Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

Internal Revenue Service 2017, and ending For the 2017 calendar year, or tax year beginning D Employer identification number C Name of organization The Connecticut Economic Resource Center, Check if applicable Inc Doing business as 06-1369657 Address change Room/suite E Telephone number Number and street (or P O box if mail is not delivered to street address) Name change Bld # 4 (860)571-7136805 Brook Street Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Rocky Hill, CT 06067 G Gross receipts \$ 2,675,590. Amended return H(a) is this a group return for subordinates? Tes X No F Name and address of principal officer Application pending H(b) Are all subordinates included? Yes No Robert W. Santy, 805 Brook St, Bld # 4, Rocky Hill If "No," attach a list (see instructions) **区** 501(c) (501(c)(3) 6) **◄** (insert no) ☐ 4947(a)(1) or Tax-exempt status H(c) Group exemption number ▶ Website: ▶ Cerc.com L Year of formation 1993 M State of legal domicile CT Form of organization X Corporation Trust Association Other ▶ Part I Briefly describe the organization's mission or most significant activities. To promote economic development, related activities that will result Activities & Governance in economic, business and employment stability in Connecticut through marketing, research, business development and real estate services Check this box ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets. 2 3 Number of voting members of the governing body (Part VI, line 1a) 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 22 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 0. Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 0. Pnor Year **Current Year** 1,402,890. 8 Contributions and grants (Part VIII, line 1/h) 1,396,175 Revenue Program service revenue (Part VIII, line 2g) 2,137,594. 1,263,806. Investment income (Part VIII, column (A), thes 314, and 7d) 2018 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11 2,594. 10 2,483 11 6,300 6,300. Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), 12 3,542,552 2,675,590. Grants and similar amounts paid (Part IX, columb A) (Toes 1-8). 13 146,735 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 732,354 1,679,518. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . Ω. 48亿亿亿亿亿亿亿 Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,682,587. 1,110,649. 2,790,167. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,561,676. 18 Revenue less expenses. Subtract line 18 from line 12 -19,124. -114,577. 19 Beginning of Current Year **End of Year** 98 20 1,627,123. 1,545,999. Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) . . . 885,520. 918,973. 627,026. 22 Net assets or fund balances. Subtract line 21 from line 20 741,603. Signature Block 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 true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 11/13/2018 Sign Signature of office Here Robert W Santy President Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature Check I if Paid self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** May the IRS discuss this return with the preparer shown above? (see instructions) Yes 🗙 No

REV 10/16/18 PRO

Forti 990 (2017)

Part			
<u> </u>	Check if Schedule O contains a response or note to any line in this Part III .	 	· <u>\</u>
1	Briefly describe the organization's mission:		
	To promote economic development related activities that wil		
	in economic, business and employment stability in Connection	cut.	
2	prior Form 990 or 990-EZ?		□No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it con		_
	services?	· · · · · L] Yes	⊠ No
4	Describe the organization's program service accomplishments for each of its three large expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount the total expenses, and revenue, if any, for each program service reported.		
4a	a (Code) (Expenses \$including grants of \$) (Revenue \$)
	See Attachment		
4b	b (Code.) (Expenses \$ Including grants of \$) (Revenue \$)
	See Attachment		
4c	c (Code) (Expenses \$including grants of \$) (Revenue \$	_)
	See Attachment		
4d	d Other program services (Describe in Schedule O.)		
A -	(Expenses \$ including grants of \$) (Revenue \$) +	i
4e	e Total program service expenses ▶		



Part	Checklist of Required Schedules		1	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	2		<u>X</u>
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	×	×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, 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	×	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
	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	_	×
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	×	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e	X	×
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	×	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14 a		14a		X
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		×
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	-	×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		×
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		×
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		×
		-	000	

Part I	V Checklist of Required Schedules (continued)			
1			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		×
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	×	į
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		×
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		×
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .	28a	-	×
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		×
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	×	ļ <u>.</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	-	×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>	-	-^-
-	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	×	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	×	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b	×	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
00	Part VI	37	_	×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		
	10. Heter and office and required to complete contidue of	1 30	X	<u> </u>

Part	V Statements Regarding Other IRS Filings and Tax Compliance				
C	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	<u> </u>		
	. `			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a . 32	1.00 Per		1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments	to vendors and		The state of the s	
_	reportable gaming (gambling) winnings to prize winners?	 1	1c	X TRUMEN	Delinated
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 22	A.Zellie		23.24
. b	If at least one is reported on line 2a, did the organization file all required federal employment		2b	X	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst		3a		200
3a 	Did the organization have unrelated business gross income of \$1,000 or more during the year If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in So		3b		×
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature of		05		<u> </u>
40	over, a financial account in a foreign country (such as a bank account, securities account, or				
	account)?		4a		×
b	If "Yes," enter the name of the foreign country: ▶				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fin	nancial Accounts -			
	(FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5a		×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction?	5b		×
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,0				
	organization solicit any contributions that were not tax deductible as charitable contributions		6a		×
b	If "Yes," did the organization include with every solicitation an express statement that such	contributions or			'
	gifts were not tax deductible?		6b	w714_20	49-000
7	Organizations that may receive deductible contributions under section 170(c).	north for goods			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and and services provided to the payor?	partly for goods	7a		1236
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property		10		
·	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		(2) E	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	penefit contract?	7e	- And and distance	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal bene		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file		7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund m	aintained by the	Santa Brands		
	sponsoring organization have excess business holdings at any time during the year?		8	Project yangi	En sudiffice
9	Sponsoring organizations maintaining donor advised funds.		1 -		
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a	ļ	ļ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer of the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or specific production and the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or specific production and the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or specific production and the sponsoring organization make a distribution to a donor, donor advisor, or related personal transfer or specific production and transfe	son?	9b	235.73	Jan St.
10	Section 501(c)(7) organizations. Enter:	10a			建筑
a	Initiation fees and capital contributions included on Part VIII, line 12	10b			
ь 11	Section 501(c)(12) organizations. Enter:	100			
' a	Gross income from members or shareholders	11a			2.5
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
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	12b			政议
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		
	Note. See the instructions for additional information the organization must report on Schedul	e O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	11		1823	
	the organization is licensed to issue qualified health plans	13b		100	
С	Enter the amount of reserves on hand	13c	APT		構製
14a	Did the organization receive any payments for indoor tanning services during the tax year? .		14a		×
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in	scriedule U	14b	1	<u>L</u>

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Rart	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O contains a response or note to any line in this Part VI	See ins	structi	
Soction	on A. Governing Body and Management	• •	• •	
Secur	on 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 1a 12	1(2, \$0. 1)	12.68	1250
14	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.		はいった。	
b 2	Enter the number of voting members included in line 1a, above, who are independent . 1b 11 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	iliku sikoko	×
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		×
6	Did the organization have members or stockholders?	6	×	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	×	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			變
а	The governing body?	8a	×	
р	Each committee with authority to act on behalf of the governing body?	8b	×	<u> </u>
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	. 9	×	<u> </u>
Section	on B. Policies (This Section B requests information about policies not required by the Internal Rever	nue C		l Lag
	The state of the s	100	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		×
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	×	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	ErE.		dica
12a b	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a 12b	×	
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	×	
13 14	Did the organization have a written whistleblower policy?	13	×	
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?			
a b	The organization's CEO, Executive Director, or top management official	15a 15b	×	×
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	with a taxable entity during the year?	16a	dr 1 an	X
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		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	n 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 in financial statements available to the public during the tax year.			y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and repair G. Ward, 805 Brook Street, Rocky Hill, CT 06067 (860)571-6218	ecords	: ▶	

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

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

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

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

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

(A) Name and Title	(B) Average hours per	officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Dan Meaney, Jr Director	1.00	×						0.	0.	0.
(2) Shelly Saczynski Director	1.00	×						0.	0.	0.
(3) William Vallee Secretary	1.00	×		×				0.	0.	0.
(4) Tim Sullivan Director	1.00	×						0.	0.	0.
(5) Michael Caron Director	1.00	×						0.	0.	0.
(6) Albert Carbone Director	1.00	×						0.	0.	0.
(7) Catherine Lezon Director	1.00	×						0.	0.	· 0.
(8) Edward Norris Treasurer	1.00	×		×				0.	0.	0.
(9) Robert Santy President & CEO	40.00	×		×				210,692.	0.	24,697.
(10) Paul Ward VP, Finance	40.00			×				147,517.	0.	4,929.
(11) Bart Kollen Chair Person	1.00	×		×				0.	0.	0.
(12)Ginny Kozlowski Director	1.00	×						0.	0.	0.
(13) Brad Mondschein Director	1.00	×						0.	0.	0.
(14) Elliot Cyr Director, IT	40.00					×		120,300.	0.	20,705.

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			ighes	st C	ompensated E	mployees (c	ontinue	d)		
•	(A) Name and title	(B) Average hours per week (list any	box, u	unles	s pe	ition more	than c is both or/trust	an tee)	(D) Reportable compensation from	table Reportable sation compensation from		Estir	F) nated unt of her	
		hours for related organizations below dotted line)	ndıvıdua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-Mi	anizations compens		ensation n the nization related	
	ason Giulietti	40.00					×		120 300		0.	•	4 1	1 2
(16)	P, Business Development				H	$\mid - \mid$			120,300.				4,1	12.
			}	-		dash	<u> </u>				+			
			1					-		ļ				
													···	
(19)			-											
(20)													_	
(21)				-				-			-			
(22)				-										
(23)		<u> </u>	-				-							
(24)					\vdash									
(25)				\vdash										
1b c	Sub-total			<u> </u>	<u> </u>			>	598,809.		0.		54,4	43.
d		· · · · ·						2) 10	598,809.	ore than \$10	0.		54,4	43.
	reportable compensation from the organ		1 10 ti	1056) IISI	ieu i	4	e) vv		Ole than pic		וג	· · · · · ·	· · · · · · · · · · · · · · · · · · ·
3	Did the organization list any former of							-	-	nest comper	nsated		Yes	No
4	employee on line 1a? If "Yes," complete For any individual listed on line 1a, is the							-	 and other comp	 pensation fro	om the	3		×
•	organization and related organizations	greater th	an \$	150	,000)	f "Ye	s, "	complete Sch	nedule J for	such			
5	Did any person listed on line 1a receive of									zation or ind	 ıvıdual	4	X	
Section	for services rendered to the organization on B. Independent Contractors	? If "Yes, c	compi	lete	Scr	neau	IIE J I	tor s	sucn person		• •	5		<u>×</u>
1	Complete this table for your five highest compensation from the organization. Repeat.													ax
	(A) Name and business add	dress							(B) Description of s	services	C	(C) ompens	ation	
		_		_										
								\vdash	<u> </u>					
2	Total number of independent contractor		_					o th	nose listed ab	ove) who	1.1	*		-

	VIII	Statement of Revenue									
EST CORU	Ann South P. Phyl	Check if Schedule O	contains a res	ponse or note t				· · · · · ·			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Gifts, Grants ilar Amounts	1a b c	Federated campaigns Membership dues . Fundraising events .	1b	1,354,500.							
Contributions, Gifts, Grants and Other Similar Amounts	e f	Related organizations 1d Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f \$		48,390.							
on to	9			-	1 400 000						
	<u>h</u>	Total. Add lines 1a-1	<u> </u>	<u>-</u>	1,402,890.	THE TAX STREET		BAR IN COMPANY SERVICE			
Program Service Revenue	١ ـ			Business Code							
eve	2a	Contracted Ser		541900		1,174,621.	0.	, 0.			
e .	b	Real Estate Se		531390	75,117.	75,117.	0.	0.			
Š	C	Research & Data		541900	258.	258.	0.	0.			
Sel	d	Event Registra	tions	541900	13,810.	13,810.	0.	0.			
ш	е	Other Misc		541900	0.	0.	0.	0.			
160.	f	All other program sen				A SU DOWN NO THE TOTAL NAME OF THE PARTY OF	ESTABLES OF MICE ACTION AS PROJECTION OF STREET	on because our like that will be about I I half the feet			
	g	Total. Add lines 2a-2		<u> ▶</u>	1,263,806.	NAME OF STREET					
	3	Investment income	. •	ends, interest,							
	,	and other similar amo	•		2,594.	0.	0.	2,594.			
	¿ 4	Income from investment	t of tax-exempt be	ond proceeds ►							
	5	Royalties	<u>. </u>	<u> ▶</u>	1						
			(i) Real	(ii) Personal							
	6a	Gross rents	6,300.								
	b	Less. rental expenses									
	С	Rental income or (loss)	6,300.				A CONTRACTOR OF THE PARTY OF TH				
	d	Net rental income or ((loss)		6,300.	6,300.	0.	φ.			
	7a	Gross amount from sales of	(ı) Securities	(II) Other			建筑公司的公司	ALCOHOLD SECTION			
	J.	assets other than inventory									
	· b	Less cost or other basis									
	·\$.	and sales expenses									
	C	Gain or (loss)									
	d	Net gain or (loss)			THE PROPERTY OF THE PROPERTY OF THE PARTY OF	Haller Langue Com A special sections for	1 STATE OF THE PARTY OF THE PAR	PROFITE POPULATION OF BUSINESS AND			
une		Gross income from fu	ındraising								
Other Revenue		events (not including \$ of contributions reported See Part IV, line 18	•								
j.			· · · a	·							
ō	b	Less.\direct expenses									
	C	Net income or (loss) f	•	events . >	a heartalannaanaa pirinta		Samuero de Cara Cara	AND SEE WAS BEEN CONTRACT			
	ya	Gross income from ga	•								
		See Part IV, line 19	· · a								
	b	Less. direct expenses									
	С	Net income or (loss) f		ıvıtıes ▶	100 kommun 200 tigan 170 ta 184 a	. MikPrevini DiGMONESS. 1919	Names (Street, Chick Continue, with	SARPHAGE PROPERTY BY STOTE AND THE PROPERTY OF			
	10a			1							
		returns and allowance	_								
	b	Less cost of goods s									
	С	Net income or (loss) f									
		Miscellaneous R	Revenue	Business Code		FIRE LINE	BEFFE				
	11a							1			
	b						,				
	С										
	d	All other revenue .			-						
	e	Total. Add lines 11a-				KIND PRODUCT	1257F51230HBZ				
,	40	Tatal revenue Cook			2 675 500	1 270 106	C CONTRACTOR CONTRACTO	D E C V			

Part IX Statement of Functional Expenses

, Sêctio	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)								
	Check if Schedule O contains a respon	se or note to any li	ne in this Part IX .						
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1,	Grants and other assistance to domestic organizations			The American	经过程程度的保护				
	and domestic governments. See Part IV, line 21	· o.	•						
2	Grants and other assistance to domestic				TO THE LANGE OF THE PARTY OF TH				
	individuals. See Part IV, line 22	· 0.	•						
3`	Grants and other assistance to foreign	, , , , , , , , , , , , , , , , , , ,							
_	organizations, foreign governments, and foreign		•						
	individuals. See Part IV, lines 15 and 16) o.	<i>J</i>						
4	Benefits paid to or for members	0.		YEAR PARTAMETERS	Tanger Street				
5	Compensation of current officers, directors,			1. other 1 th ones, such share, each	NA CALLES AND				
•	trustees, and key employees	598,809.	•	· ·					
6	Compensation not included above, to disqualified	1	1, 1						
Ū	persons (as defined under section 4958(f)(1)) and	·	,						
	persons described in section 4958(c)(3)(B)	0.							
7	Other salaries and wages	. 826, 423.		,					
8	Pension plan accruals and contributions (include	, 020/125.							
_	section 401(k) and 403(b) employer contributions)	38,382.	٠,						
9	Other employee benefits)	107,156.	-	1.					
10	Payroll taxes	108,748.							
11	Fees for services (non-employees).	7							
	Management	0.	•						
b	Legal	330.		٠.					
c	Accounting	16,691.	•						
d	Lobbying	· 0.	· · · · · · · · · · · · · · · · · · ·	,					
e	Professional fundraising services. See Part IV, line 17	0.		为中华的意义的					
f	Investment management fees	0.	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	_					
g	Other. (If line 11g amount exceeds 10% of line 25, column	,	•		, .				
	(A) amount, list line 11g expenses on Schedule O.)	442,621.							
12	Advertising and promotion	156,104.							
13	Office expenses	59,425.	,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
14	Information technology	108,270.							
15	Royalties	0.							
16	Occupancy	139,670.	`						
17	Travel	69,655.		_					
18	Payments of travel or entertainment expenses		, , , ,	- ,					
	for any federal, state, or local public officials	. 0.			-				
19	Conferences, conventions, and meetings .	47,165.			. '				
20	Interest	1,986.		4					
21	Payments to affiliates	0.							
22 ,	Depreciation, depletion, and amortization .	19,108.			,				
23	Insurance	22,541.	NO. W. L. ITTE D. K. DESERVED. VALUE	Figure the above the last from a transfer at \$ 500.00 a	te stransfers i straneti ikuzindostik				
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)		等的。不同時間的		THE PARTY OF THE P				
а	Financial Charges	5,939.							
b	Other Misc	1,158.							
C	Training	5,550.	•	-					
d	Memberships	14,436.	-						
e	All other expenses Total functional expenses. Add lines 1 through 24e	2 300 165	-						
25		2,790,167.	-		<u> </u>				
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	·) .	1				
	from a combined educational campaign and								
	fundraising solicitation. Check here ► ☐ If		*						
	following SOP 98-2 (ASC 958-720)	<u>'</u>	L	L	. 000 (0047)				

Part X Balance Sheet

1	,	Check if Schedule O contains a response or	note	to any line	in this Pa	nrt X		
	 -					(A) -		(B)
<u> </u>		1			•	Beginning of year		End of year
	1	Cash—non-interest-bearing		٠.			1	
	2	Savings and temporary cash investments				1,022,064.	2)	997,436.
	3	Pledges and grants receivable, net			•		3	
	4	Accounts receivable, net			•• •	371,713.	4	106,194.
	5	Loans and other receivables from current and trustees, key employees, and highest co- Complete Part II of Schedule L					5	
10	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volunorganizations (see instructions). Complete Part II of Sche	loyers and					
ets	_	,		•			6	
Assets	7	Notes and loans receivable, net	• •				7	
٩	8	Inventories for sale or use					8	-,
	9	Prepaid expenses and deferred charges .		. .	•	TO CONTRACTOR STATE OF THE SECOND	. 9	The second secon
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D.		_	40, 154			
		•	10a		48,154.	20 050	40-	70 700
	b	Less. accumulated depreciation	10b		77,356.	28,058.	10c	70,798.
	11			٠ ٠٠٠٠		,	12	
	12 13	Investments – other securities. See Part IV, line			13			
	14	Investments—program-related. See Part IV, line Intangible assets	1	14				
	15	Intangible assets			• •	205,288.	15	371,571.
	16	Total assets. Add lines 1 through 15 (must equa				1,627,123.	16	1,545,999.
	17	Accounts payable and accrued expenses : .				316,870.	17	202,751÷
	18	Grants payable		310,070.	18	202,731.		
	19	Deferred revenue	563,514.	19	680,767:			
•	20	Tax-exempt bond liabilities	•		•	000,0211	20	
	21	Escrow or custodial account liability. Complete	 Part I\	 √of Schedu	ıle D .		21	
S	22	Loans and other payables to current and for				547 July 1 1864 1 1864	E 12	
Liabilities		trustees, key employees, highest compendisqualified persons. Complete Part II of Schedu	sated				22	
Lia	23 -	Secured mortgages and notes payable to unrela		nird parties		- "	23	<u> </u>
	24	Unsecured notes and loans payable to unrelated					24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lines	payab	oles to rela				
		of Schedule D		•		5,136.	25	35,455.
	26	Total liabilities. Add lines 17 through 25				885,520.	26	918,973.
		Organizations that follow SFAS 117 (ASC 958), che	ck here ▶	🔀 , and			
Fund Balances		complete lines 27 through 29, and lines 33 an	d 34.					
lan	27	Unrestricted net assets		-	•	741,603.	27	627,026.
Ва	28	Temporarily restricted net assets		<i>,:</i>			28	
nd	29	Permanently restricted net assets				THE SAME HE THE WAS LESS TOUTENED OF STREET	29	Band City Change at 10 100 15 to 17 100
Fu	- 1	Organizations that do not follow SFAS 117 (ASC 9	58), cn	neck nere ▶	and and			
ō		complete lines 30 through 34.						
Net Assets	30	Capital stock or trust principal, or current funds		 استندا کا مصند			30	<u> </u>
\ss	31	Paid-in or capital surplus, or land, building, or ed			· ·		31	-
et /	32	Retained earnings, endowment, accumulated in				7/1 603	 	627,026.
ž	33			• • • • •		741,603.	33	
	34	Total liabilities and net assets/fund balances .	· ·	<u></u>	· • • · · · · · · · · · · · · · · · · ·	1,627,123.	34	1,545,999.

Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	2,6	75,5	90.			
2	Total expenses (must equal Part IX, column (A), line 25)	2,79	90,1	<u>67.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	-13	14,5	<u>77.</u>			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	7.	11,6	03.			
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities						
7	Investment expenses						
8	Prior period adjustments						
9	Other changes in net assets or fund balances (explain in Schedule O)						
10							
	33, column (B))	62	27,0	26.			
Part	XII Financial Statements and Reporting			_			
	Check if Schedule O contains a response or note to any line in this Part XII	· · · ·	<u> </u>				
			Yes	No			
1	Accounting method used to prepare the Form 990: Cash Accrual Other		ř	1			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	-	٠ ا				
	Schedule O						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>×</u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			Ì			
	reviewed on a separate basis, consolidated basis, or both:			-			
	Separate basis Consolidated basis Both consolidated and separate basis		Avel Maranes				
b	Were the organization's financial statements audited by an independent accountant?	2b	×				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	,	- ^				
	separate basis, consolidated basis, or both		Ť]			
	➤ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		, a				
C	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	×	L.,			
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.		AD THE OPE	لــــا			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?	3a		<u>×</u>			
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	000	L			
		Earn	. aun	(2017)			

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

• -	see separate instructions), th				
	ection 501(c)(4), (5), or (6) orga	inizations. Complete Part III			
	of organization				itification number
		mic Resource Center, In		06-13696	
Part		e organization is exempt und			
1		the organization's direct and in	direct political ca	ampaign activities in Part	IV. (see instructions for
_	definition of "political can			▶ €	
2		y expenditures (see instructions)			
3		cal campaign activities (see instruc			
		e organization is exempt und			
1		excise tax incurred by the organization		11 1000	
2		excise tax incurred by organizationed a section 4955 tax, did it file Fo			
3	•				Yes No
4a b	If "Yes," describe in Part				
		e organization is exempt und	er section 501(c), except section 501	(c)(3).
1		ly expended by the filing organiz			3-74-7-
•					
2		filing organization's funds contrib			
-		vities		▶ \$	
3	•	expenditures. Add lines 1 and 2		I on Form 1120-POL,	
•					
4		n file Form 1120-POL for this year			🗌 Yes 🗌 No
5	Enter the names, address	ses and employer identification nu	mber (EIN) of all s	ection 527 political organi	zations to which the filing
	organization made payme	ents. For each organization listed,	enter the amount	paid from the filing organi	ization's funds. Also enter
	the amount of political co	ontributions received that were pro	mptly and directly	delivered to a separate p	olitical organization, such
	as a separate segregated	fund or a political action committee	e (PAC). It additio	nal space is needed, provi	de information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds if none, enter -0-	contributions received and promptly and directly
					delivered to a separate
			<u> </u>		political organization If none, enter -0-
	,				
(1)		ļ	_		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
(2)			-		
(3)			-		
		·			
(4)		}	1		
			<del> </del>	-	-
(5)		<u> </u>	1		
(6)			1		

_		-
Pag	e	2

Pa	rt II-A	Complete if the organization section 501(h)).	on is exempt u	nder section 50	1(c)(3) and filed	l Form 5768 (ele	ction under
A	Check ►	· If the filing organization below address, EIN, expenses, and				lated group memb	er's name,
В	Check ▶	If the filing organization chec					
		Limits on Lob	bying Expenditu	ıres		(a) Filing	(b) Affiliated
		(The term "expenditures" n				organization's totals	group totals
1		obbying expenditures to influence					
		obbying expenditures to influence	-				
		obbying expenditures (add lines			,		
		exempt purpose expenditures .			`		
		xempt purpose expenditures (ad		•			
,	f Lobbyi columi	ng nontaxable amount. Enterns	the amount fr	om the following	table in both	The species with the same short in the same of	in to work to the same the state of the same and the same
	If the ar	mount on line 1e, column (a) or (b) is		nontaxable amount	is:		
		r \$500,000		nount on line 1e.			
`	<del></del>	00,000 but not over \$1,000,000	— <del> </del>	15% of the excess of			
	_ ·	,000,000 but not over \$1,500,000		10% of the excess of			
		,500,000 but not over \$17,000,000		5% of the excess or	ver \$1,500,000		
		7,000,000	\$1,000,000.		,	THE STATE OF THE S	(#\$6E7E750**(#*6E655**)
	•	oots nontaxable amount (enter 2 ct line 1g from line 1a. If zero or			,		
		ct line 1f from line 1c. If zero or le				7	
•	j If there	e is an amount other than zerong section 4911 tax for this year	on either line	1h or line 1i, did	the organization		Yes No
	· (Som	e organizations that made a se See th	ection 501(h) ele e separate instr	Period Under sec ection do not have cuctions for lines During 4-Year Av	e to complete all 2a through 2f.)	of the five column	ns below.
		·	g Experiorures	During 4-1 ear At	reraging renou		
	. Cale	endar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	( <b>d)</b> 2017	(e) Total
	a Lobby	ing nontaxable amount					
	•	ing ceiling amount of line 2a, column (e))					·
	c Total le	obbying expenditures			t		· .
	<b>d</b> Grassr	oots nontaxable amount					
		roots ceiling amount of line 2d, column (e))					
	f Grassi	oots lobbying expenditures					
	BAA ,			REV 10/16/18 PRO	1	Schedule C (For	n 990 or 990-EZ) 2017

Part ₿	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768		
	each "Yes," response on lines 1a through 1ı below, provide in Part IV a detailed	(;	a)		(b)	
	iption of the lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.					
a b	Volunteers?					
C	Media advertisements?					-
d	Mailings to members, legislators, or the public?					
e f	Publications, or published or broadcast statements?			· · · · · ·		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i	Other activities?	(+30/, ** 4.25).	Su. 1.436			,
j	Total. Add lines 1c through 1i	25.22		3192.00 €		na siri
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	As laters	1300 de 500		-	
b	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					
d		CHILD COMMO		1000		7.634
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6).	)(5),	or se	ction		
					Yes	
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?			3	×	×
3 Part	Did the organization agree to carry over lobbying and political campaign activity expenditures from the III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)					
r ar c	_501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."	)R (b)	Par	t III-A,	line	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	s of				•
а	Current year	•	2a			
b	Carryover from last year		2b			
C	Total	•	2c			
3 4	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of	f the				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb and political expenditure next year?		4			
5	Taxable amount of lobbying and political expenditures (see instructions)		5			
Par			,			-
	de the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated gro instructions), and Part II-B, line 1. Also, complete this part for any additional information	oup lis	it), Pa	rt II-A,	ines	1 and
2 (366						
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	-	-				•
	,				•	

Schedule C (Form	n 990 or 990-EZ) 2017 Page	e 4
	Supplemental Information (continued)	
Part IV		
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	, and the second se	
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### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

### **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.

► Attach to Form 990.

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

OMB № 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2017

Employer identification number Name of the organization The Connecticut Economic Resource Center, Inc. 06-1369657 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . . . . . . 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year . . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a a Total number of conservation easements . . Number of conservation easements on a certified historic structure included in (a) . . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 4 5 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? . . . . . . . In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items. **b** Assets included in Form 990, Part X . . .

REV 10/16/18 PRO

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

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P	ao	е	4

Part	III Organizations Maintaining Co	llections of A	Art, Histor	ical T	reasures, c	r Oth	er Similar As	sets (cont	inued)
કેડ	Using the organization's acquisition, acceleration items (check all that apply).	ession, and oth	ner records	, check	any of the	follow	ing that are a s	ignificant u	se of its
а	☐ Public exhibition		d 🗌	Loan	or exchange	progra	ams		
b	☐ Scholarly research		е 🗌	Other					
С	☐ Preservation for future generations								
4	Provide a description of the organization's XIII.	s collections a	nd explain	how th	ey further th	e orga	anization's exem	npt purpose	in Part
5	During the year, did the organization solid								
	assets to be sold to raise funds rather than	n to be maintai	ned as par	t of the	organization	's col	lection?	☐ Yes	☐ No
Part									
	Complete if the organization and 990, Part X, line 21.								orm 
1a	Is the organization an agent, trustee, cus included on Form 990, Part X?								□ No
b	If "Yes," explain the arrangement in Part X	(III and comple	te the follo	wing ta	ble:		1		
	_						A	mount	
C	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e	<del></del>		
f	Ending balance					1f	1		
2a	Did the organization include an amount or	n Form 990, Pa	irt X, line 2	l, for es	scrow or cus	todial	account liability	" ∐ Yes	□ No
	If "Yes," explain the arrangement in Part X	III. Check here	if the expl	anation	has been pr	ovide	d on Part XIII .		Ш,
Par		1437		000 0	- + 1) / 1				
	Complete if the organization and				(c) Two years t	IU.	(d) Three years back	(e) Four ye	are back
_		a) Current year	(b) Prior y	ear	(c) Two years t	Jack	(u) Three years back	(e) rour ye	
1a	Beginning of year balance								
b	Contributions							<del> </del>	<del></del>
С	Net investment earnings, gains, and losses			İ					
d	Grants or scholarships								
e	Other expenditures for facilities and		·						
	programs					1			
f	Administrative expenses	•		ĺ			·		
g	End of year balance								
2	Provide the estimated percentage of the c	current year en	d balance (	line 1g,	column (a))	held a	s		
а	Board designated or quasi-endowment								
b	Permanent endowment ▶ 9	%	••						
С	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c s		00%.						
3a	Are there endowment funds not in the po	ssession of th	e organizat	tion tha	it are held ar	nd adr	ninistered for th	e	
	organization by:							Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
ь	If "Yes" on line 3a(ii), are the related organ	nizations listed	as required	d on Sc	hedule R? .			3b	
4	Describe in Part XIII the intended uses of	the organizatio	n's endow	ment fu	ınds.				
Part	VI Land, Buildings, and Equipme	ent.							
	Complete if the organization and		on Form	990, F	art IV, line	11a. S	See Form 990,	Part X, Im	e 10.
	Description of property	(a) Cost or oth		•	r other basis her)		accumulated preciation	(d) Book v	alue
1a	Land		0.				-		0.
b	Buildings		0.						0.
C	Leasehold improvements	134	4,608.				123,225.	11	,383.
d	Equipment	_	2,892.				109,809.	53	,083.
e	Other		0,654.				244,322.	- 6	,332.
Total.	Add lines 1a through 1e. (Column (d) must			column	(B), line 10c	)	. •	70	,798.

Part VII	- Complete if the organization answ		m 990. Part IV. lın	e 11b. See Form 9	990. Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value '	(c) Metho	od of valuation if-year market value
(4) 5			· <del>-</del> ·		
	derivatives		<u></u>	,	•
(0) (0)	neld equity interests	-			
(3) Other					•
(A) (B) [.]	<del>-</del>			,	•
. <b></b>	<del>-</del>		·		
(D)	<u>^</u>		•		
(E)					
(F)			-	,	-
(G) (H)	<del>'</del>				
	(1)			STREET STREET, T	
	b) must equal Form 990, Part X, col (B) line 12)	<u> </u>	· · · · · · · · · · · · · · · · · · ·	LALE CONTROL OF THE PARTY OF TH	· 於其便就認识不完。然不公司之子不過學過辛申的一次,如實施之
Part VIII	Investments—Program Related Complete if the organization answers		m 990, Part IV, liñ	ie 11c. See Form 9	990, Part X, line 13.
·	(a) Description of investment		(b) Book value -		od of valuation if-year market value
(1)					
(2)		` .			<u> </u>
(3)					
(4)	• •	•		T	
(5)					· · · · · · · · · · · · · · · · · · ·
(6)					<u></u>
(7) ·	-				·
(8)		\			·
(9) .		,	•	-	
Total. (Column	(b) must equal Form 990, Part X, col (B) line 13 ) ▶		(	是是自己的	<b>非性的性性的现在分词的</b>
Part IX	Other Assets.			•	
	Complete if the organization answ		rm 990, Part IV, Iır	e 11d. See Form	
	, (a	i) Description -	·		(b) Book value
(1) Prepa	ıd Expenses & Other			•	26,198.
(2) Unbil	led Contract Costs '		·		345,373.
(3)			4		
(4)	٠, -				
(5) z		· · · · · · · · · · · · · · · · · · ·			
(6)			<u>-</u>		<u> </u>
(7)			· · · · · · · · · · · · · · · · · · ·		
(8)	, , , , , , , , , , , , , , , , , , ,				<u> </u>
(9)			•		
Total. (Colu	ımn (b) must equal Form 990, Part X, co	ol (B) line 15.) .			371,571.
Part X	Other Liabilities. Complete if the organization ansiline 25.	wered "Yes" on For	rm 990, Part IV, lir	ne 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value	MARKALES	ic west hand in	
(1) Federal ı					
	al Lease Obligations	35,4	155		
(3)	'*				
(4)		· · · · · · · · · · · · · · · · · · ·			
(5)					
(6)		<del> </del>			
(7)		-			
(8)	·				
(9)					
	(b) must equal Form 990, Part X, col (B) line 25)	35,4	155		
	r uncertain tax positions. In Part XIII, provi			on's financial statemer	nts that reports the
	's liability for uncertain tax positions under				

13614			ei netuiii	•
•	Complete if the organization answered "Yes" on Form 990,		. 1 1	2 675 500
1	Total revenue, gains, and other support per audited financial statements		·   - !	2,675,590.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	l <b>a</b> = 1		
a	Net unrealized gains (losses) on investments	2a	<b> </b>	
b	Donated services and use of facilities	2b	<b> </b> '	
С	Recoveries of prior year grants	2c	_	
d	Other (Describe in Part XIII.)	2d		
е	7,63 m.00 24 m.00g 22		.   2e	···
3	Subtract line <b>2e</b> from line <b>1</b>		. 3	2,675,590.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		. ,	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<b>.</b>	
b	Other (Describe in Part XIII.)	4b		
C			. 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	2,675,590.
Part			per Retu	rn.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		·   1	2,790,167.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a	′	
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line 2e from line 1		. 3	2,790,167.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С			. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	e 18.) .	. 5	2,790,167.
Part	XIII Supplemental Information.			·
••••				
		·····		
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Schedule D (Fo	orm 990) 2017	Page 5
Part XIII	Supplemental Information (continued)	
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### **SCHEDULE J** (Form 990)

Compensation Information

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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Connecticut Economic Resource Center, Inc.

Employer identification number 06-1369657

art	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			1
	☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees			i i
	☐ Discretionary spending account ☐ Personal services (such as, maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			}
_	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
				!
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	,		,
	1a?	2		<del></del>
2	Indicate which if any of the following the films organization used to establish the componentian of the			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	☐ Independent compensation consultant ☐ Compensation survey or study			
	☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a		×
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		×
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		×
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
				!
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			l i
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			!
	compensation contingent on the revenues of.			
a	The organization?	5a		<u> </u>
b	Any related organization?	5b		<del>                                     </del>
	If "Yes" on line 5a or 5b, describe in Part III.			
c	For parsons listed on Form 990. Part VIII. Section A. line to did the organization pay or secrets any			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of.			
_		62	-	
a b	The organization?	6a 6b		<del>                                     </del>
D	If "Yes" on line 6a or 6b, describe in Part III.		_	
	n 100 on me od or ob, decombe in rain in.			j j
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	ın Part III	8	<u>L</u> _	
		-		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		``	
	Regulations section 53.4958-6(c)?	9		

.., Page 2

Schedule J (Form 990) 2017

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(B) Breakdown of W-2 and/or 1099-MISC compensation		(B) Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation			(-) (-)	(Company)
(A) Name and Title		(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	(U) Nonaxable benefits	(E) Total of Columns (B)(I)—(D)	in column (B) reported as deferred on prior Form 990
Robert Santv	(6)	210,392.	300.	0.	6,321.	18,376.	235, 389.	19,722.
Ψ	3	0.		0.	0.	0.	0.	0.
	Θ	147,217.	300.	0.	4,426.	503.	152,446.	0
2 VP, Finance	3	0.	0	0.	0.	.0		0.
	ε							
ო	Ξ	{	11 11 11 11 11 11 11 11 11 11 11 11 11					
	0							
4	(ii)							
	(9)							
S	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	(0)							1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9	3							
	(i)							
7	Ξ							
	Θ							
8	(ii)							
	(E)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
െ	Ξ							
	Θ							
10	(ii)							
	(i)							
11	(ii)							
	(3)							
12	(E)							
	≘	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
13	(ii)							
	(1)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
14	(ii)							
	(1)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
15	(ii)							
	8			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
16	Œ							
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Schedule J (Form 990) 2017	BAA '
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art II. Also complete this part	Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part or any additional information.

### SCHEDULE L

(Form 990 or 990-EZ)

### **Transactions With Interested Persons**

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.

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

Vame o	f the organization						-	Em	oloyer idei	ntıfıcatı	on nur	nber		
The	Connecticut Ed	conomic Res	source Cen	ter,	Inc.			0	6-1369	9657				
Part	Excess Bene Complete if th	fit Transaction le organization	s (section 501 answered "Ye	(c)(3), s" on	section 5 Form 990	501(c)(4), aı ), Part IV, lı	nd 50 ne 25	1(c)(29) orga a or 25b, or	nizations Form 99	only) 0-EZ,	Part \	√, lıne	40b.	
4	(a) Name of discussified	nornon	(b) Relationship be	tween o	disqualified	person and		(c) Descrip	tion of trai	neaction	1		(d) Corr	ected?
1	(a) Name of disqualified	person		organiza	ation			(C) Descrip	nion or trai	isactioi	'		Yes	No
(1)		·						_						
(2)														
(3)														
(4)														
(5)			<u>.</u>											
(6)														.,.,
2	Enter the amount under section 4958			nizatio 	n manag		qualif	ed persons	during t	he ye . I	ar ► \$			
3	Enter the amount o	f tax, if any, on	line 2, above,	reımb	ursed by	the organi	zatıor	ı		!	> \$			
Part	Complete if th	/or From Inter le organization eported an amo	answered "Ye	s" on	Form 990 art X, line	0-EZ, Part \ e 5, 6, or 22	V, line 2.	38a or Form	990, Pa	art IV,	line 2	6; or i	f the	,
(a) Na	ame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	oan to or om the nization?	(e) Origin principal am		(f) Balance du	e (g) In o	default?	by bo	proved pard or nittee?	(ı) Wi agreei	
				То	From				Yes	No	Yes	No	Yes	No
(1)														
(2)												<u></u>		
(3)														
(4)														
(5)														
(6)														
(7) (8)	***************************************			ļ						1				
(8)											ļ			
(9)									-	<u> </u>				
(10)								<u> </u>			ļ	L ,		
Total Part	Grants or Ass	sistance Bene	fiting Interest	ed Pe	rsons.		. ▶		.	, e - 5	<u> </u>		,	• •
(a)	Name of interested person	1	ship between inter	ested			1	d) Type of assist	ance	(e	) Purpo	se of a	ssistan	ce
(4)		person a	and the organization	on			- <del></del>							
(1)										<del> </del>				
(2)	<del></del>				<u> </u>		<b> </b> -	<u>-</u>		+				
(3)														
(4)	····					<del></del>		<del></del>		$\vdash$				
(5)		<del></del>								-				
(6)		<del></del>										_		
(7)			<del> </del>				-	_		1			_	
(8)										1				
(9) (10)		<del></del>		_						+				
(10)					<u> </u>		L		•	Ь				

Part IV	Business Transactions Invo	Iving Interested Persons. answered "Yes" on Form 990	), Part IV, line 28a,	28b, or 28c.		ugo =
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organı	aring of zation's nues?
					Yes	No
	FORMCT, Inc.	Common Officer	38,000.	Management & Admin		×
(2)			_ <del></del>			
(3)						
(4)						1
(5)					-	
(6)		<del></del>				
(3) (4) (5) (6) (7) (8) (9)						1
(9)	<del></del>	-				1
(10)						<u> </u>
Part V	Supplemental Information Provide additional information	n for responses to questions	on Schedule L (see	e instructions).		
1: Rob	ert Santy is an office	er of INFORMCT, Inc.	., a related	tax exempt organızati	on	
				•		
					<del>-</del> -	
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### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization	Employer identification number
The Connecticut Economic Resource Center, Inc.	06-1369657
Pt VI, Line 11b: Form 990 is prepared by the Finance Director and	reviewed by
the CEO, Board of Directors and auditors	
Pt VI, Line 12c: Monitoring and enforcement is provided on a annu	al basıs
Pt VI, Line 15a: Determinations are made by an HR committee of th	e Board of
Directors	
Pt VI, Line 6: The organization has a select group of members whi	ch comprise
the Board of Directors	
Pt VI, Line 7a: The members substantially comprise the Board of D	irectors
Pt VI, Line 18: Documents are made available on request	
Pt VI, Line 19: Documents are made available on request	
Pt III, Line 2: A municipal services group was formed in 2017 to	assist Towns
and Municipalities in delivering economic development services.	
Pt VI, Section A, Line 9:	
Name: See Attachment	
Address: Attachment Attacehment CT 00000	
Pt IX, Line llg:	
Description: Payroll Processing	
Total: \$4,564	
Description: Other	
Total: \$438,057	

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

Identification of Disregarded Entities. Complete of the organization answered "Yes" on Form 990, Part IV, line 33.

Resource Center, Inc.

Economic

The Connecticut

Open to Public

OMB No 1545-0047

Employer identification number 06-1369657

Schedule R (Form 990) 2017 (g) Section 512(b)(13) controlled entity? ŝ (f) Direct controlling Identification of Related Tax-Exempt Organizations. Complete If the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes × (f)
Direct controlling Presentity 170(b)(1)(A)(v1) CT Econ Res Cntr (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) (d) Total income (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501(c)(3) Legal domicile (state or foreign country) (b) Primary activity REV 10/16/18 PRO CT 06067 Research, Deta , Educational Activites CT (b) Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. BAA (a) (a) Vame, address, and EIN (if applicable) of disregarded entity  $H_1ll$ (a) Name, address, and EIN of related organization 805 Brook Street, Bld # 4 Rocky (1) INFORMCT, Inc. 45-2841472 (2) Partl Part II € ල Ō 9 ල 3 3 9 2 Ξ

Schedule R (F	Schedule R (Form 990) 2017											`	. Page 2
Part III	Identification of Related Organizations Taxable because it had one or more related organizations to	lelated Organiza or more related	tions Taxable organizations		<b>ership.</b> Cc partnersh	as a Partnership. Complete if the organiza reated as a partnership during the tax year.	organizat tax year.	on answe	red "Yes'	as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, reated as a partnership during the tax year.	, Part IV, I	ıne 34,	6),
Name, reli	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	ng Prede income unre exclusions tax	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)		(g) Share of end-of- year assets	(h) 1- Disproportionate allocations?	(I) State Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(l)	· · · · · · · · · · · · · · · · · · ·	(k) Percentage ownership
									Yes	S.	Yes	2	
(1)													
(2)													
(3)	ſ												
(4)												ļ	
(5)						.,,						<u> </u>	
(9)													
(2)													
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inc. 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	lelated Organiza had one or more	tions Taxable related organ	e as a Corporizations treat	oration or ted as a co	Trust. Comp	olete if the trust durir	organizati g the tax	on answe year.	ered "Yes" on	Form 990	, Part I	, ,
Nam	(a) Name, address and EIN of related organization	s organization	(b) Primary activity	y Lega (state or fa	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp. S corp, or trust)	entity Sh p, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	12(b)(13) olled by?
			e de la companya de l									Yes	2
(1)				<del></del>						· -			
(2)			**************************************										
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(4)													
(5)													
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Part V	Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	100000000000000000000000000000000000000		Yes No
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	lated organizations listed in Parts II-IV?		•
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			
Gift, grant, or capital contribution to related organization(s)		<b>q</b>	×
Gift, grant, or capital contribution from related organization(s)		<b>1c</b>	
Loans or loan quarantees to or for related organization(s)		1d	×
Loans or loan guarantees by related organization(s)			×
		<b>=</b>	×
		. 19	×
		+	×
			×
Lease of facilities, equipment, or other assets to related organization(s)			×
			.
Lease of facilities, equipment, or other assets from related organization(s)			×
Performance of services or membership or fundraising solicitations for related organization(s).		-	×
Performance of services or membership or fundraising solicitations by related organization(s).		T	×
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).		1n	×
		. 10	×
		Ì	1
Reimbursement paid to related organization(s) for expenses			×
Reimbursement paid by related organization(s) for expenses			×
			1
Other transfer of cash or property to related organization(s)			×
Other transfer of cash or property from related organization(s)		18	× 
tions for information on who must com	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	transaction thru	esholds
	(b) (c) Transaction Amount involved Method o type (a-s)	(d) Method of determining amount involved	nt involved
Z, Z	38,000. EMV		
REV 10/16/18 PRO		Schedule R (Form 990) 2017	m 990) 20

# Unrelated Organizations Taxable as a Partnership. Complete of the organization answered "Yes" on Form 990, Part IV, line 37. Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

			,			-				
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Predominant	(e) Are all partners			(h) Disproportionate	(i) ite Code V—UBI		(k) Percentage
•		(state or foreign country)	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income		allocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
			sections 512-514)	Yes No			Yes No	_	Yes No	
(1)										
(2)										
(6)										
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Schedule R (F	orm 990) 2017 Page <b>5</b>
Ŗart VII	Supplemental Information.  Provide additional information for responses to questions on Schedule R. See instructions.
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