Department of the Treasury

Return of Organization Exempt From Income Tax

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

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

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

DLN: 93493236009191 OMB No. 1545-0047

Open to Public Inspection

		enue Servic							
A F	or th	e 2020 (ginning 01-01-2020 , and ending	12-31-	2020	T		
	dress	pplicable: change	C Name of organization THE CONNECTICUT CONSTRUCT. INDUSTRIES ASSOCIATION INC	ION			06-0681		ication number
☐ Ini	tial re	_	Doing business as						
		d return ion pendin	012 CTLAC DEANE LICHWAY NO		oom/suite		E Telephone (860) 52		
			City or town, state or province, of WETHERSFIELD, CT 061093434	country, and ZIP or foreign postal code			G Gross rece	eipts \$ 2,	092,191
			F Name and address of princ	ipal officer:		H(a) Is this	a group retu	ırn for	
			DONALD SHUBERT				dinates?		□Yes ☑ No
			912 SILAS DEANE HIGHWAY WETHERSFIELD, CT 06109			H(b) Are al	l subordinate	s	☐ Yes ☐No
I Ta:	x-exei	mpt status	:	◀ (insert no.) ☐ 4947(a)(1) or ☐	527	` í includ	ed? ," attach a lis	+ (coo	
J W	ebsit	te:► W	ww.ctconstruction.org	4347(a)(1) (ii)			exemption r	•	•
K Forr	n of o	rganization	n: 🗹 Corporation 🗌 Trust 🔲 A	association Other	L	Year of forma	ation: 1959	M State	of legal domicile: CT
Pa	art I	Sun	nmary						
' '			escribe the organization's mission	n or most significant activities:					
eu U				JS LABOR NEGOTIATIONS. PROVIDE	TECHNIC	AL & ADVIS	ORY SERVICE	S TO M	EMBERS.
2	-								
E	:								
Governance	2	Check th	nis box • 🗖 if the organization	discontinued its operations or dispose	ed of mo	re than 25%	of its net as	sets.	
				ning body (Part VI, line 1a)				3	28
න් ග	4	Number	of independent voting members	s of the governing body (Part VI, line 1	1b) .			4	27
Activities &	5	Total nu	mber of individuals employed in	calendar year 2020 (Part V, line 2a)			•	5	6
₹	6	Total nu	mber of volunteers (estimate if	necessary)				6	0
β	7a	Total un		7a	29,618				
	b	Net unre	elated business taxable income f			7b	0		
						Pri	or Year		Current Year
Qı .	8	Contribu	itions and grants (Part VIII, line :	1h)			2,142,4:	16	0
Ě	9	Program	service revenue (Part VIII, line	2g)			129,1:	12	1,412,780
Ravenue	10	Investm	ent income (Part VIII, column (A		5,84	44	215,234		
Œ	l		evenue (Part VIII, column (A), lin				45,25	-	52,618
	l			must equal Part VIII, column (A), line	12)		2,322,62		1,680,632
	_		<u>-</u> `	(, column (A), lines 1–3)			18,47	73	12,810
	l		. ,	, column (A), line 4)	_			0	0
S	l		,	benefits (Part IX, column (A), lines 5			951,69	_	1,016,437
Expenses	l		ional fundraising fees (Part IX, co	* * * * * * * * * * * * * * * * * * * *			301,0	0	0
<u>8</u>	l		draising expenses (Part IX, column (I	,,,,,,	•			1	<u> </u>
ሿ	l		xpenses (Part IX, column (A), lin	" ·			1,578,36	52	468,520
	l			equal Part IX, column (A), line 25)			2,548,53	-	1,497,767
	l		e less expenses. Subtract line 18				-225,90		182,865
<u>አ</u> ቀ	1.9	Revenue	e less expenses. Subtract line 10	THOM INC. I.	•	Beginning	of Current Ye		End of Year
Net Assets or Fund Balances									
Bal	20	Total as	sets (Part X, line 16)		•		3,999,7	70	4,192,554
굴	21	Total lia	bilities (Part X, line 26)		•		79	97	465
Zű	22	Net asse	ets or fund balances. Subtract lir	ne 21 from line 20			3,998,97	73	4,192,089
	ırt II		nature Block						
				amined this return, including accompa ete. Declaration of preparer (other tha					
any k									
		11	**			202	4 00 04		
C:		Signa	ture of officer			Date	<u>1-08-24</u> e		
Sign Here		l' DONA	U.C. CHURERT PRECIDENT						
			ALD SHUBERT PRESIDENT or print name and title						
		<u> r </u>	Print/Type preparer's name	Preparer's signature	Dat	e I		TIN	
Paid	4		· · · · · · · · · · · · · · · · · · ·	'		Che		00236314	l .
Pre		er	Firm's name VENMAN & CO LLC	CPA'S		1	r's EIN ▶ 06-0	674034	
Use		51 .lv							
USE	· UII	ייy	Firm's address ► 375 BRIDGEPORT A	VENUE		Pho	ne no. (203) 9:	29-9945	
			SHELTON, CT 0648	34					
May t	he IR	RS discus	s this return with the preparer s	hown above? (see instructions) .				□ Y	es 🗹 No
			eduction Act Notice, see the s			Cat. No. 1	1282Y		Form 990 (2020)

orm	990 (2020)					Page 2
Pa	t III Statemei	nt of Program Service	e Accomplisi	nments		
	——— Check if Sc	hedule O contains a respo	onse or note to a	ny line in this Part III		🗹
		e organization's mission:		,		
OMF NDU OR I DVI NDU	PANIES IN THE CON STRY RELATIONS B ITS MEMBERSF. INF SORY SERVICES TO STRIESI. ACT ON B	STRUCTION AND RELATE ETWEEN MEMBERS D. PR ORM MEMBERS OF TIMEL MEMBERS.H. PROMOTE EHALF OF MEMBERS IN T	D INDUSTRIES.I OMOTE THE COI Y INFORMATION AND FOSTER ST. HE NEGOTIATIO	3. FOSTER REASONABLE NSTRUCTION AND ALLIE IG. RENDER CONSULTAT ABILITY AND FAIRNESS N, MODIFICATION, CON	A BETTER UNDERSTANDING BETVE AND JUST REGULATIONS BY GOVED INDUSTRIES E. ADVOCATE BEN TION, RESEARCH, TECHNICAL, INF IN LABOR RELATIONS IN THE CON SUMMATION AND ADMINISTRATION T AND WELFARE TO MEMBERS.	/ERNMENTS C. IMPROVE EFICIAL LEGISLATION ORMATION AND NSTRUCTION AND ALLIEI
	Did the organization	on undertake any significa	int program serv	rices during the year wh	ich were not listed on	
	the prior Form 990	or 990-EZ?				☐ Yes ☑ No
		these new services on Sch				
}	•	on cease conducting, or m		changes in how it conduc	cts, any program	
	services?					☐ Yes ☑ No
	If "Yes," describe t	these changes on Schedul	e O.	_		
4	Describe the organ Section 501(c)(3)	nization's program service	accomplishmen	to report the amount of	argest program services, as measu grants and allocations to others, t	
la l	(Code:) (Expenses \$	1,181,744	including grants of \$	12,810) (Revenue \$)
	See Additional Data					
b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
	(Code:) (Expenses \$		including grants of ¢) (Revenue \$)
ŀc	(Code:) (Expenses \$		including grants of \$) (Revenue \$)
ŀd	Other program ser	rvices (Describe in Schedu	ıle O.)			
	(Expenses \$	incl	uding grants of	\$) (Revenue \$)
ŀe	Total program se	ervice expenses >	1,181,7	44		

Pai	TIV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section $501(c)(3)$ or $4947(a)(1)$ (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
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	Yes	
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	nt 6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, I or X as applicable.	х,		
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its tot assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		No
	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		No
	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 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Yes	
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			No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	。		1

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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ar	Checklist of Required Schedules (continued)		37	
	Did the expanisation report more than #5 000 of grants or other assistance to or far demostic individuals on Bort IV		Yes	No
	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		No
	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	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? <i>If "Yes," complete Schedule L,</i> Part I	25b		
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		N
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		N
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		N N
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		N
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		N
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		N
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N
	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		N
	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		N
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		N
	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		
	within the meaning of section 512(b)(15): If Tes, complete schedule N, Tall V, line 2			
	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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	36 37		N

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .

 ${f b}$ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .

No

Yes

Yes

16

0

1c

1a

1b

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			rage 3
	Enter the number of employees reported on Form W-3, Transmittal of Wage and			
20	Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country:	4a		No
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

OHH	990 (2020)			Page
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" resp	onse to	lines 🗹
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 28			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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 with a taxable entity during the year?	16a		No
b	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		
	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► CT			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: KATHY BERGAMO CONTROLLER 912 SILAS DEANE HIGHWAY SUITE 112 WETHERSFIELD, CT 061093434 (860) 529-8	8655		

Part VII

and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII . . .

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax

• 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.

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

• List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(A) (C) (D) (F) (B) (E) Name and title Estimated Average Position (do not check more Reportable Reportable than one box, unless person amount of other hours per compensation compensation is both an officer and a week (list from the from related compensation any hours director/trustee) organization organizations from the

	for related							/W 2/1000	(1) 2/1000	organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations
See Additional Data Table										
-										
										Form 990 (2020)

(A)

Name and title

compensation from the organization ▶ 0

(B)

Average

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) Estimated

Page 8

		hours per week (list any hours for related	t is both an officer and a from the from relation organization organization organization (W-2/1009 (W-2/1009)						m related anizations	l s	amount o compens from i	ation the			
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		(,71099- (SC)	(**	-2/1099- MISC)		organizati relati organiza	ed
See	Additional Data Table														
													\perp		
													_		
													-		
													-		
													+		
c ·	Sub-Total	art VII, Section	Α.				*			575,399			0		105,335
2	Total number of individuals (including of reportable compensation from the	but not limited	to thos			bov	e) who	rec	eived mo	re than	\$100,000				
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> .			ee, k	•		oyee,		ghest cor	mpensal	ed emplo	ee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual												4	Yes	
5	Did any person listed on line 1a recei services rendered to the organization												5		No
	ection B. Independent Contract				_						1155	200 1			
1	Complete this table for your five high from the organization. Report compe	nsation for the c									tion's tax	year.	mpens		
	Name a	(A) and business addre	ess							D	(B) escription o			(C Compen	
													\Rightarrow		
										l					

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

(C)

Position (do not check more

(D)

Reportable

(E)

Reportable

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII	excluded from
Total revenue CA Related or exempt function revenue Part Part	d Revenue excluded from tax under sections
1a Federated campaigns 1a 1b	312 31.
The state of spants (contributions) For All other contributions, gifts, grants, and similar amounts not included above Report of All other contributions included in lines 1a - 1f:\$ In Total. Add lines 1a-1f	
The state of spants (contributions) For All other contributions, gifts, grants, and similar amounts not included above Report of All other contributions included in lines 1a - 1f:\$ In Total. Add lines 1a-1f	
The state of spants (contributions) For All other contributions, gifts, grants, and similar amounts not included above Report of All other contributions included in lines 1a - 1f:\$ In Total. Add lines 1a-1f	
## All other program service revenue. Fall other program service (including dividends, interest, and other similar amounts)	
Business Code 2a MEMBERSHIP DUES 900099 1,382,830 1,382,830 17,475 17,475 c SEMINARS 900099 12,475 d e f All other program service revenue. 9 Total. Add lines 2a-2f ▶ 1,412,780 3 Investment income (including dividends, interest, and other similar amounts)	
Business Code 2a MEMBERSHIP DUES 900099 1,382,830 1,382,830 17,475 17,475 c SEMINARS 900099 12,475 d e f All other program service revenue. 9 Total. Add lines 2a-2f ▶ 1,412,780 3 Investment income (including dividends, interest, and other similar amounts)	
Business Code 2a MEMBERSHIP DUES 900099 1,382,830 1,382,830 17,475 17,475 c SEMINARS 900099 12,475 d e f All other program service revenue. 9 Total. Add lines 2a-2f ▶ 1,412,780 3 Investment income (including dividends, interest, and other similar amounts)	
Business Code 2a MEMBERSHIP DUES 900099 1,382,830 1,382,830 17,475 17,475 c SEMINARS 900099 12,475 d e f All other program service revenue. 9 Total. Add lines 2a-2f ▶ 1,412,780 3 Investment income (including dividends, interest, and other similar amounts)	
2a MEMBERSHIP DUES 900099 1,382,830 1,382,830 1,382,830 b EVENTS 900099 17,475 17,475 c SEMINARS 900099 1,382,830	
b EVENTS 900099 17,475 17,475 c SEMINARS 900099 12,475 12,475 d e f All other program service revenue. 9 Total. Add lines 2a-2f ▶ 1,412,780 3 Investment income (including dividends, interest, and other similar amounts)	
f All other program service revenue. g Total. Add lines 2a–2f	
f All other program service revenue. g Total. Add lines 2a–2f	
f All other program service revenue. g Total. Add lines 2a–2f	
f All other program service revenue. g Total. Add lines 2a–2f	
f All other program service revenue. g Total. Add lines 2a–2f	
f All other program service revenue. g Total. Add lines 2a–2f	
f All other program service revenue. g Total. Add lines 2a–2f	
9 Total. Add lines 2a-2f ▶ 1,412,780 3 Investment income (including dividends, interest, and other similar amounts)	
3 Investment income (including dividends, interest, and other similar amounts)	
similar amounts)	
	105,270
4 Income from investment of tax-exempt bond proceeds 5 Royalties	29,618
5 Royalties	29,010
6a Gross rents 6a	
b Less: rental expenses 6b	
c Rental income or (loss) 6c	
d Not workel income on (loss)	
(i) Securities (ii) Other	
7a Gross amount	
from sales of assets other	
than inventory b Less: cost or	
other basis and sales expenses 7b 409,786 1,773	
c Gain or (loss) 7c 106,237 3,727 d Net gain or (loss)	106,237
8a Gross income from fundraising events	
(not including \$ of contributions reported on line 1c).	
See Part IV, line 18 8a	
(not including \$ of contributions reported on line 1c). See Part IV, line 18 8a b Less: direct expenses 8b c Net income or (loss) from fundraising events	
c Net income or (loss) from fundraising events	
9a Gross income from gaming activities.	
See Part IV, line 19 9a	
b Less: direct expenses 9b	
c Net income or (loss) from gaming activities	
10aGross sales of inventory, less	
returns and allowances . 10a	
b Less: cost of goods sold	
© Net income or (loss) from sales of inventory ► Miscellaneous Revenue Business Code	
11a ADMINISTRATIVE SERVICE 812900 23,000 23,000	
ь	
С	
	İ
d All other revenue	
e Total. Add lines 11a-11d	
12 Total revenue. See instructions	

Check if Schedule O contains a response or note to any line in this Part IX Can be not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VII. Can be noted that the containing of the program service of the syenses Pergram service of the syens	Part IX Statement of Functional Section 501(c)(3) and 501(c)(4		omplete all columns.	All other organizati	ons must complete col	umn (A).
Do not include amounts reported on lines 6b, 76, 8b, 9b, 9c, and 100 of Part VIII. 1. Greats and other assistance to domestic organizations and consestic organizations to discussion of comments. See Part IV, line 21. 2. Grants and other assistance to domestic individuals, See Part IV, line 21. 3. Grants and other assistance to domestic individuals, See Part IV, line 21. 3. Grants and other assistance to domestic individuals, See Part IV, line 21. 4. Grants and other assistance to domestic individuals, See Part IV, line 21. 5. Compensation of current officers, directors, trustees, and key amployees. 6. Compensation not included above, to disqualified persons (as defined under each of 958(fc)13/(6). 7. Other salaries and wayses. 8. Pension plan accusals and contributions (incude section 401 (c)) and 402(b) ampleyer contributions). 9. Other employee benefits. 1. Fees for services (non-employees): 1. Fees for services (non-employees): 1. Pees for services (non-employees): 2. Advantage of the propertion of the pro		-				🗆
domestic governments. See Part IV, Ine 21. Grants and other assistance to domestic individuals. See Part IV, Ine 22. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, Ines 15 and 16. Benefits paid to or for members. Compression of current offeren, directors, trustees, and key employees. Compression of current offeren, directors, trustees, and key employees. Part IV, Ine 22. Compression of current offeren, directors, trustees, and key employees. Part IV, Ine 21. Compression of current offeren, directors, trustees, and key employees. Part IV, Ine 22. Compression of current offeren, directors, trustees, and key employees. Part IV, Ine 22. Compression of current offeren, directors, trustees, and key employees. Part IV, Ine 22. Compression of current offeren, directors, trustees, and key employees. Compression of current offeren, directors of current of current (IV) and 403(b) employer contributions (Include section 401.	Do not include amounts reported on line		(A)	(B) Program service	(C) Management and	Fundraising
Part IV, Ine 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 governments, and foreign individuals. See Part IV, lines 15 sources, and see projects of comments of current officers, directors, trustees, and sever employees. 4 Senefits paid to or for members. 5 Compensation of current officers, directors, trustees, and sever individuals. See Part IV, lines 15 sources and sever individuals. See Part IV, line 17 organization plan accruals and contributions (include section 401 (4), and 405(5)) employer contributions. 10 Payrol taxes. 5 Persion plan accruals and contributions (include section 401 (4), and 405(5)) employer contributions. 10 Payrol taxes. 5 Persion plan accruals and contributions. 10 Payrol taxes. 5 Persion plan accruals and contributions. 10 Payrol taxes. 5 Persion plan accruals and contributions. 10 Payrol taxes. 5 Persion plan accruals and contributions. 10 Payrol taxes. 5 Persion plan accruals and contributions. 10 Payrol taxes. 11 Pees for services (non-employees): 12 Payrol taxes. 13 Persion plan accruals and contributions. 14 Persion plan accruals and contributions. 15 Persion plan accruals and contributions. 16 Payrol taxes. 17 Persion plan accruals and contributions. 18 Persion plan accruals and contributions. 19 Persion plan accruals and contributions. 19 Payrolate is 11 payrolate. 10 Persion plan accruals and contributions. 10 Persion plan accruals and contributions. 11 Persion plan accruals and contributions. 12 Payrolate is time 11 geopeness on Schedule O) 13 Persion plan accruals and contributions. 14 Payrolates. 15 Persion plan accruals accruals accruals accruals and contributions. 16 Persion plan accruals accru			10,810			
governments, and foreign individuals. See Part IV, lines 15 and 16. 4 Benefits paid to or for members. 5 Compensation of current officiers, directors, trustees, and key employees. 6 Compensation of current officiers, directors, trustees, and key employees. 7 Other salaries and wages. 8 Pension plan accruals and contributions (include section 40: (%) and 403(10) employer contributions). 9 Other employee benefits. 10 Payroll taxes. 50,800 11 Feas for services (non-employees): 10 Associated and trustees. 11 Feas for services (non-employees): 12 Associated and trustees. 13 July 312 14 Lobbying. 15 Pension plan amagement. 19 July 312 16 Caccounting. 17 Lowestment management fees 19. 18 July 312 19 Other employees. 19 Other (If line 11g amount exceeds 10% of line 25, column (%) amount, it sit line 11g sepsess on Schedule O) 12 Advertising and promotion. 13 Office expenses. 13 July 32 14 Information technology. 15 Royalties. 16 Occupancy. 17 Travel. 18 Payments of travel or entertailment expenses for any federal, state, or local public officials. 19 Payments of travel or entertailment expenses for any federal, state, or local public officials. 19 Payments of stravel or entertailment expenses for any federal, state, or local public officials. 10 Conferences, conventions, and meetings. 21 Depreciation of fine 25, column (A) amount, list line 24e expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses in Schedule O.) 21 Insurance. 22 Depreciation of fine 25 column (A) amount, list line 24e expenses in Schedule O.) 21 Payments to affiliates. 22 Depreciation of fine 25 column (A) amount, list line 24e expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses in line 24e. If line 24e amount exceed		individuals. See	2,000			
5 Compensation of current officers, directors, trustees, and levy employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8) 7 Other salaries and wages 8 Pension plan accrusis and contributions (include section 401 (k) and 403(b) employer contributions) 9 Other employee benefits 100,761 10 Payrol taxes 100,803 11 Fees for services (non-employees): 1 Management 1 b Legal 1 19,312 2 Accounting 1 41,000	governments, and foreign individuals. S	ee Part IV, lines 15				
key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(8) 7 Other salaries and wages 8 Pensine plan acrusials and contributions (include section 401 (k) and 403(b) employer contributions) 9 Other employee benefits 100,761 10 Payrol taxes 11 Fees for services (non-employees): a Management 1 b Legal 1 19,312 2 Accounting 1 41,000 4 1,000 4 1,000 4 1,000 9 Other (fif line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 7,689 10 Other (fif line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion 13 Office expenses 13 1,232 14 Information technology 15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Insurance 20 Dereciation, depletion, and amortization 21 Insurance 22 Depreciation, depletion, and amortization 23 Insurance 4,5317 24 Other expenses I temize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount expenses on Schedule O) 2 Insurance 2 Depreciation, depletion, and amortization 2 Insurance 3 Insurance 4 5,317 24 Other expenses. Temize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount expenses on Schedule O) 4 Other expenses. Cemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount expenses on Schedule O) 4 Other expenses. Add lines 1 through 24e 4 John Children (A) Amount, list line 12e. If line 24e amount expenses in line 24e. If line 24e amount expenses on Schedule O) 5 Total functional expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e 5 Total functional expenses. Add lines 1 through 24e 5 Joint costs. Complete the line only if the organization reported in column (B) joint costs from a combined educational expenses.	4 Benefits paid to or for members					
defined under section 4958(f)(1) and persons described in section 4958(f)(3)(8)			385,368			
8 Pension plan accruais and contributions (include section 401 (k) and 493(b) employer contributions)	defined under section 4958(f)(1)) and p	ersons described in				
(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payrol taxes 11 Fees for services (non-employees): a Management b Legal 1	7 Other salaries and wages	[465,308			
10 Payroli taxes			14,197			
11 Fees for services (non-employees): a Nanagement b Legal	9 Other employee benefits		100,761			
a Management	10 Payroll taxes		50,803			
b Legal	11 Fees for services (non-employees):					
b Legal	a Management					
C Accounting 41,000 78,935 9 78,935 9 9 78,935 9 9 9 9 9 9 9 9 9	b Legal		19,312			
Test	-		41,000			
e Professional fundraising services. See Part IV, line 17 f Investment management fees	• • • • •	· . · . · .	78,935			
f Investment management fees 19,820	, ,	art IV line 17	,			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) 2 Advertising and promotion		· · · · · · · · · · · · · · · · · · ·	19.820			
(A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion		⊢				
13 Office expenses			3,900			
13 Office expenses	12 Advertising and promotion		7,689			
14 Information technology 26,994 15 Royalties 113,957 16 Occupancy 113,957 17 Travel 4,428 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 22,416 19 Conferences, conventions, and meetings 22,416 20 Interest 9 21 Payments to affiliates 15,787 22 Depreciation, depletion, and amortization 15,787 23 Insurance 45,317 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 28,516 a IAP ADMINISTRATOR FEE 28,516 b DUES, PUBLICATIONS & SUB 4,660 c PROP TAX, REG.& MISC FEE 2,903 d OTHER TAXES 413 e All other expenses 350 25 Total functional expenses. Add lines 1 through 24e 1,497,767 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.			31,123			
15 Royalties	•	·	26,994			
16 Occupancy 113,957 17 Travel 4,428 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 22,416 19 Conferences, conventions, and meetings 22,416 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 15,787 23 Insurance 45,317 24 Other expensess. Itemize expenses not covered above (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 28,516 a IAP ADMINISTRATOR FEE 28,516 b DUES,PUBLICATIONS & SUB 4,660 c PROP TAX,REG.& MISC FEE 2,903 d OTHER TAXES 413 e All other expenses 350 25 Total functional expenses. Add lines 1 through 24e 1,497,767 26 Joint costs, Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		-				
17 Travel			113.957			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings		· · · ·	· ·			
19 Conferences, conventions, and meetings	18 Payments of travel or entertainment exp	penses for any	1,120			
20 Interest	, , ,		22,416			
21 Payments to affiliates	•	· · · · · · · · · · · · · · · · · · ·				
22 Depreciation, depletion, and amortization						
23 Insurance	,	n	16 787			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a IAP ADMINISTRATOR FEE b DUES, PUBLICATIONS & SUB c PROP TAX, REG. & MISC FEE d OTHER TAXES 413 e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	, , , , ,				1	
miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a IAP ADMINISTRATOR FEE b DUES, PUBLICATIONS & SUB c PROP TAX, REG. & MISC FEE d OTHER TAXES 413 e All other expenses Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.		overed shove (List	43,317			
a IAP ADMINISTRATOR FEE b DUES, PUBLICATIONS & SUB c PROP TAX, REG. & MISC FEE d OTHER TAXES 413 e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	miscellaneous expenses in line 24e. If li exceeds 10% of line 25, column (A) am	ne 24e amount				
c PROP TAX,REG.& MISC FEE d OTHER TAXES e All other expenses Total functional expenses. Add lines 1 through 24e 1,497,767 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	,		28,516			
d OTHER TAXES e All other expenses Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	b DUES,PUBLICATIONS & SUB		4,660			
e All other expenses 350 Total functional expenses. Add lines 1 through 24e 1,497,767 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	c PROP TAX,REG.& MISC FEE		2,903			
Total functional expenses. Add lines 1 through 24e 1,497,767 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	d OTHER TAXES		413			
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	e All other expenses		350			
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.	25 Total functional expenses. Add lines	1 through 24e	1,497,767			
<u> </u>	reported in column (B) joint costs from	a combined				
	<u> </u>					

Form 990 (2020)

1

2

31

32

33

273,669

1,106,641

Page **11**

	Beginning of year		End of year
Cash-non-interest-bearing	547,411	1	
Savings and temporary cash investments	743,367	2	1,
Pledges and grants receivable, net		3	

3 4 Accounts receivable, net . . . Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 5 Loans and other receivables from other disqualified persons (as defined under

Check if Schedule O contains a response or note to any line in this Part IX .

section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net . . . Assets 8 Inventories for sale or use . . Prepaid expenses and deferred charges . 9 10a Land, buildings, and equipment: cost or other 10a 296,208 basis. Complete Part VI of Schedule D 10b 202,767 11,884 10c b Less: accumulated depreciation 11 2,464,430 11 Investments—publicly traded securities . 209.259 12 Investments—other securities. See Part IV, line 11 . 12

93,441 2,695,384 13 13 Investments—program-related. See Part IV, line 11 23,419 23,419 14 14 Intangible assets . 15 15 Other assets. See Part IV, line 11 . . . 3,999,770 16 4,192,554 16 Total assets. Add lines 1 through 15 (must equal line 33) . 17 Accounts payable and accrued expenses 17

18 18 Grants payable . 19 19 Deferred revenue . . 20 Tax-exempt bond liabilities . 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D

Liabilities 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 22 23 Secured mortgages and notes payable to unrelated third parties 23

24 24 Unsecured notes and loans payable to unrelated third parties . 797 465 25 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D

797 465 26 Total liabilities. Add lines 17 through 25 . . 26

Organizations that follow FASB ASC 958, check here ▶ complete lines 27, 28, 32, and 33. 27 3,998,973 4,192,089 Net assets without donor restrictions 27

Fund Balances 28 28 Net assets with donor restrictions .

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

complete lines 29 through 33. ō 29 29 Capital stock or trust principal, or current funds Assets 30 30 Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

31

32

33

4,192,089

4,192,554

Form 990 (2020)

3,998,973

3.999.770

Form	990 (2020)				Page 12
Pa	Reconcilliation 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			,680,632
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	,497,767
3	Revenue less expenses. Subtract line 2 from line 1	3			182,865
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3	,998,973
5	Net unrealized gains (losses) on investments	5			10,251
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10		4	,192,089
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				✓
				Yes	No
1	income tax				
	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☑ Other basis				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				l
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:	basis,			
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
_					
зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngie	3a		No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

Form **990** (2020)

Additional Data



Name: THE CONNECTICUT CONSTRUCTION

Software ID:

INDUSTRIES ASSOCIATION INC.

Form 990 (2020)

Form 990, Part III, Line 4a:

MEMBER SERVICES

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	(1) 2 (1006		(14, 2/1000	(14/ 2/1000	organization and					
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
DONALD SHUBERT PRESIDENT	40.00	Х		x				326,486	0	58,882
GARY WALL FIFTH VICE PRESIDENT	0.00	Х		x				0	0	0
TIMOTHY ARBORIO FIRST VICE PRESIDENT	0.00	Х		х				0	0	0
JONATHAN MILLER SECOND VICE PRESIDENT	0.00	Х		х				0	0	0
JOHN BRUNALLI THIRD VICE PRESIDENT	0.00	Х		х				0	0	0
RAYMOND ONEGLIA	0.00									

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Χ

Χ

Х

Χ

Х

0.00

0.00

0.00

0.00

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JONATHAN MILLER
SECOND VICE PRESIDENT
JOHN BRUNALLI
THIRD VICE PRESIDENT

FOURTH VICE PRESIDENT

CHAIRMAN OF THE BOARD

LEN SUZIO

SECRETARY

TREASURER

GREG RAUCCI

PAST CHAIRMAN

DAVID CHAPMAN

DOUGLAS HANSEN

and Independent Contractors

(A) (D) (E) (B) (C) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation person is both an officer week (list from related from the compensation from the

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

BOARD MEMBER

BOARD MEMBER

KEVIN KEROACK

BOARD MEMBER

JAMES MANAFORT

BOARD MEMBER

BOARD MEMBER

LINWOOD MATHER III

DANIEL FILOMENO

.......

	any hours	and	l a dir	recto	r/tr	ustee))	organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
TOM AVERY BOARD MEMBER	0.00	х						0	0	0
CHARLIE BAIER BOARD MEMBER	0.00	х						0	0	0

BOARD MEMBER								-	
CHARLIE BAIER	0.00	х					0	0	
BOARD MEMBER									
ROBERT BERKMOES	0.00	Х					0	0	
BOARD MEMBER		^					9	,	
PAT CAMPUTARO	0.00	×					0	0	
DOADD MEMBED	I	_ ^	l	l	I	ı	ı	ľ	l

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BOARD MEMBER		Х			0	0	0
ROBERT BERKMOES	0.00	¥			0	0	0
BOARD MEMBER						0	0
PAT CAMPUTARO BOARD MEMBER	0.00	Х			0	0	0
SCOTT DICINE	0.00	Х			0	0	0

BOARD MEMBER		^			J	0	0
ROBERT BERKMOES	0.00	~			0	0	0
BOARD MEMBER		^				0	0
PAT CAMPUTARO	0.00	v			0	0	0
BOARD MEMBER		^				0	
SCOTT DICINE	0.00	~				0	0
BOARD MEMBER		^				0	0
JAMES EACOTT III	0.00						

0

0

0

0

0

(A) (B) (C) (D) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the from related compensation

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

	any hours				ustee)		organization	organizations	from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustée	Key employee	Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
KEVIN O'CONNELL BOARD MEMBER	0.00	Х					0	0	0
JOHN OLENDER SR BOARD MEMBER	0.00	х					0	0	0
MARIO SMITH BOARD MEMBER	0.00	х					0	0	0

0

0

0

0

0

0

0

24,497

21,956

147,903

101,010

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40.00

40.00

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JOHN OLENDER SR	
BOARD MEMBER	
MARIO SMITH	
BOARD MEMBER	
JOHN ELLIS	
BOARD MEMBER	

......

ROBERT SULLIVAN

BOARD MEMBER

CRAIG TIMPSON

BOARD MEMBER

DAVID BRENNAN

BOARD MEMBER

BOARD MEMBER

AGC EXECUTIVE DIRECTOR

KATHLEEN BERGAMO

LEE BALDWIN

JOHN BUTTS

CONTROLLER

and Independent Contractors

Political Campaign and Lobbying Activities

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

Employer identification number

06-0681712

OMB No. 1545-0047

DLN: 93493236009191

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

THE CONNECTICUT CONSTRUCTION INDUSTRIES ASSOCIATION INC

(Proxy Tax) (see separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

EZ)

2

5

SCHEDULE C (Form 990 or 990-

▶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 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 527 organizations: Complete Part I-A only.

 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

- 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.

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

Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") Political campaign activity expenditures (see instructions) 2 3 Volunteer hours for political campaign activities (see instructions) Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 1 Enter the amount of any excise tax incurred by organization managers under section 4955 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? 3 ☐ Yes □ No Was a correction made? ☐ Yes ☐ No If "Yes," describe in Part IV. Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b....... Did the filing organization file Form 1120-POL for this year? 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is 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 funds. If none, enter and promptly and -0-. directly delivered to a separate political organization. If none, enter -0-.

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2020

ress,	EIN,	

Page 2

١				in Part IV each a	ffiliated group	member's nam	e, add	ress, EIN,	
3	Check ▶ ☐ if the filing organization checked	box A and "li	mited control" p	rovisions apply.					
	Limits on Lobb	mits on Lobbying Expenditures (a) F							
.a	Total lobbying expenditures to influence public	opinion (gras	s roots lobbying)			1		
							1		
c	Total lobbying expenditures (add lines 1a and 1								
d	Other exempt purpose expenditures								
е	Total exempt purpose expenditures (add lines :	1c and 1d)							
f	Lobbying nontaxable amount. Enter the amoun columns.	te amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount ver \$500,000 20% of the amount on line 1e. \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 but not over \$17,000,000							
	If the amount on line 1e, column (a) or (b) is: The lo	bbying nontaxa	able amount is:					
	Not over \$500,000	20% of	the amount on line	1e.					
	Over \$500,000 but not over \$1,000,000	\$100,00	0 plus 15% of the	excess over \$500,00	0.				
	Over \$1,000,000 but not over \$1,500,000	\$175,00	0 plus 10% of the	excess over \$1,000,0	000.				
	Over \$1,500,000 but not over \$17,000,000	\$225,00	0 plus 5% of the ex	cess over \$1,500,00	00.				
	Over \$17,000,000	\$1,000,0	000.						
j	section 4911 tax for this year?4-Yea	ar Averagir	ng Period Und	der Section 50	1(h)			∕es □ No 	
	columns below. S	See the sep	oarate instruc	ctions for lines	2a throug	h 2f.)			
	Lobbying	Expenditu	res During 4-	Year Averagir	ng Period				
			(a) 2017	(b) 2018	(c) 2019	(d) 2020	,	(e) Total	
2a	Lobbying nontaxable amount								
b	Lobbying ceiling amount (150% of line 2a, column(e))								
С	: Total lobbying expenditures						\perp		
d	Grassroots nontaxable amount						\perp		
e	Grassroots ceiling amount								

answered "Yes."

expenses for which the section 527(f) tax was paid).

Supplemental Information

activity.

1

1

3

Part IV

Return Reference

No

292,219

103,401

103,401

246.025

-142,624

(b)

Amount

(a)

Yes | No

2a

2b

2c

3

4 5

Schedule C (Form 990 or 990EZ) 2020

Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2a If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912

Part III-A 501(c)(6).

Dues, assessments and similar amounts from members

Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political

Current vear

Carryover from last year Total

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?

Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .

Taxable amount of lobbying and political expenditures (see instructions)

instructions), and Part II-B, line 1. Also, complete this part for any additional information.

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

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:

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Nο 1 No

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

Explanation

If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

2 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493236009191

2020

OMB No. 1545-0047

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

Department of the Treasury

Inten	nal Revenue Service	1990 for instructions and the latest infor	mation. Inspection
TH	ame of the organization E CONNECTICUT CONSTRUCTION DUSTRIES ASSOCIATION INC		Employer identification number
		and Friede or Other Cimiley Friede o	06-0681712
	Organizations Maintaining Donor Advistage Complete if the organization answered "Ye		r Accounts.
	1	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisor organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, or for any other purpose o	
Вa	rt II Conservation Easements.		Tes 🗆 No
	Complete if the organization answered "Ye	s" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organ	nization (check all that apply).	
	Preservation of land for public use (e.g., recreation	n or education)	historically important land area
	Protection of natural habitat	☐ Preservation of a c	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a	qualified conservation contribution in the form	m of a conservation
_	easement on the last day of the tax year.	qualified conservation contribution in the form	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic	c structure included in (a)	2c
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06, and not on a historic	2d
3	Number of conservation easements modified, transferre tax year ▶	d, released, extinguished, or terminated by t	he organization during the:
4	Number of states where property subject to conservatio	on easement is located >	
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds		of violations,
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing co	nservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, \$ \bigs \$	handling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line $2(d)$ and section $170(h)(4)(B)(ii)$?		70(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports consibalance sheet, and include, if applicable, the text of the		nse statement, and
	the organization's accounting for conservation easement		
Pa	rt III Organizations Maintaining Collections Complete if the organization answered "Ye	s" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ Part XIII, the text of the footnote to its financial statement	lic exhibition, education, or research in furthe ents that describes these items.	erance of public service, provide, in
b	If the organization elected, as permitted under FASB AS historical treasures, or other similar assets held for publ following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		▶\$
	ii)Assets included in Form 990, Part X		
2	If the organization received or held works of art, historic following amounts required to be reported under FASB A	cal treasures, or other similar assets for finar	
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
b	Assets included in Form 990, Part X		> \$

Cat. No. 52283D

Schedule D (Form 990) 2020

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

Par	t III	Organizations Maintaining Co	llections of Art, I	listor	ical Tı	eası	ıres, or	Other	Similar As	sets (con	tinued)
3		g the organization's acquisition, accessions (check all that apply):	on, and other records,	, check	any of	the fo	llowing t	hat are a	significant u	se of its co	llection
а		Public exhibition		d		Loan	or excha	ange prog	grams		
b		Scholarly research		e		Othe	r				
c		Preservation for future generations									
4	Provi Part	ide a description of the organization's co	ollections and explain	how th	ey furth	ner th	e organiz	ation's e	xempt purpo	se in	
5	Durir	ng the year, did the organization solicit ts to be sold to raise funds rather than t								☐ Yes	□ No
Pa	rt IV	Escrow and Custodial Arrang Complete if the organization ans X, line 21.	ements. wered "Yes" on For	m 990), Part	IV, I	ine 9, or	reporte	ed an amou		m 990, Part
1a	Is the	e organization an agent, trustee, custoo ded on Form 990, Part X?	lian or other intermed	liary for	contril	butior	ns or othe	er assets	not 	☐ Yes	□ No
b	Ι Ε "Υ	es," explain the arrangement in Part XI	II and complete the fo	llowing	ı tahle:		Γ		Δ	mount	
c		nning balance						1c			
d	_	tions during the year					ŀ	1d			
							Г	1e			
e		ibutions during the year									
f	Endir	ng balance					[1f			
2a	Did t	he organization include an amount on F	orm 990, Part X, line	21, for	escrow	or cu	ıstodial a	ccount li	ability?	☐ Yes	□ No
b		es," explain the arrangement in Part XII									
	rt V	Endowment Funds.	ii. Check field if the c	хрічнас	JOIT HUS	Deci	provided	a iii i dic	XIII	_	
FG	ILV	Complete if the organization ans	wered "Yes" on For	m 990) Part	TV/ li	ine 1∩				
		Complete in the organization and	(a) Current year		Prior yea			ears back	(d) Three yea	ars back (e)	Four years back
1 a	Beainr	ning of year balance					,		,		,
	-	butions									
									-		
		vestment earnings, gains, and losses									
d	Grants	s or scholarships									
е		expenditures for facilities rograms									
f	Admin	istrative expenses									
g	End of	year balance									
2		ide the estimated percentage of the cur d designated or quasi-endowment >	rent year end balance	(line 1	g, colu	mn (a)) held a	s:		•	
а											
b	Perm	nanent endowment ►									
C	Term	n endowment >									
	The p	percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3а		here endowment funds not in the possenization by:	ession of the organizat	tion tha	t are h	eld ar	ıd admini	stered fo	r the		Yes No
	(i) ∪	Inrelated organizations		•						3a(i)	
		Related organizations								3a(ii)
b		es" on 3a(ii), are the related organization	•			?.				3b	
4	Desc	ribe in Part XIII the intended uses of th	e organization's endo	wment	funds.						
Pa	rt VI										
		Complete if the organization ans									
	Descr	ription of property (a) Cost or o (investre		or other	r basis (d	otner)	(c) Acci	umulated (depreciation	(a)	Book value
1a	Land										
b	Buildir	ngs									
		hold improvements				18,716			21,326		27,390
		ment				39,608			63,143		26,46
						7,884			118,298		39,586
		lines 1a through 1e. (Column (d) must	equal Form 990 Part	X coli					>		93,44:
	Auu	inico ta anough te. (Column (a) must	cquai i oiiii 930, Pall	, , con	ann (0)	, mie	40(C).)	• •	r		93,44.

(including name of security)	(b) Book value		d of valuation: -year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIIII Investments—Program Related.	<u> </u>		
Complete if the organization answered 'Yes' on Form 990 (a) Description of investment	, Part IV, line	(b) Book value	Part X, line 13. (c) Method of valuation:
(a) Description of investment		(b) Book value	Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) Part IX Other Assets.		b	
Complete if the organization answered 'Yes' on Form 990, (a) Description	Part IV, line	11d. See Form 990, Par	
(1)			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
			•
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV, line	11e or 11f.See Form	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) OTHER LIABILITIES (2)			465
(3)			
(4)			
(5)			
(6)			
· ·			
(7)			
(7)			
(7) (8)		•	

2

3

4

b

C 5

1

2

C

d

b

5

Part XIII

See Additional Data Table

3 4

Part XII

Schedule D (Form 990) 2020

Page 4

10,251

38,884

1,680,632

1,458,883

1,458,883

38,884

1.497.767

Schedule D (Form 990) 2020

1,641,748

а	Net unrealized gains (losses) on investments	2a	10,251	
b	Donated services and use of facilities	2b		
_	Pecoveries of prior year grapts	20		

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Recoveries of prior year grants Other (Describe in Part XIII.) d е

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Subtract line **2e** from line **1**

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.) . .

Add lines 2a through 2d .

Return Reference

Add lines 4a and 4b

Subtract line **2e** from line **1**

Add lines **4a** and **4b**

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Total expenses and losses per audited financial statements

2e 3

2a 2b

2c

2d

4a

4b

Explanation

Reconciliation of Expenses per Audited Financial Statements With Expenses per F						eturi	n.	
venue. Add lines ${f 3}$ and ${f 4c.}$ (This must equal Form 990, Part I, line 12.)							5	
s 4a and 4b							4c	
Describe in Part XIII.)	4b					22,113		
nent expenses not included on Form 990, Part VIII, line 7b	4a					16,771		
s included on Form 990, Part VIII, line 12, but not on line 1:								

1

2e

3

4c

16,771

22,113

chedule D (Form 990) 2020	Page 5
Part XIII Supplemental Info	rmation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2020

Additional Data

Software ID: Software Version:

EIN: 06-0681712

Name: THE CONNECTICUT CONSTRUCTION

INDUSTRIES ASSOCIATION INC.

Supplemental Information

ADJUSTMENTS:

Return Reference

Explanation PART XI, LINE 4B - OTHER REVENUE A/C'S NETTED AGAINST EXPENSE A/C'S FOR FINANCIAL STATEMENT PURPOSES 22,113.

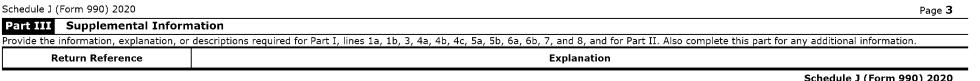
Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	REVENUE A/C'S NETTED AGAINST EXPENSE A/C'S FOR FINANCIAL STATEMENT PURPOSES 22,113.

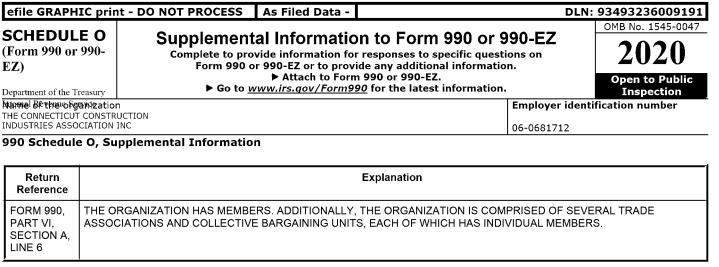
-

efil	le GRAPHIC pr	int - DO NOT PROCESS	As Filed Data	a -	DLN: 9349	323	6009	191		
	nedule J	C	ompensati	ion Information	ОМВ	No.	1545-(0047		
(Form 990)		For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.					2020			
•	tment of the Treasury al Revenue Service	► Go to <u>www.irs.go</u>		instructions and the latest information.			o Pul ectio			
Nar	me of the organiza			Employe	r identificatio					
	CONNECTICUT CON SUSTRIES ASSOCIAT			06-06817	12					
Pa	rt I Questi	ons Regarding Compensa	ition	00 00017	<u> </u>					
							Yes	No		
1a				the following to or for a person listed on Form y relevant information regarding these items.						
		or charter travel		Housing allowance or residence for personal u	se					
		companions	닏	Payments for business use of personal resider	ice					
	_	nification and gross-up payment	ts 📙	Health or social club dues or initiation fees						
	☐ Discretion	ary spending account	Ш	Personal services (e.g., maid, chauffeur, chef)						
b				follow a written policy regarding payment or ve? If "No," complete Part III to explain		1b				
2				or allowing expenses incurred by all		2	Yes			
	directors, truste	es, officers, including the CEO/I	Executive Director	r, regarding the items checked on Line 1a? .						
3				d to establish the compensation of the						
				not check any boxes for methods CEO/Executive Director, but explain in Part III.						
	used by a relate	d organization to establish com	pensation of the v	ceo/executive Director, but explain in Part III.						
		ation committee	lacksquare	Written employment contract						
		ent compensation consultant		Compensation survey or study						
	☑ Form 990	of other organizations	\checkmark	Approval by the board or compensation comm	ittee					
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the filing organ	ization or a					
а	Receive a sever	ance payment or change-of-con	itrol payment? .			4a		No		
b		· ·		ified retirement plan?	–	4b		No		
c	Participate in, o	r receive payment from, an equ	ity-based comper	nsation arrangement?		4c		No		
	If "Yes" to any o	of lines 4a-c, list the persons an	d provide the app	licable amounts for each item in Part III.						
_), 501(c)(4), and 501(c)(29		•						
5	compensation c	ontingent on the revenues of:		the organization pay or accrue any						
a		1?				5a				
b		anization?			•	5b				
6		ed on Form 990, Part VII, Section Contingent on the net earnings o		the organization pay or accrue any						
а	The organization	1?				6a				
b	,			$\bullet = \bullet =$		6b				
	If "Yes," on line	6a or 6b, describe in Part III.								
7				the organization provide any nonfixed rt III		7				
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," describe 		8				
9				presumption procedure described in Regulation	s section	9				
For I	Danerwork Pedu	iction Act Notice, see the Ins	structions for Fo	orm 990- Cat No 50053T	Schedule 1 (Form	990)	2020		

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

			Employees, and Hi					
instructions, on row (ii). I	Do no	ot list any individuals that	t are not listed on Form 9	90, Part VII.	organization on row (i) an Part VII, Section A, line 1	_		t individual.
(A) Name and Title	13 (3		of W-2 and/or 1099-MIS (ii) Bonus & incentive compensation		(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation ir column (B) reported as deferred on prior Form 990
1 DONALD SHUBERT	(i)	314,914	0	11,572	25,650	33,232	385,368	0
PRESIDENT	(ii)	0	0	0	0	0	0	0
2 JOHN BUTTS	(i)	147,903	0	0	4,437	20,060	172,400	0
AGC EXECUTIVE DIRECTOR	(ii)	0	0	0	0	0	0	0
	+	 						





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990 Schedule O, Supplemental Information

LINE 7A

FORM 990, MEMBERS ELECT DULY AUTHORIZED REPRESENTATIVES TO THE GOVERNING BODY.
PART VI,
SECTION A,

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Reference

990 Schedule O, Supplemental Information

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

Explanation Return Reference

FORM 990. ANY CONFLICTS ARE DISCLOSED TO THE BOARD OF DIRECTORS AND MADE A MATTER OF RECORD. A PERSO l PART VI. N WITH A CONFLICT IS NOT ALLOWED TO VOTE AND THE MINUTES TO THE MEETINGS DISCLOSE WHY THEY SECTION B. WERE ABSENT FROM VOTING.

LINE 12C

990 Schedule O, Supplemental Information

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Reference

990 Schedule O, Supplemental Information

FORM 990,	OFFICER'S COMPENSATION IS DETERMINED BASED UPON CONTRACT AND COMPARABILITY STUDIES AND REV
PART VI,	IEWED BY THE EXECUTIVE COMMITTEE. KEY EMPLOYEES' COMPENSATION IS BASED ON JOB DUTIES AND W
SECTION B,	ORK PERFORMANCE. THE AMOUNT OF COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE.
LINE 15	

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FORM 990, PART VI, SECTION C, LINE 19