

MARCH 19, 2020

KATHLEEN FLAHERTY CONNECTICUT LEGAL RIGHTS PROJECT, INC. P.O. BOX 351, SILVER STREET MIDDLETOWN, CT 06457-7023

DEAR KATHLEEN:

ENCLOSED IS THE ORGANIZATION'S 2018 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY MAY 15, 2020.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

CONNECTICUT RENEWAL APPLICATION:

YOUR RENEWAL APPLICATION IS DUE ON OR BEFORE MAY 31, 2020. THERE IS A \$50 REGISTRATION FEE DUE WITH THE FILING. THIS APPLICATION WILL RENEW THE ORGANIZATION'S REGISTRATION UNTIL MAY 31, 2021.

TAX OR PROFESSIONAL ADVICE CONTAINED IN OR ACCOMPANYING THIS DOCUMENT, UNLESS OTHERWISE SPECIFICALLY STATED, IS NOT INTENDED OR WRITTEN TO BE USED, AND CANNOT BE USED, FOR THE PURPOSE OF (I) AVOIDING PENALTIES UNDER THE INTERNAL REVENUE CODE, OR (II) PROMOTING, MARKETING, OR RECOMMENDING TO ANOTHER PARTY ANY TRANSACTION OR MATTER THAT IS CONTAINED IN OR ACCOMPANYING THIS DOCUMENT. IN ADDITION, UNLESS OTHERWISE SPECIFICALLY STATED, ANY ADVICE PROVIDED SHALL NOT BE DEEMED A FORMAL TAX OPINION UPON WHICH THE ADDRESSEE CAN RELY.

WE SINCERELY APPRECIATE THE OPPORTUNITY TO SERVE YOU. IF YOU HAVE ANY QUESTIONS REGARDING THE RETURNS, PLEASE DO NOT HESITATE TO CALL.

VERY TRULY YOURS,

Mary - Evelyn Antonetti

MARY ANTONETTI MARCUM LLP

Form	887	'9-	E	0
Form	001	<u> </u>		<u> </u>

### IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2018, or fiscal year beginning  $\underline{JUL 1}$ , 2018, and ending  $\underline{JUN 30}$ , 20 $\underline{19}$ 

Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury Internal Revenue Service

Name of exempt organization

Employer identification number

### CONNECTICUT LEGAL RIGHTS PROJECT, INC.

Name and title of officer

22-3069277

KATHLEEN FLAHERTY EXECUTIVE DIRECTOR

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a	Form 990 check here <b>X b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,481,383.
2a	Form 990-EZ check here <b>b</b> Total revenue, if any (Eorm 990-EZ, line 9)	2b	
3a	Form 1120-POL check here <b>b</b> Total tax (Form 1120-POL, inter 22)	3b	
4a	Form 990-PF check here <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

X I authorize MARCUM LLP	to enter my PIN	69277
ERO firm name		Enter five numbers, but do not enter all zeros
as my signature on the organization's tax year 2018 electronically filed return. If I have indicated withir is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.		• •
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 201 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch program, I will enter my PIN on the return's disclosure consent screen.	harities as part of the	
Officer's signature ► Date ► Mai	rch 20, 2020	
Part III Certification and Authentication		
ERO's EFIN/PIN. Enter your six-digit electronic filing identification         number (EFIN) followed by your five-digit self-selected PIN.         Do not enter all zero		
I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for confirm that I am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File ( <i>N e-file</i> Providers for Business Returns.	U U	
ERO's signature > Mary - Evelyn Antonetti Date >	3/19/2020	
ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To D	Do So	
LHA For Paperwork Reduction Act Notice, see instructions.	For	m 8879-EO (2018)
823051 10-26-18		

			EXTENDED TO MAY 15, 202		_	_	
	0	00	Return of Organization Exempt Fro				OMB No. 1545-0047
Forn	n <b>9</b>	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co	-		-	1 <b>2018</b>
	Department of the Treasury <b>Do not enter social security numbers on this form as it may be made public.</b>					<b>).</b>	Open to Public
-		nue Service	Go to www.irs.gov/Form990 for instructions and the			2010	Inspection
_				ل ding	,	2019	
	heck if pplicable	<b>C</b> Name of	forganization		D Employer	identifica	tion number
	Addres		ECTICUT LEGAL RIGHTS PROJECT, INC.				
	change  Name  change		usiness as			22-30	69277
	Initial return	0		om/suite	E Telephone		
	Final  Final	ΡO	BOX 351, SILVER STREET	oni, ouno			62-5030
	terminated		own, state or province, country, and ZIP or foreign postal code		G Gross receipt		1,481,383.
	Ameno return	MIDD	LETOWN, CT 06457-7023		H(a) Is this a	group retu	ım
	Applic tion		nd address of principal officer: KATHLEEN FLAHERTY		for subc	ordinates?	Yes X No
	pendir	SAME	AS C ABOVE		<b>H(b)</b> Are all sub	ordinates inclu	ided? Yes No
		empt status:		527	lf "No,"	attach a lis	t. (see instructions)
			CLRP.ORG		H(c) Group e		
			X Corporation Trust Association Other ►	L Year c	of formation: 1	990 M S	State of legal domicile: CT
Pa	rt I	Summary					
e			e the organization's mission or most significant activities: <b>PROVIS</b> <b>S TO LOW INCOME PERSONS WITH PSYCHIA</b>				
Jan		Check this bo					
Governance							8
ĝ			ing members of the governing body (Part VI, line 1a)			··· – – –	8
<u>م</u>			of individuals employed in calendar year 2018 (Part V, line 2a)				14
Activities &			of volunteers (estimate if necessary)				9
Cti			d business revenue from Part VIII, column (C), line 12				0.
_ ◄	b	Net unrelated	business taxable income from Form 990-T, line 38	<u></u>		7b	0.
					Prior Year		Current Year
e			and grants (Part VIII, line 1h)		1,414,		1,463,010.
Revenue		•	ce revenue (Part VIII, line 2g)			0. 337.	<u> </u>
Be			come (Part VIII, column (A), lines 3, 4, and 7d)			631.	18,196.
			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,457,		1,481,383.
			nilar amounts paid (Part IX, column (A), lines 1-3)		1/10//	0.	0.
			to or for members (Part IX, column (A), line 4)			0.	0.
ം		•			1,200,	343.	1,279,814.
use	16a	Professional f	undraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses	b	Total fundrais	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25)   29,618	•			
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		170,		181,904.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,370,		1,461,718.
	19	Revenue less	expenses. Subtract line 18 from line 12			065.	19,665.
is or				Beg	ginning of Curre		End of Year
Assets ( d Balanc	20		Part X, line 16)		761,	812.	<u>759,926.</u> 71,152.
Net A			(Part X, line 26) fund balances. Subtract line 21 from line 20		669,		688,774.
	22 Irt II	Signature			005,	100.1	000,774.
		-	I declare that I have examined this return, including accompanying schedules and	d statemer	nts. and to the b	est of my ki	nowledge and belief, it is
			Declaration of preparer (other than officer) is based on all information of which			-	
			Kathleen M. Flaherty		Ма	urch 20, 20	20
Sigr	า	Signatur	e of officer		Date		
Here	e		LEEN FLAHERTY, EXECUTIVE DIRECTOR				
		y 51 1	print name and title		1.4.4		
		Print/Type pre			late	Check if	
Paid			ELYN ANTONETTI MARY-EVELYN ANTONI	ETT		self-employed	<u>P00431862</u>
Prep		Firm's name	▶ MARCUM LLP ▶ 185 ASYLUM STREET		Firm's	s EIN 🕨	11-1986323
Use	UIIY	rii ii s address	HARTFORD, CT 06103		Dhon	e no. <b>( 86</b>	0) 760-0600
Mav	the IF	S discuss this	s return with the preparer shown above? (see instructions)				X Yes No
	01 12-3 <sup>-</sup>		or Paperwork Reduction Act Notice, see the separate instructions.	•		<u></u>	Form <b>990</b> (2018)
	~	~ ~ ~					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2018) CONNECTICUT LEGAL RIGHTS PROJECT, INC. 22-3069277 Page 2 t III Statement of Program Service Accomplishments
Fa	
1	Check if Schedule O contains a response or note to any line in this Part III
•	THE PRIMARY EXEMPT PURPOSE OF CT LEGAL RIGHTS PROJECT, INC. IS TO
	PROVIDE LEGAL REPRESENTATION AND ADVOCACY FOR LOW INCOME ADULTS WITH
	PSYCHIATRIC DISABILITIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$548,866. including grants of \$) (Revenue \$)
	GENERAL ADVOCACY INPATIENT PROGRAM - PROVIDED FREE LEGAL COUNSEL AND
	REPRESENTATION TO 411 INDIGENT CLIENTS OF THE STATE OF CT DEPARTMENT OF
	MENTAL HEALTH AND ADDICTION SERVICES' INPATIENT FACILITIES ON MATTERS
	RELATED TO THEIR TREATMENT AND CIVIL RIGHTS.
4b	(Code:) (Expenses \$506, 278. including grants of \$) (Revenue \$)
	GENERAL ADVOCACY COMMUNITY PROGRAM - PROVIDED FREE LEGAL COUNSEL AND REPRESENTATION TO 530 INDIGENT CLIENTS AND DEPARTMENT OF MENTAL HEALTH
	AND ADDICTION SERVICE CLIENTS IN THE COMMUNITY ON MATTERS RELATED TO
	SELF-DETERMINATION, SELF-SUFFICIENCY AND CIVIL RIGHTS.
4c	(Code:) (Expenses \$ 98,143. including grants of \$) (Revenue \$)
40	HOUSING SUPPORT ADVOCACY PROGRAM - PROVIDED FREE LEGAL ASSISTANCE TO 58
	INDIGENT CLIENTS OF THE STATE OF CT DEPARTMENT OF MENTAL HEALTH AND
	ADDICTION SERVICES WHICH HELPS ADVOCATE COMMUNITY HOUSING ISSUES AND
	INDIGENT CLIENTS IN THE COMMUNITY.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ 18,196.)
4e	Total program service expenses ► 1,153,287.
_	Form <b>990</b> (2018)
832002	2 12-31-18 2
	-

Form 990 (2		CONNECTICUT		RIGHTS	PROJECT,	INC
Part IV	Checklist of R	equired Schedules	;			

as applicable.       a) Edit the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b) Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c) Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 16? If "Yes," complete Schedule D, Part X, line 17.       11d       X         f) Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       11f       X         13       Is the organization aschool described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule D, Part X       11d       X         14a       X       Did the organization aschool described in section 170(b)(1)(A)(0)? If "Yes," complete Schedule D, Part X       11d       X         15       U				Yes	No
2         Is the organization engage in direct or indirect by Direct a comparing a solution of any position to candidates for public office? If "Yes," complete Schedule C, Part I.         3         X           3         Dir the organization engage in direct or indirect policial campaign activities, or have a section 501(h) election in effect of miler complete Schedule C, Part I.         3         X           4         Section 501(c)(k) organization engage in loobying activities, or have a section 501(h) election in effect of miler solution in section 151(h) election in effect of miler solution is a other of in Rever PorCedue BP19 / "Ves," complete Schedule C, Part II.         4         X           5         In the organization engage in loobying activities, or have a section 501(h) election in effect of the organization engage in loobying activities, or have a section 501(h) election in effect of the organization engage in loobying activities, or have a section 501(h) election in effect of the organization engage in loobying activities, or have a section 501(h) election in effect of the organization engage in loobying activities, or have a section 501(h) election in effect of the organization engage in loobying activities account is the organization engage in loobying activities, or have a section 501(h) election in effect of the organization engage in loobying activities, or have a section 501(h) election in effect on endirect organization engage in loobying activities, or have a section 501(h) election in ensettine of anionus in such that or accounts? If "Yes," complete Schedule D, Part I         X           7         X         B organization engot an amount in Part X, line 21, for accounts or custofial account in Bart X, line 12 (H) Election 11, Election 11, Election 1	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
<ul> <li>3 Did the organization engage in direct c publical campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I</li> <li>4 Section 501(b) organizations. Did the organization engage in kotbying activities, or have a section 501(b) decision and the organization in the organization engage in kotbying activities, or have a section 501(b) decision of the organization matine and year of the organization engage in dot a conservation active and solid (b). (a) 501(c) is organized and a camp variant funds or and year infer the 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</li> <li>9 Did the organization matine collectors of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II</li> <li>9 Did the organization matine officients of update organization, hold assets in temporarily restricted endowments, permanent endowments? If "Yes," complete Schedule D, Part II</li> <li>9 Did the organization report an amount for index buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part II</li> <li>10 X</li> <li>11 Did the organization report an amount for indextimets - orders are listed in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>12 Did the organization report an amount for indextimets. Program related in Part X, line 11.</li> <li>13 Did the organization report an amount for indextimets. Program related in Part X, line 12 Part S. The Schedule D, Part VI</li> <li>14 Did the organization report an amount for indextimets. Program related in Part X, line 13 Part S, line 13 Part X, line 13 Part Y, line 13 Part X, lin</li></ul>		If "Yes," complete Schedule A			
public official of 'Y'se,' complete Schedule C, Part I         3         X           4         Sectors Of(c)) organization. Did the organization engage in hobbying activities, or have a sectors SDI(h) election in effect during the lax yea? If 'Y'se,' complete Schedule C, Part II         4         X           5         Is the organization a sectors OF(c)(s), or SDI(c)(s) or SDI(c)(	2		2	X	
<ul> <li>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>.</li> <li>Is the organization a section 501(c)(6), 501(c)(6), or 501(c)(6),</li></ul>	3				37
during the tax year? If Yes, "complete Schedule C, Part II         4         X           5         is the organization a section S(16)(5) 051(6)(5) 05	_		3		<u> </u>
5         Is the organization asciclos 501(c)(4), 501(c)(5), or 501(c)(6) organization that neceives membership dues, assessments, or similar amounts as defined in Revenue Procedure 39-197 if "Yes," complete Schedule C, Part II         5         X           D Dd the organization maintan any donor advised influx of any similar totals or accounts? If "Yes," complete Schedule D, Part II         6         X           D Dd the organization neither any donor advised influx of any similar totals or accounts? If "Yes," complete Schedule D, Part II         7         X           D Dd the organization neither any donor advised in casement, including easements to total conservation association are account inability, serve as a custodian for amounts on tiled in Part X, ine 21, for secree or on sustodial account liability, serve as a custodian for amounts on tiled in Part X, or provide credit counseling, dott management, credit repair, or dobt negoliation services?         8         X           D Dd the organization, directly or through a related organization, hold assets in temporality restricted endowments, permanent endowments? If "Yes," complete Schedule D, Part V         10         X           D Dd the organization resport 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 107 if "Yes," complete Schedule D, Part VI         11a         X           D Dd 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 107 if "Yes," complete Schedule D, Part VI         11a         X           D Dd the organization report an amoun	4			v	
similar amounts as defined in Revenue Procedure 98-199 # Yes,* complete Schedule C, Part II         5         X           O Did the organization maintain any doora advised funds or any similar funds or accounts? If 'Yes,* complete Schedule D, Part II         6         X           7         Did the organization review or hold a conservation easement, including easements to preserve open space, the environment, historical treasures, or other similar assets? If 'Yes,* complete Schedule D, Part II         7         X           8         Did the organization maintain collection of works of art, historical treasures, or other similar assets? If 'Yes,* complete Schedule D, Part II         8         X           9         Did the organization animatin collections of works of art, historical treasures, or other similar assets? If 'Yes,* complete Schedule D, Part V         8         X           10         Did the organization, answer to any of the tollowing questions is 'Yes,* then complete Schedule D, Part V         10         X           11         If the organization answer to any of the tollowing questions is 'Yes,* then complete Schedule D, Part V         11         X           10         Uk the organization report an amount for land, buildings, and equipment in Part X, line 107 If 'Yes,* complete Schedule D, Part VI         10         X           11         If the organization report an amount for investments - program related in Part X, line 107 If 'Yes,* complete Schedule D, Part VI         110         X           12         Did the	-		4		
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 II       If         7       Z       Z         8       Did the organization readine or hold a conservation assement, funds or accounts? If "Yes," complete Schedule D, Part II       R         9       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II       R         9       Did the organization maintain any donor advices of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV       R         9       Did the organization, directly or through a related organization, nicetly or through a related organization, report an amount for investments - order securities in Part X, line 10? If "Yes," complete Schedule D, Part V       Iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	5		-		v
provide advace on the distribution or investment of amounts in such funds or account? // 'Yes,' complete Schedule D, Part //       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic istructures? // 'Yes,' complete Schedule D, Part //       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar asset? // 'Yes,' complete Schedule D, Part //       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts no tiletid in Part X, complete Schedule D, Part //       8       X         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? // 'Yes,' complete Schedule D, Part V/       9       X         11       If the organization report an amount for investments - organize action report an amount for investments - organized and part X, line 10? // 'Yes,' complete Schedule D, Part V/       11a       X         11       Did the organization report an amount for investments - organized and part X, line 118 tat is 5% or more of its total assets reported in Part X, line 16? // 'Yes,' complete Schedule D, Part X       11a       X         11       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? // 'Yes,' complete Schedule D, Part X	6		5		<u> </u>
7       Did the organization receive or hold a conservation easement, including easements to preserva open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.       7       X         8       Did the organization maintain collections of vortex of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II.       8       X         9       Did the organization report an amount in Part X, line 21, for escrew 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?       9       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? III "Yes," complete Schedule D, Part V       10       X         10       Did the organization report an amount for investments - other securities in Part X, line 10? III'Yes, "complete Schedule D, Part V       11       X         11       Did the organization report an amount for investments - other securities in Part X, line 10? III'Yes, "complete Schedule D, Part VI       11       X         11       Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? II'Yes, "complete Schedule D, Part VI       11       X         11       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? II'Yes, "complete Schedule D, Part X <td>0</td> <td></td> <td>6</td> <td></td> <td>x</td>	0		6		x
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II       7       X         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for secrew 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?       9       X         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permant endowments? If "yes," complete Schedule D, Part V       10       X         11       the organization report an amount for inductions of works of art, historical treasures in temporarily restricted endowments, permant endowments? If "yes," complete Schedule D, Part V       10       X         12       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 167 II "yes," complete Schedule D, Part VIII       11a       X         13       Did the organization report an amount for investments - other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 II "yes," complete Schedule D, Part X III       11a       X         14       Did the organization orbit and andicated inancial statements for the tax year?       114       X         15	7		0		
8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? # 'Yes, 'complete Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrew 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?       9       X         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? II ''ves,' complete Schedule D, Part V       10       X         11       If the organization is answer to any of the following questions is 'Yes,' then complete Schedule D, Part V, ''       10       X         12       Did the organization report an amount for load, buildings, and equipment in Part X, line 12 /' H'Yes,' complete Schedule D, Part VI       11       X         13       Did the organization report an amount for whestments - rother securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16 /' H'res,' complete Schedule D, Part XI       11       X         14       Did the organization report an amount for other assets in Part X, line 25 / H'res,' complete Schedule D, Part XI       11d       X         15       Did the organization separate, independent audited financial statements for the tax year? H'ryes,' complete Schedule D, Part XI       11d       X         16       the organization separate, in	'		7		x
Schedule D, Part III       8       X         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?       8       X         9       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, premarent endowments, or quase endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization directly or through a related organization, hold assets in temporarily restricted endowments, premarent endowments, or quase endowments? If "Yes," complete Schedule D, Part V       10       X         11       If 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 VI       11a       X         12       Did the organization report an amount for investments - other securities 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 X       11a       X         13       Did the organization report an amount for the sastes 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 X       11e       X         14       Did the organization is obsenization on amount for the sastes in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Sche	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 dobt negotiation services?       9       X         10       Ub the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments? If "yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V       10       X         12       Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part V       11a       X         13       Did the organization report an amount for investments - other securities 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 VI       11a       X         14       Did the organization report an amount for other labilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11a       X         110       Did the organization subt an earnor thore ther assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         111       X       Did the organization subt and FIN 48 (SC 740?) "Yes," complete Schedule D, Part X       11d       X         112       Did the organization subt and Part A (A RCS 740?) "Yes," complete Schedule D, Part	U		8		х
amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?       9       X         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       X         11 If 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       X         a Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V       11a       X         b Did the organization report an amount for investments - other securities 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 VII       11b       X         c Did the organization report an amount for investments - other assets 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 X       11c       X         d Did the organization report an amount for other liabilities 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 X       11c       X         11d       X       11d       X       11d       X         11d       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11t	9				
# "Yes," complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? # "Yes," complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V UI, VIII, VII, VX, or X as applicable.       10       X         a Did the organization report an amount for investments - other securities in Part X, line 10? // "Yes," complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VI       11b       X         c 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? // "Yes," complete Schedule D, Part XI       11d       X         d Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's separate or consolidated financial statements for the tax year?       11f       X         12b       Ub the organization included in consolidated, independent audited financial statements for the tax year?       11f       X         12a       X and XII       b       Was the organization included in consolidated, independent audited financial statements for the tax year?       11f	-				
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       X         11       If the organization's answer to any of the following questions is 'Yes," then complete Schedule D, Part VI, VII, VII, VII, VII, VII, VII, VII,			9		х
endowments, or quasi-endowments? // "Yes," complete Schedule D, Part V     10     X       11     If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X     as applicable.       a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // "Yes," complete Schedule D, Part VI     11a     X       b) Did the organization report an amount for investments - other securities in Part X, line 12? that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VI     11b     X       c) Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VII     11c     X       d) Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? // "Yes," complete Schedule D, Part X     11d     X       e) Did the organization report an amount for other inabilities in Part X, line 15? // "Yes," complete Schedule D, Part X     11e     X       112     Did the organization is parate, independent audited financial statements for the tax year?     11f     X       113     X     11e     X     11e     X       114     X     11d     X     11d     X       115     X and XII     11e     X     11e     X       116     Ut the organization inside, emplotes Schedule	10				
11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, K, or X as applicable.       111       X         a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       111       X         b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       111       X         c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       112       X         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       112       X         e Did the organization separate or consolidated financial statements for the tax year include a tootnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       111       X         12a Did the organization obtain separate, independent audited financial statements for the tax year?       114       X         13 S the organization aschool described in section 170(b)(1)(A)(ii? If "Yes," complete Schedule D, Part X and III optional       115       X         14a Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or orany foreign o			10		Х
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // *Yes, * complete Schedule D, Part VI       11a       X         b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? // *Yes, * complete Schedule D, Part VI       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? // *Yes, * complete Schedule D, Part VII       11c       X         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? // *Yes, * complete Schedule D, Part X       11c       X         d Did the organization report an amount for other assets in Part X, line 25? // *Yes, * complete Schedule D, Part X       11d       X         f Did the organization report an amount for other labilities in Part X, line 25? // *Yes, * complete Schedule D, Part X       11e       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       11f       X         13       If the organization aschool described in section 170b(h1/A)(h)?       H *Yes, * complete Schedule E       11a       X         14a       Did the organization aschool described in section 170b(h1/A)(h)?       H *Yes, * complete Schedule E       11a       X         15       Did the organization report on Part I	11				
Part VI       11a       X         b       Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e       Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year include a tootnote that addresses the organization nocluded in consolidated, independent audited financial statements for the tax year?       11f       X         12a       Did the organization nocluded in consolidated, independent audited financial statements for the tax year?       11e       X         13       Is the organization aschool described in section 170(b)(1)(A)(W)?       1*Yes," complete Schedule E       12a       X         14a       X       Did the organization neport on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for orise in individuals? If "Yes," complete Sc		as applicable.			
b       Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 167 // r*yes,* complete Schedule D, Part VII       11b       X         c       Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 167 // r*yes,* complete Schedule D, Part VII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 167 // r*yes,* complete Schedule D, Part X       11c       X         e       Did the organization report an amount for other assets in Part X, line 257 // r*yes,* complete Schedule D, Part X       11d       X         f       Did the organization report an amount for other liabilities in Part X, line 267 // r*yes,* complete Schedule D, Part X       11e       X         110       X       11d       X       11d       X         111       X       11d       X       11d       X         112       X       11d       X       11d       X         113       It is organization assets exported in part A, line 167 // r*yes,* complete Schedule D, Part X       11d       X         114       Was the organization answerd "No" to line 12a, then completing Schedule D, Part X and XII is optional       11s       X         114	а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
assets reported in Part X, line 16? /f 'Yes," complete Schedule D, Part VII       11b       X         c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? /f 'Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? /f 'Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? /f 'Yes," complete Schedule D, Part X, line 16? /f 'Yes," complete Schedule D, Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? /f 'Yes," complete Schedule D, Part X, line 16? /f 'Yes," complete Schedule D, Part X, line 16? /f 'Yes," complete Schedule D, Part X, line 16? /f 'Yes," complete Schedule D, Part X, line 16? /f 'Yes," complete Schedule D, Part X, line 16? /f 'Yes," complete Schedule D, Part X, line 16? /f 'Yes," complete Schedule D, Part X, line 16? /f 'Yes," complete Schedule D, Part X, line 17. Was," complete Schedule D, Part X, line 17. Was," complete Schedule D, Part X, line 17. Was," complete Schedule E, Part N and XII       111f       X         20       Was the organization askered 'No' to line 12a, then completing Schedule D, Part X and XII is optional       12a       X         31       Is the organization askered 'No' to line 12a, then complete Schedule E       133       X         41       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b Did the organization report on Part IX, column (A), line 3,		Part VI	11a	X	
c       Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d       Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X IIII       11c       X         e       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 X       11d       X         e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11t       X         12a       Did the organization otal in separate, independent audited financial statements for the tax year include a tootnote that addresses the organization included in consolidated, independent audited financial statements for the tax year?       11t       X         12a       Did the organization on acknol described in section 170(b)(1)(A)(II)" If "Yes," complete Schedule D, Part X and XII and XII and XII as the organization maintain an office, employees, or agents outside of the United States?       12a       X         13       X       11d       X       11d       X         14a       Did the organization namotifies Schedule F, Parts I and IV       14a       X         15       Uid the organization report on Part IX, column (A), line 3	b				
assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII       11c       X         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11d       X         f Did the organization's separate or consolidated financial statements for the tax year: Include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11f       X         12a       Did 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, Part X XIII ad XII       12b       X         14a       Did the organization as school described in section 170(b)(1)(A)(W)?       If "Yes," complete Schedule E       13       X         14a       Did the organization answered "No" to line 3, 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 II and IV       16       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of ggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II		assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization asserted "No" to line 12a, then completing Schedule D, Part X and XII       12a       X         b Was the organization aschool described in section 170(b(1)/A)(0)? If "Yes," complete Schedule E       13       X         13a       Its the organization aschool described in section 170(b(1)/A)(0)? If "Yes," complete Schedule E       13       X         14a       Did the organization aschool described in section 170(b(1)/A)(0)? If "Yes," complete Schedule E       13       X         14a       Did the organization aschool described in section 170(b(1)/A)(0)? If "Yes," complete Schedule E       13       X         14b       Did the organization aschool described in section 170(b(1)/A)(0)? If "Yes," complete Schedule E       13       X         14b       Did the organization aschool described in section 170(b(1)/A)(0)? If "Yes," complete Schedule E       13       X         14b       Did the	С				
Part X, line 16? If "Yes," complete Schedule D, Part IX       11d       X         e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year?       11f       X         12a       Did the organization included in consolidated, independent audited financial statements for the tax year?       If "Yes," and if the organization answerd "No" to line 12a, then completing Schedule D, Part X and XII is optional       12a       X         b Was the organization maintain an office, employees, or agents outside of the United States?       14a       X         14a       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garts or other assistance to or for any foreign 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 II and IV       16       X         17       Did the organization report nore than \$15,000 of expenses for professional fundraising services on Part IX, oolumn (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 ot garts or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part I       16       X         19       Did the org			11c		<u>X</u>
e       Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         f       Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization sliability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11tl       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Part X XI and XII is optional       11tl       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for 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 G, Part I       16       X         17       Did the organization report or neart X, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for organization report or part X, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II       16       X     <	d				37
f       Did the organization's separate or consolidated financial statements for the fax year include a footnote that addresses the organization shability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year?       If "Yes," complete Schedule D, Part X / and X/I       12a       X         b       Was the organization answered "No" to line 12a, then completing Schedule D, Parts X / and X/I is optional       12a       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts X / and X/I is optional       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of garns or other assistance to or for any foreign 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 II and IV       16       X         17       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 G, Part II       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part II		Part X, line 16? If "Yes," complete Schedule D, Part IX			
the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X       11f       X         12a       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete       12a       X         12b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12a       X         13       Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       14a       X         b       Did the organization nave 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 II and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign inginiduals? If "Yes," complete Schedule F, Parts II and IV       16       X         17       Did the organization report more than \$15,000 of expenses for professional fundraising services 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 G, Part I       17       X         16       Did the organization rep	e		11e		
12a       Did the organization obtain separate, independent audited financial statements for the tax year? // f' Yes, " complete Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year? // f' Yes, " and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12a       X         13       Is the organization aschool described in section 170(b)(1)(A)(ii)? // f' Yes, " complete Schedule E       13a       X         14a       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? // "Yes," complete Schedule F, Parts I and IV       14b       X         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 report a total of more than \$10,000 from grants sing services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? /f "Yes," complete Schedule F, Parts III and IV       16       X         17       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? /f "Yes," complete Schedule F, Parts III and IV       16       X         18       Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, mor	t			v	
Schedule D, Parts XI and XII       12a       X         b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       13       X         13       Is the organization maintain an office, employees, or agents outside of the United States?       13       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       X         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 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 II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 3 more than \$15,000 of grass income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part II       18       X	100			-	
b       Was the organization included in consolidated, independent audited financial statements for the tax year?       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(ii)?       /// ff "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       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?       14a       X         b       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 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 II and IV       15       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 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 G, Part II       17       X         18       Did the organization report a total of more than \$15,000 of grass income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       17       X         18       Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? If "Yes,"       18	IZd		120	x	
If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12b       X         13       Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       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       X         15       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 II and IV       15       X         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 II and IV       16       X         17       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 G, Part I       16       X         18       Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organizat	h		120		
13       Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13       X         14a       Did the organization maintain an office, employees, or agents outside of the United States?       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       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gargegate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV       15       X         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 II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1e and 8a? If "Yes," complete Schedule G, Part II       17       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a	5		12h		х
14a       Did the organization maintain an office, employees, or agents outside of the United States?       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       14a       X         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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15       X         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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16       X         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</i> "Yes," <i>complete Schedule G, Part I</i> 17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> 18       X         19       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X         20a       X       20a       X       20a       X       20a <td>13</td> <td></td> <td></td> <td></td> <td></td>	13				
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? <i>If</i> "Yes," <i>complete Schedule F, Parts I and IV</i> 14b       X         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 report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 15       X         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? <i>If</i> "Yes," <i>complete Schedule F, Parts II and IV</i> 16       X         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</i> "Yes," <i>complete Schedule G, Part I</i> 17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X         20a       X       20a       X       20a       X         20b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       <					
investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000       14b       X         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       X         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 II and IV       16       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       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 H       20a       X					
or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         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       X         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       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       X       20b       20a       X         20a       X       20b       20a       X         20b       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 H       20a       X         20b       20a       X       20b       21       X					
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       X         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       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 of grass income from gaming activities on Part VIII, lines 9a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         20a       Did the organization report more than \$5,000 of grasts or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule H       20a       X         20b       20b       20b       20b       20b       20b			14b		Х
<ul> <li>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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i></li> <li>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</i> "Yes," <i>complete Schedule G, Part I</i></li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i></li> <li>20a Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i></li> <li>b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i></li> </ul>	15				
<ul> <li>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? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i></li></ul>			15		X
<ul> <li>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></li> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? <i>If "Yes," complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i></li> <li>20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i></li> <li>b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</li> <li>20b</li> <li>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? <i>If "Yes," complete Schedule I, Parts I and II</i></li> </ul>	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I       17       X         18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       19       X         20a       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       20a       X			16		X
18       Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       18       X         19       Did the organization operate one or more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       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? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21       X	17				
1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       X		column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"       19       X         20a       Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> 20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       20b         21       Did the organization operate on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i> 21       X	18				37
complete Schedule G, Part III       19       X         20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       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       X		1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> </u>
20a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X         b       If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?       20b       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       X	19				v
b       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       X	00				
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       X					<u> </u>
domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			200		
	21		21		x
	332003			<b>990</b>	

3

832003 12-31-18

Form 990 (20				PROJECT,	INC.
Part IV	Checklist of Required Schedules	(continued	()		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
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	X	
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		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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		<u> </u>
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		<u> </u>
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,"			
<b>0-</b>	complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		x
00	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):	00-		x
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		x
29	director, trustee, or direct or indirect owner? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	200		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations?	- 50		<u> </u>
51		31		x
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02		32		x
33	Schedule N, Part II 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		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
•••	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
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	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
832004	12-31-18	Form	990	(2018)

4

Form	990 (2018) CONNECTICUT LEGAL RIGHTS PROJECT, INC. 22-3069	277	P	<sub>age</sub> 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 14			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<b> </b>
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-		37
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	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).	_		v
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		x
A	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		
		7e		x
		7e 7f		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
-	If the organization received a contribution of qualified intellectual property, and the organization meriod of a storage of the organization file a Form 1098-C?	79 7h		
	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.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	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 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O.			
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 13b			
	Enter the amount of reserves on hand			37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37
	excess parachute payment(s) during the year?	15		X
40	If "Yes," see instructions and file Form 4720, Schedule N.			v
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2018)

832005 12-31-18

Form 990	(2018)
----------	--------

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

#### CONNECTICUT LEGAL RIGHTS PROJECT, INC.

22-3069277 Page 6

10111 330 (	
Part VI	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response
	to line 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

		_	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	3		
	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	3		
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	Х	
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
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		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		x
ect	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		•	
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
za b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	120		
C		120	x	
12	in Schedule O how this was done	120	X	
3 14	•	13	X	-
4	Did the organization have a written document retention and destruction policy?	14	- 23	
5	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?	45-	x	
	The organization's CEO, Executive Director, or top management official	15a		
b	Other officers or key employees of the organization	15b	•	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
-	taxable entity during the year?	16a		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		
	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ CT			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other <i>(explain in Schedule O)</i>			
9	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	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 <b>P</b> ROSEMARY MARINO - 860-262-5030			
	SILVER STREET, MIDDLETOWN, CT 06457			

<u>Form 990 (2</u>		22-3069277	Page /								
Part VII	Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated										
	Employees, and Independent Contractors										
	Check if Schedule O contains a response or note to any line in this Part VII										
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees										

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)				<b>C)</b> ition			(D)	(E)	(F)
Name and Title	Average hours per		not c	heck	more	than o s both		Reportable compensation	Reportable compensation	Estimated amount of
	week	offic				r/trus		from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	stee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	Institutional trustee		yee	mper				and related
	below	idual	tution	er	Key employee	est cc loyee	ıer			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) MARK R. SOBOSLAI, ESQ.	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(2) DWIGHT MERRIAM, ESQ.	1.00									
VICE-CHAIRMAN		Х		Х				0.	0.	0.
(3) SEILA MOSQUERA-BRUNO	1.00									
TREASURER (RESIGNED 2/25/19)		Х		Х				0.	0.	0.
(4) CHERI BRAGG ACKER	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) SARAH GALLAGHER	1.00									
MEMBER		Х						0.	0.	0.
(6) ELIOT GERSTEN, ESQ.	1.00									
MEMBER		Х						0.	0.	0.
(7) BENITA TOUSSAINT	1.00									
MEMBER		Х						0.	0.	0.
(8) ALAN BOWIE, JR. ESQ.	1.00									_
MEMBER		Х						0.	0.	0.
(9) RACHEL SOBOSLAI	1.00									_
MEMBER		Х						0.	0.	0.
(10) KATHLEEN FLAHERTY	37.50									
EXECUTIVE DIRECTOR				х				114,917.	0.	24,127.
(11) KIRK LOWRY	37.50									
LEGAL DIRECTOR						X		134,872.	0.	20,723.
(12) SALLY ZANGER	37.50									
ATTORNEY						X		112,563.	0.	23,749.
(13) KARYL LEE HALL	37.50							100 100	•	10 000
ATTORNEY						X		108,482.	0.	12,090.
(14) ROSEMARY MARINO	37.50							100.000		
BUSINESS MANAGER						X		103,283.	0.	8,398.
			<u> </u>							
			-			-				
		I		I		L		1		Farm <b>990</b> (0010)

832007 12-31-18

Form 990 (2018)

### 09370319 150872 CL9277

	90 (2018) CONNECTIO	CUT LEGA	$\Gamma$	RI	GH	ТS	P	RO	JECT,	INC.	22-3	069	277	P	age <b>8</b>
Part	VII Section A. Officers, Directors, Trust	tees, Key Emp	ploy	ees,	and	l Hig	ghes	t C	ompensate	ed Employee	s (continued)				
	(A) Name and title	<b>(B)</b> Average hours per week	box	not ch , unles cer an	ss per	ition more son is	than c s both	an	Repo	( <b>D)</b> ortable ensation rom	<b>(E)</b> Reportable compensatio from related	on	an	(F) timate nount other	
			Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	orgar	the nization 199-MISC)	organization (W-2/1099-MI		fr org and	pensa om th anizat d relat	e ion ed
1b \$	Sub-total		L						57	4,117.		0.	8	9,0	87.
с	otal from continuation sheets to Part VI	, Section A							57	0.		0.		9,0	0.
	Total (add lines 1b and 1c)							► o re			000 of reportable		0.	9,0	57.
	compensation from the organization						,			,					5
												ſ		Yes	No
	Did the organization list any <b>former</b> officer,	-				•			•	•			3		x
	ine 1a? If "Yes," complete Schedule J for si For any individual listed on line 1a, is the su														
á	and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	J f	or such ind	ividual			4	Х	
	Did any person listed on line 1a receive or a												-		x
	endered to the organization? <i>If</i> "Yes," com on <b>B. Independent Contractors</b>	plete Schedule	e J fo	or su	ich <u>r</u>	berse	on .		<u></u>				5		Λ
	Complete this table for your five highest con he organization. Report compensation for t											pensat	tion fro	om	
	(A) Name and business	address	NC	ONE	2				De	(B) scription of s	ervices	C	<b>(C</b> Compe		n
								T							
	otal number of independent contractors (ir 100,000 of compensation from the organiz	-	ot lin	nited	l to t	thos 0		ted	above) who	o received mo	ore than			000	

Form **990** (2018)

832008 12-31-18

Form	n 990 (	2018) CONNE	CTICUT L	EGAL RIG	HTS PROJECT	F, INC.	22-3069	277 Page 9
	rt VII					-		
		Check if Schedule O conta	ains a response o	or note to any lin	e in this Part VIII			
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function	<b>(C)</b> Unrelated business	(D) Revenue excluded from tax under
						revenue	revenue	sections 512 - 514
ts t	1 a	Federated campaigns	1a					
irar	b	Membership dues	1b					
, Guy	с	Fundraising events		1,075.				
ifts ar A	d	Related organizations						
nils	е	Government grants (contributi	4	385,554.				
Sir	f	All other contributions, gifts, gran	· ·	•				
uti	•	similar amounts not included abov		76,381.				
Contributions, Gifts, Grants and Other Similar Amounts				F 000				
.u ou	9 5	Noncash contributions included in lines			1,463,010.			
0 0	n	Total. Add lines 1a-1f						
				Business Code				
Program Service Revenue	2 a							
erv	b							
n S	С							
ran 8ev	d							
<u>б</u> о.	е							
P.	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		🕨				
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)			177.			177.
	4	Income from investment of tax						
	5	Royalties						
	-	,	(i) Real	(ii) Personal				
	6 9	Gross rents						
		Less: rental expenses						
		Rental income or (loss)			-			
				<b>`</b>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other	-			
		assets other than inventory			-			
	b	Less: cost or other basis						
		and sales expenses						
	С	Gain or (loss)						
	d	Net gain or (loss)		►				
Other Revenue	8 a	Gross income from fundraising including \$1,0						
eve		contributions reported on line						
Å.		Part IV, line 18	-	0.				
her	h	Less: direct expenses		0.				
đ		Net income or (loss) from fund		►	0.			
		Gross income from gaming ac	-	►				
	Ja	Part IV, line 19						
	F							
		Less: direct expenses		►				
		Net income or (loss) from gam	-	<b>&gt;</b>				
	iu a	Gross sales of inventory, less						
	_	and allowances						
		Less: cost of goods sold						
	С	Net income or (loss) from sales						
		Miscellaneous Revenue	e	Business Code		18 610		
	11 a	ATTORNEY FEES		541100	17,613.	17,613.		
	b			900099	300.	300.		
	с	MISCELLANEOUS		900099	283.	283.		
		All other revenue						
		Total. Add lines 11a-11d		►	18,196.			
	12	Total revenue. See instructions			1,481,383.	18,196.	0.	177.
83200	9 12-31	-18						Form <b>990</b> (2018)

	Check if Schedule O contains a respons	e or note to any line in t (A)	his Part IX (B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	122 604		122 604	
	trustees, and key employees	133,694.		133,694.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
_	persons described in section 4958(c)(3)(B)	894,773.	797,556.	72 060	23,248
7	Other salaries and wages	074,//3•	191,000.	73,969.	43,440
8	Pension plan accruals and contributions (include	62 1 21	55,980.	1 570	1 60'
~	section 401(k) and 403(b) employer contributions)	62,181. 91,426.	86,014.	<u>4,578.</u> 2,919.	1,623 2,493 2,254
9	Other employee benefits	97,740.	77,760.	17,726.	2,493
0	Payroll taxes	J/,/4U•	//,/00.	±1,120•	4,494
1	Fees for services (non-employees):				
a	Management	1,766.	1,766.		
b		19,312.	1,700.	19,312.	
C	9 F	15,006.	15,006.	19,512.	
d	, , , , , , , , , , , , , , , , , , ,	15,000.	15,000.		
e					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	17,940.	13,390.	4,550.	
10		17,540.	15,550.	4,5501	
2  3	Advertising and promotion	8,018.	5,973.	2,045.	
13  4	Office expenses Information technology	58,855.	58,855.	2,013.	
15	Royalties				
15 16	Occupancy				
7	Travel	6,260.	6,260.		
8	Payments of travel or entertainment expenses	0,2001	0,2001		
0	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	7,517.	7,517.		
20	Interest	.,	.,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,907.	3,107.	800.	
3	Insurance	19,220.	.,	19,220.	
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 0.)				
а	LIBRARY COSTS	13,422.	13,422.		
b	DUES	5,418.	5,418.		
с	ATTORNEY TAX	4,480.	4,480.		
d	FEES	783.	783.		
е	All other expenses	1 4 6 4 5 4 5	1 1 5 0 0 5 5	050.010	
5	Total functional expenses. Add lines 1 through 24e	1,461,718.	1,153,287.	278,813.	29,618
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				<b>– 000</b> (ag

Form 990 (2018) CONNECTICUT LEGAL RIGHTS PROJECT, INC. 22-3069277 Page 10
Part IX Statement of Functional Expenses

832010 12-31-18

Form **990** (2018)

### CONNECTICUT LEGAL RIGHTS PROJECT, INC. Part X Balance Sheet

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

22-3069277 Page 11

		Check in Schedule O contains a response of his			(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			224,524.	1	164,058.
	2	Savings and temporary cash investments			461,727.	2	493,541.
	3	Pledges and grants receivable, net	35,169.	3	55,104.		
	4	Accounts receivable, net		4			
	5	Loans and other receivables from current and					
		trustees, key employees, and highest compension					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqua					
		section 4958(f)(1)), persons described in section	-				
		employers and sponsoring organizations of se					
Ś		employees' beneficiary organizations (see instr				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use				8	
	9				26,611.	9	26,860.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	127,522.			
	b	Less: accumulated depreciation	10b	107,159.	13,890.	10c	20,363.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must eq			761,921.	16	759,926.
	17	Accounts payable and accrued expenses	92,812.	17	71,152.		
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and forme					
iliti		key employees, highest compensated employe	es, and o	disqualified persons.			
Liabilities						22	
-	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line				25	
	26	Schedule D Total liabilities. Add lines 17 through 25			92,812.	25 26	71,152.
	20	Organizations that follow SFAS 117 (ASC 95			52,012.	20	/1,152.
		complete lines 27 through 29, and lines 33 a					
ces	27	Unrestricted net assets			523,572.	27	557,560.
lan	28	Temporarily restricted net assets			145,537.	28	131,214.
Ba	29					29	
oun		Organizations that do not follow SFAS 117 (					
Ē		and complete lines 30 through 34.		"·····································			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current fund	s			30	
sse	31	Paid-in or capital surplus, or land, building, or e				31	
τA	32	Retained earnings, endowment, accumulated i				32	
Ne	33	Total net assets or fund balances			669,109.	33	688,774.
	34	Total liabilities and net assets/fund balances			761,921.	34	759,926.
							Form <b>990</b> (2018)

Form **990** (2018)

Form 990 (2018)

Form	990 (2018) CONNECTICUT LEGAL RIGHTS PROJECT, INC.	22-3	069277	Pag	<sub>ge</sub> 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,481					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,461					
3	Revenue less expenses. Subtract line 2 from line 1	3		),6 ),1				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))							
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
_	column (B))	10	688	3,7	74.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	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	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	X 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							
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche							
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			37			
	Act and OMB Circular A-133?		3a		_X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000				

Form **990** (2018)

832012 12-31-18

(	Form	990	or	990-EZ)	)
۱		000	<b>U</b> 1		

### **Public Charity Status and Public Support**

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

OMB No. 1545-0047
2018
Open to Public Inspection

		of the Treasury nue Service		► Go to www.irs.gov		Open to Public Inspection					
Nan	ne of t	the organizati		GO 10 WWW.II 3.90			ie latest li	normation.	Employer	identification numbe	
- Turin					GAL RIGHTS PI		г тыс	<b>-</b>		2-3069277	
Pa	rt I	Reason			All organizations must co					2 3003211	
					For lines 1 through 12, c						
1					on of churches described			1)(A)(i)			
2	$\square$				Attach Schedule E (Forn			·// <del>~</del> //י/·			
3	$\square$				anization described in so			;;)			
4	$\square$	•	•		njunction with a hospital				Viii) Enter	the hospital's name	
-		city, and state	•			accombod	00000			the hospital o hame,	
5	$\square$	•	-	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in	
Ŭ		section 170(b)(1)(A)(iv). (Complete Part II.)									
6					nental unit described in	section 17	70(b)(1)(A)	(v).			
	X		-	-	ntial part of its support fr				ne general i	oublic described in	
-				omplete Part II.)	····· [-··· - ··· - ··· [-···				J J		
8	$\square$				(1)(A)(vi). (Complete Par	t II.)					
9		-			in section 170(b)(1)(A)(		ed in conju	unction with a	land-grant	college	
		or university of	or a non-land-g	, grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or	
		university:	-						-		
10		An organizati	on that normal	lly receives: (1) more	than 33 1/3% of its sup	port from a	contributio	ns, membersl	hip fees, an	d gross receipts from	
		activities rela	ted to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more thar	n 33 1/3% of i	ts support f	rom gross investment	
		income and u	inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	ganization a	Ifter June 30, 1975.	
		See section	<b>509(a)(2).</b> (Cor	mplete Part III.)							
11		An organizati	on organized a	and operated exclusi	ively to test for public sa	fety. See	section 50	09(a)(4).			
12		An organizati	on organized a	and operated exclusion	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or	
		more publicly	supported or	ganizations describe	ed in <b>section 509(a)(1)</b> c	r section	509(a)(2).	See section	509(a)(3). (	Check the box in	
		_lines 12a thro	ough 12d that o	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.		
а					upervised, or controlled	• • •	-				
			-		gularly appoint or elect a	majority c	of the direc	ctors or truste	es of the su	ipporting	
		-		complete Part IV, Se							
b				-	l or controlled in connect			-		-	
			-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	oorted	
	_	¬ ~		t complete Part IV,							
С			-		g organization operated				lly integrate	d with,	
	_	- ··	•	. , .	). You must complete I			-			
d			-	• · ·	porting organization oper				· ·		
					zation generally must sat nplete Part IV, Sections				anallenin	reness	
		- ·	·	,	written determination fro						
е			•		nally integrated supporti			турет, туре	п, туре п		
f	Ente	er the number		·							
			• •	about the supporte	d organization(s)					<u></u>	
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the organized (iv) is the organized (iv) (iv) (iv) (iv) (iv) (iv) (iv) (iv)	anization listed	(v) Amount o	f monetary	(vi) Amount of other	
		organization	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	nstructions)	support (see instructions	
Tota	al									1	

Schedule A (Form 990 or 990-EZ) 2018 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 13

### Schedule A (Form 990 or 990-EZ) 2018 CONNECTICUT LEGAL RIGHTS PROJECT, INC. 22-3069277 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

260	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	<b>(c)</b> 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1702918.	1681781.	1568839.	1410559.	1463010.	7827107.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to	1 - 0 - 1 0 0	4 = 0 4 0 0	4 - 0 4 0 0	1	1	
	the organization without charge	179,192.					
	Total. Add lines 1 through 3	1882110.	1860973.	1748031.	1589751.	1636310.	8717175.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						0717175
	Public support. Subtract line 5 from line 4.						8717175.
		() 001 (	(1) 0045	() 0010	( 1) 0047	() 0010	(0 T )
	ndar year (or fiscal year beginning in)	(a) 2014 1882110.	(b)2015 1860973.	(c)2016 1748031.	(d) 2017 1589751.	(e) 2018 1636310.	(f) Total 8717175.
	Amounts from line 4	1002110.	1000975.	1/40051.	1303731.	1030310.	0/1/1/5.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	96.	59.	134.	154.	177.	620.
•	and income from similar sources Net income from unrelated business		59.	T24.	194.	1//•	020.
9							
	activities, whether or not the						
10	business is regularly carried on Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	70,423.	50,988.	213,972.	44,203.	18 196	397,782.
44	<b>Total support.</b> Add lines 7 through 10	10,123.	50,500.	215,572.	11,2050	10,190.	9115577.
12		etc. (see instructio	ne)			12	5115577.
	First five years. If the Form 990 is for	``	,	h fourth or fifth ta			
	organization, check this box and stor	5	, , , , ,	, , , ,	,		
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2018 (I	ine 6. column (f) di	vided by line 11. c	olumn (f))		14	95.63 %
	Public support percentage from 2017			.,,		15	95.52 %
	<b>33 1/3% support test - 2018.</b> If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the o		-				
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-	-	-	
b	0 10% -facts-and-circumstances test						
	more, and if the organization meets th	-					
	organization meets the "facts-and-circ	cumstances" test.	The organization q	ualifies as a public	ly supported organ	nization	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
					Sche	edule A (Form 990	or 990-EZ) 2018

### Schedule A (Form 990 or 990 EZ) 2018 CONNECTICUT LEGAL RIGHTS PROJECT, INC. 22-3069277 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support				1		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6		(2) 2010		(4) = 0 + 1		(.)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiza	ation,
	check this box and stop here			<u></u>	<u></u>	-	
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2018 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
Sec	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	<b>)18</b> (line 10c, colur	mn (f), divided by l	ine 13, column (f))		17	%
18	Investment income percentage from	2017 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2018. If the	organization did r				3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2017. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
83202	23 10-11-18				Sch	edule A (Form 99	0 or 990-EZ) 2018
			15	5			

09370319 150872 CL9277

<sup>2018.05051</sup> CONNECTICUT LEGAL RIGHTS CL9277\_1

### Schedule A (Form 990 or 990 EZ) 2018 CONNECTICUT LEGAL RIGHTS PROJECT, INC. 22-3069277 Page 4 Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

16

832024 10-11-18

Yes No

1

10b

# Schedule A (Form 990 or 990 EZ) 2018 CONNECTICUT LEGAL RIGHTS PROJECT, INC. 22-3069277 Page 5 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions,	)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	<b>2</b> a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	<u> </u>
832025	5 10-11-18 Schedule A (Form	990 or 99	90-EZ)	2018

09370319 150872 CL9277

<sup>17</sup> 

Sche	dule A (Form 990 or 990-EZ) 2018 CONNECTICUT LEGAL RIGHT			22-3069277 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain i	in Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must c	omplete S	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integra	ted Type III supporting o	rganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

### Schedule A (Form 990 or 990-EZ) 2018 CONNECTICUT LEGAL RIGHTS PROJECT, INC. 22-3069277 Page 7

Par	t V   Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continued)	
Sect	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	)	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018	CONNECT	ICUT LEG	AL RIGHTS	PROJECT,	INC.	22-3069277	Page 8
Part VI	Supplemental Inform	mation. Provi	de the explanat	ions reauired by F	art II. line 10: Part	II. line 17a or	17b: Part III. line 12:	
	Part IV, Section A, lines 1, line 1; Part IV, Section D, I	2, 3b, 3c, 4b, 4 ines 2 and 3; Pa	c, 5a, 6, 9a, 9b art IV, Section E	, 9c, 11a, 11b, and , lines 1c, 2a, 2b, 3	1 11c; Part IV, Sect 3a, and 3b; Part V,	ion B, lines 1 line 1; Part V	and 2; Part IV, Section , Section B, line 1e; Pa	i C, irt V,
	Section D, lines 5, 6, and 8 (See instructions.)	B; and Part V, Se	ection E, lines 2	, 5, and 6. Also co	mplete this part fo	r any additior	nal information.	
832028 10-11-1	18			20		Schedul	e A (Form 990 or 990-	EZ) 2018

## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

### Schedule of Contributors

Attach to Form 990. Form 990-EZ. or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2018

Employer identification number

Name of the	organization
-------------	--------------

	CONNECTICUT LEGAL RIGHTS PROJECT, INC.	22-3069277				
Organization type (ch	Organization type (check one):					
Filers of:	Section:	Section:				
Form 990 or 990-EZ	Form 990 or 990-EZ 3 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organiza	tion is covered by the General Rule or a Special Rule.					
Note: Only a section 5	i01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	. See instructions.				
General Rule						

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

22-3069277

### CONNECTICUT LEGAL RIGHTS PROJECT, INC.

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	CONNECTICUT BAR FOUNDATION <u>31 PRATT STREET</u> HARTFORD, CT 06103	\$644,433.	Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
<u>No.</u>	Name, address, and ZIP + 4         STATE OF CT DEPT OF MENTAL HEALTH AND         ADDICTION SERVICES         410 CAPITOL AVENUE, P.O. BOX 341431         HARTFORD, CT 06134	Total contributions           \$	Type of contribution         Person       X         Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a)	(b)	(c)	(d)		
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)		
(a)	(b)	(c) Tatal contributions	(d)		
<u>No.</u>	Name, address, and ZIP + 4	Total contributions     \$	Type of contribution         Person         Payroll         Noncash         (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

09370319 150872 CL9277

Schedule B	(Form 990,	990-EZ, or	· 990-PF)	(2018)
------------	------------	------------	-----------	--------

Name of organization

Employer identification number

CONNECTICUT LEGAL RIGHTS PROJECT, INC.

22-3069277

Part II	t II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

23

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (2018)			Page 4	
Name of organ	ization			Employer identification number	
	ICUT LEGAL RIGHTS PROJ			22-3069277	
fr	xclusively religious, charitable, etc., contributi om any one contributor. Complete columns (a)	through (e) and the following line en	try. For organizations		
CC U	se duplicate copies of Part III if additional	charitable, etc., contributions of <b>\$1,000 or</b> space is needed.	less for the year. (Enter this info. or	nce.) 🟴 Ф	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
		(e) Transfer of gif	t I		
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
Part I		(c) Use of gift	(u) Des		
		(e) Transfer of gif			
	<b>-</b>				
	Transferee's name, address, ar		Relationship of tra	ansferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held	
	(e) Transfer of gift				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	gift (d) Description of how gift		
	(e) Transfer of gift				
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee	
823454 11-08-18		24	Schedule	∋ B (Form 990, 990-EZ, or 990-PF) (2018)	

SCHEDULE C	Political Campaign and Lobbying Activities						
(Form 990 or 990-EZ)		2018					
Department of the Treasury	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.	Open to Public					
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection					
If the organization answ	vered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activ	ities), then					
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Complete Parts I-A and B. Do not complete Part I-C.						
<ul> <li>Section 501(c) (other</li> </ul>	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

<ul> <li>Section 501(c)(4), (5),</li> </ul>	or (6) organizations:	Complete Part III.
Name of organization		

		FICUT LEGAL RIGHTS			22-3069277				
Pa	Irt I-A Complete if the or	ganization is exempt under	section 501(c) or	is a section 527 or	ganization.				
2 3	Political campaign activity expend Volunteer hours for political camp	ization's direct and indirect political litures aign activities		▶ \$	; 				
Pa	rt I-B Complete if the or	ganization is exempt under							
1	Enter the amount of any excise ta	x incurred by the organization under	section 4955	► \$	)				
2		x incurred by organization managers							
3	If the organization incurred a sect	on 4955 tax, did it file Form 4720 for	r this year?		Yes No				
4a	Was a correction made?				Yes No				
_	If "Yes," describe in Part IV.								
Pa	rt I-C Complete if the or	ganization is exempt under	section 501(c), e	xcept section 501(c	;)(3).				
1	Enter the amount directly expende	ed by the filing organization for section	on 527 exempt function	n activities 🛛 🚬 🕨 🕏	S				
2	Enter the amount of the filing orga	nization's funds contributed to othe	r organizations for sect	ion 527					
	exempt function activities			► \$	S				
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and	on Form 1120-POL,						
	line 17b			► \$	S				
4	Did the filing organization file Form	n 1120-POL for this year?			Yes No				
5	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.								
	<b>(a)</b> Name	(b) Address	<b>(c)</b> EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and				

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2018

Employer identification number

832041 11-08-18

Schedule C (Form 990 or 990 EZ) 2018 C Part II-A Complete if the organ section 501(h)).	ONNECTI nization is	CUT LEGAL RIGH exempt under section	TS_PROJECT , n 501(c)(3) and file	INC. 22-3 ed Form 5768 (el	3069277 Page 2 ection under	
expenses, and share	of excess lob	, ,		group member's nam	ne, address, EIN,	
Limits	B Check ► if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)					
<b>b</b> Total lobbying expenditures to influe	<ul> <li>1a Total lobbying expenditures to influence public opinion (grass roots lobbying)</li> <li>b Total lobbying expenditures to influence a legislative body (direct lobbying)</li> <li>c Total lobbying expenditures (add lines 1a and 1b)</li> </ul>					
<ul><li>d Other exempt purpose expenditures</li><li>e Total exempt purpose expenditures</li></ul>	add lines 1c a	and 1d)				
If the amount on line 1e, column (a) or ( Not over \$500,000	If the amount on line 1e, column (a) or (b) is:The lobbying nontaxable amount is:Not over \$500,00020% of the amount on line 1e.Over \$500,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$500,000.					
Over \$1,500,000 but not over \$17,000 Over \$17,000,000	0,000 \$	225,000 plus 5% of the exce 1,000,000.				
<ul> <li>g Grassroots nontaxable amount (ente</li> <li>h Subtract line 1g from line 1a. If zero of</li> <li>i Subtract line 1f from line 1c. If zero of</li> <li>j If there is an amount other than zero reporting section 4911 tax for this year</li> </ul>	ation file Form 4720		  YesNo			
	4-Ye t made a sec	ar Averaging Period Under tion 501(h) election do not separate instructions for li	Section 501(h) have to complete all c			
	Lobbying	Expenditures During 4-Ye	ar Averaging Period			
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) Total	
2a Lobbying nontaxable amount b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

832042 11-08-18

## Schedule C (Form 990 or 990-EZ) 2018 CONNECTICUT LEGAL RIGHTS PROJECT, INC. 22-3069277 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?		X		
	Mailings to members, legislators, or the public?	X			549.
	Publications, or published or broadcast statements?	X		1.5	504.
	Grants to other organizations for lobbying purposes?	X			3,250.
	Direct contact with legislators, their staffs, government officials, or a legislative body?	x	v	<u>1</u>	.,756.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X X		
-	Other activities?		A	16	5,059.
	Total. Add lines 1c through 1i		x	10	0,059.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		A		
	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				
Dar	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(	5) or sec	tion	
1 01	501(c)(6).		0, 01 300		
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section		-	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered '				e 3, is
	answered "Yes."		. ,		
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?		4		
	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information				
	de 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 a	nd 2 (see	
	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				
PA	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
<b>.</b>			TODDV	тат	
	NE 1B - CLRP STAFF REGISTERED WITH THE STATE ETHIC C	LTEN.I.	TORRI	151	
т тъ					
	NE 1D - CLRP'S QUARTERLY NEWSLETTER				
т.тт	IE 1E - CLRP PRODUCES BROCHURES, FLYERS, BOOKLETS AN		DERS F	OR	
	2 22 CERT INODUCED DIVOLITIEND, THINK, DOORHEID AN				
GEN	NERAL DISTRIBUTION.				
LII	NE 1F - CLRP CONTRACTS WITH AN OUTSIDE CONSULTANT TO	PERF	ORM SE	RVICES	5
			le C (Form		
83204	3 11-08-18				-

	(Form 990 or 990-EZ) 2018		LEGAL	RIGHTS	PROJECT,	INC.	22-3069277	Page 4
Part IV	Supplemental Inforn	nation (continued)						

### DURING THE GENERAL ASSEMBLY SESSION

LINE 1G - CLRP STAFF DRAFT TESTIMONY AND TESTIFY IN PERSON

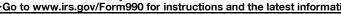
Schedule C (Form 990 or 990-EZ) 2018

832044 11-08-18

SCHEDU	LE 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.





Department of the Treasury ► Attach to Form 990. Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest info				tion.	Inspection
-	of the organizati				identification number
			RIGHTS PROJECT, INC.		2-3069277
Par	t I Organiza	ations Maintaining Donor Advised		or Accounts.	Complete if the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Funds and	d other accounts
1	Total number at e	nd of year			
		of contributions to (during year)			
		of grants from (during year)			
		t end of year			
		on inform all donors and donor advisors in v	vriting that the assets held in donor advised	d funds	
	are the organizatio	on's property, subject to the organization's	exclusive legal control?		Yes No
		on inform all grantees, donors, and donor a			
	for charitable purp	poses and not for the benefit of the donor o	r donor advisor, or for any other purpose co	onferring	
	impermissible priv				Yes No
Par	t II Conserv	vation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	art IV, line 7.	
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).		
	Preservation	n of land for public use (e.g., recreation or e	ducation) Preservation of a histor	rically important la	nd area
	Protection of	of natural habitat	Preservation of a certif	ied historic structu	ire
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation ea	sement on the last
	day of the tax yea	r.		Held	at the End of the Tax Year
а	Total number of c	onservation easements		<b>2</b> a	
	-				
		vation easements on a certified historic stru			
		vation easements included in (c) acquired a			
	listed in the Nation	nal Register		2d	
3	Number of conser	vation easements modified, transferred, rele	eased, extinguished, or terminated by the o	rganization during	the tax
	year 🕨				
		where property subject to conservation eas			
5		tion have a written policy regarding the per			
•	,	forcement of the conservation easements it			
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	nandling of violations, and enforcing conse	rvation easements	during the year
7	Amount of ovnone		ling of violations, and enforcing concernatio	n accomente duri	ng tha year
7	► \$	ses incurred in monitoring, inspecting, hand	ing of violations, and emorcing conservation	on easements dun	ng the year
8		vation easement reported on line 2(d) above	a satisfy the requirements of section 170(b)	(A)(D)(i)	
0					Yes No
9	and section 170(h	be how the organization reports conservation	on essements in its revenue and expense st		
		ble, the text of the footnote to the organizat	-		
	conservation ease			e organization o a	
Par		ations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Ass	ets.
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.		
<b>1</b> a	If the organization	elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	nt and balance sh	eet works of art,
	historical treasure	s, or other similar assets held for public exh	ibition, education, or research in furtheranc	e of public service	e, provide, in Part XIII,
	the text of the foo	tnote to its financial statements that describ	pes these items.		
b	If the organization	elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	nd balance sheet	works of art, historical
	treasures, or othe	r similar assets held for public exhibition, ec	lucation, or research in furtherance of publi	c service, provide	the following amounts
	relating to these it				
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1		> \$	
				<b>.</b> .	
2	If the organization	received or held works of art, historical trea	asures, or other similar assets for financial g	gain, provide	
	the following amo	unts required to be reported under SFAS 1	16 (ASC 958) relating to these items:		
а	Revenue included	on Form 990, Part VIII, line 1		► \$	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 832051 10-29-18

	(Earm 000)	0010
Schedule D	FOUL 330	2010

CL9277\_1

29 2018.05051 CONNECTICUT LEGAL RIGHTS

Sche		ICUT LEGAL							69277		age <b>2</b>
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tre	easures, o	r Other	Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other record	ds, chec	k any of the	following that	are a sigr	nificant us	e of its c	ollection	items	
	(check all that apply):										
а	Public exhibition		d 🗌	Loan or exc	hange progra	ams					
b	Scholarly research		e 🗌								
с	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	in how tl	hev further th	ne organizatio	on's exemi	ot purpose	e in Part	XIII.		
5	During the year, did the organization solicit o	-		-	-						
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang								_		
	reported an amount on Form 990, Par			9			,	· -···, ·			
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	contribution	s or other as	sets not in	cluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							∟		L	
			Jiowing	abio.					Amount		
~	Beginning balance						1c		Amoun		
							1d				
u	Additions during the year						1e				
f	Distributions during the year						1f				
	Ending balance Did the organization include an amount on Fo								Yes		
							y :	∟		-	_ No □
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete i										
1 41								ana haali	(-) [		haali
	De sinsis e of combolis	(a) Current year	(d)	Prior year	(c) Two yea	IS DACK (	d) Three ye	ars dack	(e) Four	years	DACK
	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	•	ce (line 1	g, column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	at are held ar	nd administer	ed for the	organizat	ion	-		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	ired on S	Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	owment	funds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 99	0, Part l'	V, line 11a. S	See Form 990	, Part X, li	ne 10.				
	Description of property	(a) Cost or	other	(b) Cost	t or other	(c) Ac	cumulated	ł	(d) Bool	k valu	е
		basis (invest	ment)	basis	(other)	depi	reciation				
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment			12	7,522.	1	07,15	9.	20	),3	63.
e	Other			1	, •		,=•			, -	
	. Add lines 1a through 1e. (Column (d) must e		X colu	mn (R) line 1					20	),3	63.
1010		<u>quai FUIII 990, Pall</u>		<u>пп (д), ште т</u>	<i>vv.j</i>			chedulo	D (Form		
							3	Sincuale	וווט ון ש		2010

(a) Decorin	Complete if the organization answered "Yes"		1		
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of va	aluation: Cost or en	id-of-year market value
1) Financia	al derivatives				
	held equity interests				
3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Col. (	b) must equal Form 990, Part X, col. (B) line 12.) 🕨				
Part VIII	Investments - Program Related.				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, F	Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of va	aluation: Cost or en	id-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 13.)				
	Other Assets.				
raitin	Other Assets.				
		on Form 990, Part IV, line	11d. See Form 990, F	Part X, line 15.	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line Description	11d. See Form 990, F	Part X, line 15.	(b) Book value
	Complete if the organization answered "Yes"		11d. See Form 990, F	Part X, line 15.	(b) Book value
(1)	Complete if the organization answered "Yes"		11d. See Form 990, F	Part X, line 15.	(b) Book value
(1) (2)	Complete if the organization answered "Yes"		11d. See Form 990, F	Part X, line 15.	(b) Book value
(2) (3)	Complete if the organization answered "Yes"		11d. See Form 990, F	Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Complete if the organization answered "Yes"		11d. See Form 990, F	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Complete if the organization answered "Yes"		11d. See Form 990, F	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6)	Complete if the organization answered "Yes"		11d. See Form 990, F	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes"		11d. See Form 990, F	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes"		11d. See Form 990, F	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a)	Description	11d. See Form 990, F	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	Complete if the organization answered "Yes" (a)	Description	11d. See Form 990, F	Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu	Complete if the organization answered "Yes" (a)	Description			·
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X	Complete if the organization answered "Yes" (a)	Description 	11e or 11f. See Form		·
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 			·
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Coll. Part X	Complete if the organization answered "Yes" (a)	Description 	11e or 11f. See Form		· · ·
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Coll Part X 1. (1) Fec (2)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 	11e or 11f. See Form		· · ·
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X I. (1) Fec (2) (3)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 	11e or 11f. See Form		· · ·
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X 1. (1) Fec (2) (3) (4)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 	11e or 11f. See Form		· · ·
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X 1. (1) Fec (2) (3) (4) (5)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 	11e or 11f. See Form		· · ·
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (9) Fotal. (Colu (2) (3) (3) (4) (5) (6)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 	11e or 11f. See Form		· · ·
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll. (7) (8) (9) Total. (Coll. (2) (3) (1) (2) (3) (4) (5) (6) (7)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 	11e or 11f. See Form		· · ·
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Coll (7) (8) (2) (2) (3) (4) (5) (6) (7) (8)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 	11e or 11f. See Form		·
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Colu Part X (1) Fec (2) (3) (4) (5) (6) (7) (6) (7) (8) (9)	Complete if the organization answered "Yes" (a) (a) (b) must equal Form 990, Part X, col. (B) line Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	11e or 11f. See Form		· · ·

CONNECTICUT LEGAL RIGHTS PROJECT, INC.

	_				1
Schedule	D	(Form	990)	2018	ŝ

22-3069277 Page 3

832053 10-29-18

Schedule D (Form 990) 2018

	edule D (Form 990) 2018 CONNECTICUT LEGAL RIGHTS PI				3069277 Page	e <b>4</b>
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme	nts With R	evenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	1,654,683	3.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities	2b	173,300.			
с						
d	Other (Describe in Part XIII.)	2d				
е				2e	173,300	
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,481,383	3.
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	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
_	Total revenue Add lines 2 and 40 (This is a first of the second back in the second			5	1,481,383	2
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			I		J •
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With I	Expenses per l	I		5.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With I	Expenses per l	I	1.	
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents With I	Expenses per l	I		
	rt XII Reconciliation of Expenses per Audited Financial Stateme Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ents With I	Expenses per I	Returi	1.	
1	rt XII         Reconciliation of Expenses per Audited Financial Stateme           Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.           Total expenses and losses per audited financial statements           Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With I	Expenses per l	Returi	1.	
1 2	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With I	Expenses per I	Returi	1.	
1 2	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b	Expenses per I	Returi	1.	
1 2 a b	rt XII       Reconciliation of Expenses per Audited Financial Statemet         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a 2b 2c	Expenses per I	Returi	n. <u>1,635,018</u>	8.
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>1,635,018</u> 173,300	8.
1 2 b c d	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a 2b 2c 2d	Expenses per F	1	n. <u>1,635,018</u>	8.
1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>1,635,018</u> 173,300	8.
1 2 b c d 3	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>1,635,018</u> 173,300	8.
1 2 3 4 4 a	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	Expenses per F	1 2e	n. <u>1,635,018</u> 173,300	8.
1 2 3 4 4 a	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         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	2a 2b 2c 2d 2d 4a 4b	Expenses per F	1 2e	n. <u>1,635,018</u> <u>173,300</u> <u>1,461,718</u> 0	<u>8.</u> 0.
1 2 d e 3 4 b c 5	rt XII       Reconciliation of Expenses per Audited Financial Statemed         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         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         Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	Expenses per F	1 2e 3	n. <u>1,635,018</u> <u>173,300</u> 1,461,718	<u>8.</u> 0.

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

PART X, LINE 2:

CLRP IS A NOT-FOR-PROFIT ORGANIZATION AND IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON EXEMPT FUNCTIONAL INCOME AS A PUBLIC CHARITY UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS.

### ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

REQUIRE CLRP MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY CLRP AND

RECOGNIZE A TAX LIABILITY (OR ASSET) IF IT HAS TAKEN AN UNCERTAIN POSITION

THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY

TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY

CLRP, AND HAS CONCLUDED THAT AS OF JUNE 30, 2019, THERE ARE NO UNCERTAIN
832054 10-29-18
Schedule D (Form 990) 2018
32

09370319 150872 CL9277

Schedule D (Form 990) 2018 CONNECTICUT LEGAL RIGHTS PROJECT, INC. 22-3069277 Page 5 Part XIII Supplemental Information (continued)
POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF
A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. IN
ADDITION, CLRP HAS NO UNRELATED BUSINESS INCOME. CLRP IS SUBJECT TO
ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO
AUDITS FOR ANY TAX PERIODS PENDING OR IN PROGRESS.
832055 10-29-18 2 2 2

SC	HEDULE J   Compensation Information	1	OMB No. 1	545-004	17
(Fo	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest		20	40	,
•	Compensated Employees		20	ĬŎ	j –
_	Trent of the Treasury. Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to	Publ	ic
	tment of the Treasury al Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	e of the organization E	mployer ic	lentificatio	on nur	nber
	CONNECTICUT LEGAL RIGHTS PROJECT, INC.	22-3	06927	7	
Pa	rt I 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 99	00,			
	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	luse			
	Travel for companions Payments for business use of personal reside	lence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees				
	Discretionary spending account Personal services (such as maid, chauffeur, or	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		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization	n'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				
	Form 990 of other organizations	nmittee			
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?		<b>4a</b>		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?				X X
С	Participate in, or receive payment from, an equity-based compensation arrangement?		<b>4c</b>		X
	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.				
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:				v
	The organization?				X X
a	Any related organization?		. <b>5</b> b		
6	If "Yes" on line 5a or 5b, describe in Part III.				
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:		6-		X
	The organization?				X
a	Any related organization?		<b>6b</b>		
7	If "Yes" on line 6a or 6b, describe in Part III.				
1	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments		-		x
0	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 exportion departies acction 52 4058 4(a)(2)2 If "Yes " departies in Part III.				x
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in		0		
	Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 990.			000	2010
LLIA	ו סיר מאפו איטות הפעטכנוטוו אכו ווטנונפ, פצע נווע וווטנו עכנוטווט וטו דטווון ששט.	Schedi	ule J (Forn	1 990)	2010

### ) 2018 CONNECTICUT LEGAL RIGHTS PROJECT, INC. 22-3069277

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

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>(A)</b> Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported as deferred on prior Form 990	
(1) KIRK LOWRY	(i)	134,872.	0.	0.	9,226.	11,497.	155,595.	0.	
LEGAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2018

Part III Supplemental Information

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 for any additional information.

Schedule J (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



22-3069277

INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CONNECTICUT LEGAL RIGHTS PROJECT

CT LEGAL RIGHTS PROJECT, INC. (CLRP) ADVOCATES FOR LOW-INCOME

INDIVIDUALS IN INSTITUTIONS, AND IN THE COMMUNITY WHO HAVE, OR ARE

PERCEIVED TO HAVE, PSYCHIATRIC DISABILITIES. CLRP PROMOTES INITIATIVES

THAT INTEGRATE CLIENTS INTO THE COMMUNITY AND RESPECT THEIR FREEDOM,

DIGNITY, AND SELF-FULFILLMENT.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE ORGANIZATION CONDUCTS TRAININGS ON PATIENT RIGHTS, ADVANCE

DIRECTIVES, HOUSING, CONSERVATORS, ADA, ETC. IN ADDITION, THE

ORGANIZATION RECEIVES ATTORNEY FEES ON A CONTINGENCY BASIS AS WELL AS

SOME MISCELLANEOUS INCOME.

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 18,196.

FORM 990, PART VI, SECTION A, LINE 2:

MARK SOBOSLAI AND RACHEL SOBOSLAI ARE FATHER AND DAUGHTER.

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

THE EXECUTIVE DIRECTOR AND BUSINESS MANAGER REVIEW THE 990 PRIOR TO SENDING IT OUT TO THE BOARD MEMBERS. THE 990 IS DISTRIBUTED TO ALL BOARD MEMBERS BY E-MAIL AND/OR US POSTAL SERVICE FOR THEIR REVIEW AND COMMENTS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS EACH MEMBER OF THE BOARD OF DIRECTORS IS REQURED TO

COMPLETE A CONFLICT OF INTEREST STATEMENT. THE EXECUTIVE DIRECTOR REVIEWS

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2018)83221110-10-18

37

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization CONNECTICUT LEGAL RIGHTS PROJECT, INC.	Employer identification number $22 - 3069277$
ALL STATEMENTS TO DETERMINE IF THERE ARE ANY CONFLICTS. I	F ANY CONFLICTS
OCCUR, THEY ARE DISCLOSED TO THE BOARD OF DIRECTORS. ANY	INDIVIDUAL HAVING
A CONFLICT OF INTEREST WILL RECUSE THEMSELVES FROM ANY DIS	CUSSION RELATING
TO THE ACTIVITY FOR WHICH A CONFLICT OCCURS.	

FORM 990, PART VI, SECTION B, LINE 15:

BOARD HAS KNOWLEDGE AND INFORMATION REGARDING COMPARABLE POSITIONS AND

SALARIES IN ORGANIZATIONS SIMILAR TO CLRP. EXECUTIVE DIRECTOR SALARY

APPROVED BY BOARD OF DIRECTORS. KEY EMPLOYEE SALARIES ARE SET BY THE

EXECUTIVE DIRECTOR.

FORM 990, PART VI, SECTION C, LINE 19:

NO SPECIFIC POLICY BUT DOCUMENTS WOULD BE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

AUDIT OVERSIGHT: CLRP'S BOARD OF DIRECTORS, AS A WHOLE, ASSUMES

RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT PROCESS INCLUDING AUDITOR

SELECTION AND AUDIT REVIEW.

(Rev. January 2019)

### Application for Automatic Extension of Time To File an Exempt Organization Return

Enter filer's identifying number

Department of the Treasury Internal Revenue Service

►	File a	separate	application	for each	return.

► Go to www.irs.gov/Form8868 for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enterme	er s identifyll	ng number
Type or	Name of exempt organization or other filer, see instru	Employer identification number (EIN) of				
print		22-3069277				
File by the	Adate for Number, street, and room or suite no. If a P.O. box, see instructions. Social see					
due date for filing your						er (SSN)
return. See instructions.	City, town or post office, state, and ZIP code. For a fo		ress, see instructions.			
	MIDDLETOWN, CT 06457-7023	0				
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	) or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990	)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 990	)-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	)-T (trust other than above)	06	Form 8870			12
	ROSEMARY MARINO					
	poks are in the care of ► SILVER STREET -	- MIDI				
•	none No.		Fax No. ► <u>860-262-50</u>			
	organization does not have an office or place of business					🕨 📖
If this	is for a Group Return, enter the organization's four digit	Group Exe	mption Number (GEN) I	f this is fo	r the whole g	roup, check this
box 🕨	If it is for part of the group, check this box $ig>$	and atta	ch a list with the names and EINs of	all memb	ers the exten	ision is for.
			- 4 - 0000			
	quest an automatic 6-month extension of time until			e the exem	npt organizat	ion return for
the	organization named above. The extension is for the orga	anization's	return for:			
	calendar year or		00 0010			
	X tax year beginning JUL 1, 2018	, an	d ending JUN 30, 2019		_ ·	
2 If th	ne tax year entered in line 1 is for less than 12 months, c	heck reaso	on: Initial return	Final retur	'n	
	Change in accounting period					
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	, or 6069, e	enter the tentative tax, less			0
	nonrefundable credits. See instructions.			<u> </u>	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069					0
	imated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa	5	, I , <b>,</b>			0
	ng EFTPS (Electronic Federal Tax Payment System). See			30	\$	0.
Caution: instructio	If you are going to make an electronic funds withdrawal	(direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 8879	-EO for payment
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instru	ictions.		⊦orm 8	868 (Rev. 1-2019)