a	Was a correction made?					Yes No	
b	If "Yes," describe in Part IV						
Par	t I-C Complete if the organization is exem	pt und	er section 501(c	<u>), except secti</u>	on 501(c)(3).		
1	Enter the amount directly expended by the filing organization	on for sec	tion 527 exempt func	tion			
	activities				◆ \$		
2	Enter the amount of the filing organization's funds contribu	ted to oth	er organizations for s	ection			
	527 exempt function activities				◆ \$		
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL,							
	line 17b				◆ \$		
4	Did the filing organization file Form 1120-POL for this year	.7				Yes No	
5	Enter the names, addresses and employer identification nu	ımber (El	N) of all section 527 p	oolitical organizatio	ons to which the filing		
	organization made payments. For each organization listed,	enter the	amount paid from th	e filing organizatio	n's funds Also enter		
	the amount of political contributions received that were pro	mptly and	directly delivered to	a separate politica	l organization, such		
	as a separate segregated fund or a political action committee	ee (PAC)	If additional space is	s needed, provide	information in Part IV	· · · · · · · · · · · · · · · · · · ·	
	(a) Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political	
					filing organization's	contributions received and	
					funds If none, enter -0-	promptly and directly delivered to a separate	
						political organization	
		<u> </u>				If none, enter -0-	
(1)							
(2)							
(3)							
(4)		1					
		<u> </u>					
(5)							
		ļ					
(6)		1					
		<u>L</u>					

hedule C (Form 990 or 990-EZ) 2019 REG							
Part II-A Complete if the orga	nization is exem	pt under section	501(c)(3) and fi	led Form 5768 (ele	ction under		
<u>section 501(h)).</u>					·		
Check ◆ ☐ if the filing organizat	on belongs to an af	filiated group (and l	st in Part IV each	affiliated group memb	er's name,		
address, EIN, expen	ses, and share of e	xcess lobbying expe	enditures).				
Check ◆ ☐ if the filing organizat	ion checked box A a	and "limited control"	provisions apply				
Limits on L	obbying Expend	itures		(a) Filing	(b) Affiliated		
(The term "expenditures				organization's totals	group totals		
a Total lobbying expenditures to influence	public opinion (grass	roots lobbying)					
b Total lobbying expenditures to influence	e a legislative body (di	ect lobbying)					
c Total lobbying expenditures (add lines	la and 1b)						
d Other exempt purpose expenditures							
e Total exempt purpose expenditures (ad	d lines 1c and 1d)						
f Lobbying nontaxable amount Enter the	amount from the follo	wing table in both					
columns							
If the amount on line 1e, column (a) or (b) is: The lobbying n	ontaxable amount is:			- <u>-</u>		
Not over \$500,000	20% of the amou	· · · · · · · · · · · · · · · · · · ·					
Over \$500,000 but not over \$1,000,000	\$100,000 plus 1	5% of the excess over \$5	500,000				
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000					
Over \$1,500,000 but not over \$17,000,000		% of the excess over \$1,					
Over \$17,000,000	\$1,000,000						
g Grassroots nontaxable amount (enter 2					······································		
h Subtract line 1g from line 1a If zero or							
i Subtract line 1f from line 1c If zero or l							
j If there is an amount other than zero or	·	Ii. did the organization	file Form 4720	· · · · · · · · · · · · · · · · · · ·			
reporting section 4911 tax for this year'		~			Yes No		
		ging Period Under	Section 501/h)				
(Some organizations that m			• •	all of the five colum	ana halaw		
(Some organizations that in	·	instructions for lin			ilis below.		
	See the Separate	instructions for in	ies za tiliough zi	••1			
	Lobbying Expendi	tures During 4-Yea	ar Averaging Peri	od	1		
Calendar year (or fiscal year	() 2046	41.004-	() 00:0	(1) 0045	1		
beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total		
· · · · · · · · · · · · · · · · · · ·	 						
a Lobbying nontaxable amount					·		
b Lobbying ceiling amount							
(150% of line 2a, column (e))							
c Total lobbying expenditures							
d Grassroots nontaxable amount							
e Grassroots ceiling amount							
(150% of line 2d, column (e))							
		Act of the second secon					
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2019

Part II-B	Complete if the	organization is	exempt under	r section 501	(c)(3) and has	NOT	filed l	Form 57	'68
	(election under	section 501(h))	•						

Ear i	each "Ves " response on lines 1a through 1 helow provide in Part IV a detailed	(6	3)	(b)
	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed in part iv a detailed in part	Yes	Amount	
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?		X	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
С	Media advertisements?		X	
d	Mailings to members, legislators, or the public?		X	
е	Publications, or published or broadcast statements?		X	
f	Grants to other organizations for lobbying purposes?		X	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		24,019
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i	Other activities?		X	···-
j	Total Add lines 1c through 1i			24,019
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b	If "Yes," enter the amount of any tax incurred under section 4912			
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)(5),	or se	ction

501(c)(6).

		_		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2	<u> </u>	
3_	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?		3		<u> </u>

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1_	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of		r
	political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
þ	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 the		
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying		
	and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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 Revenue Service

◆ Attach to Form 990 or 990-EZ. ◆ Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization REGISTRARS OF VOTERS ASSOCIATION OF CONNECTICUT INC

Employer identification number

30-0491082

Form 990-EZ, Part I, Line 8 - Other Revenue

Description Amount **MISCELLANEOUS** 1,693 Total \$ 1,693

Form 990-EZ, Part I, Line 16 - Other Expenses

Description		Amount			
Expenses					
BANK CHARGES	\$	33			
BOARD MEETINGS	\$	886			
BONDING INSURANCE	\$	100			
COMMUNICATION	\$	885			
CONFERANCE EXPENSES	\$	40,793			
LEGISLATIVE COSTS	\$	7,019			
LOBBYIST	\$	17,000			
MISCELL ANEOUS	\$	140			
LIABILITY INSURANCE	\$	603			
STORAGE	\$	1,620			
SECRETARY STIPEND	\$	300			
SCHOLARSHIP AWARDS	\$	250			
TAX PREPARATION	\$	350			
TREASURER STIPEND	\$	500			
WEBSITE & DEVELOPMENT	\$	1,975			
Total	\$	72,454			

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 Revenue Service

♦ Attach to Form 990 or 990-EZ. ◆ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization REGISTRARS OF VOTERS ASSOCIATION OF CONNECTICUT INC

Employer identification number 30-0491082

Form 990-E2, Part 1, Line 8 -	Other	Revenue	
Description	Amount		
MISCELLANEOUS		\$	1,693
	Total	Ś	1.693

Form 990-EZ, Part I, Line 16	- Other Exper	ises				
Description	nount					
Expenses						
BANK CHARGES	\$	33				
BOARD MEETINGS	\$	886				
BONDING INSURANCE	\$	100				
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LIABILITY INSURANCE	\$	603				
STORAGE	\$	<u></u> 620				
SECRETARY STIPEND	\$	300				
SCHOLARSHIP AWARDS	\$	250				
TAX PREPARATION	\$	350				

TREASURER STIPEND

WEBSITE & DEVELOPMENT

500

1,975

72,454

Total \$

Part IV Supplemental Information (continued)