See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

AORCINC

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

◆ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1,000,000 and total assets less than $2,500,000 at the end of the year may use this form

◆ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 7/01/08 , and ending 6/30/09

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ASSOCIATION OF RELIGIOUS COMMUNITIES, INC.

Number and street (or P O box, if mail is not delivered to street address) Room/suite
325 MAIN STREET

City or town, state or country, and ZIP + 4
DANBURY CT 06810

D Employer identification number
06-0942514

E Telephone number
203-792-9450

F Group Exemption Number ◆

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method ☐ Cash ☒ Accrual
Other (specify) ◆

I Website: ◆ N/A

J Organization type (check only one)— ☒ 501(c) (3) ◆ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ◆ ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ◆ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $1,000,000 or more, file Form 990 instead of Form 990-EZ ◆ $ 366,875

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	338,566
	2	Program service revenue including government fees and contracts		2	22,072
	3	Membership dues and assessments		3	
	4	Investment income		4	331
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch)		5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a	5,906	
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	5,906
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ _____)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	366,875
Expenses	10	Grants and similar amounts paid (attach schedule)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	175,495
	13	Professional fees and other payments to independent contractors		13	3,800
	14	Occupancy, rent, utilities, and maintenance		14	13,110
	15	Printing, publications, postage, and shipping		15	4,582
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	154,681
	17	**Total expenses.** Add lines 10 through 16 ▶		17	351,668
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	15,207
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	73,193
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	88,400

SCANNED FEB 17 2010

Part II Balance Sheets. If Total assets on line 25, column (B) are $2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	86,006	22	106,143
23	Land and buildings	4,761	23	2,570
24	Other assets (describe ▶ SEE STATEMENT 2)	14,108	24	13,628
25	Total assets	104,875	25	122,341
26	Total liabilities (describe ▶ SEE STATEMENT 3)	31,682	26	33,941
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	73,193	27	88,400

RECEIVED
FEB 05 2010
OSC
OGDEN, UT

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

Form **990-EZ** (2008)

DAA

9-7

6

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

PROVIDE SOCIAL SERVICES TO THOSE IN NEED.

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

28	CAREGIVERS COUNSELING-PROVIDE PROFESSIONAL THERAPY SERVICES FOR INTERVENTION, EDUCATION AND REFERRAL FOR INDIVIDUALS INVOLVED IN DOMESTIC VIOLENCE. (Grants $) If this amount includes foreign grants, check here ◆ ☐	28a	94,061
29	REFUGEE AND IMMIGRANT SERVICES-PROVIDE ASSISTANCE TO SOUTHEAST ASIAN AND OTHER REFUGEES WHO HAVE SETTLED IN THE DANBURY AREA. (Grants $) If this amount includes foreign grants, check here ◆ ☐	29a	20,270
30	HOUSING PROGRAMS-ADVOCATE FOR AFFORDABLE HOUSING; HELP COORDINATE EMERGENCY SHELTER AND LOCATE AFFORDABLE HOUSING; ASSISTANCE WITH SECURITY DEPOSITS. (Grants $) If this amount includes foreign grants, check here ◆ ☐	30a	115,247
31	Other program services (attach schedule) SEE STATEMENT 4 (Grants $) If this amount includes foreign grants, check here ◆ ☐	31a	56,640
32	**Total program service expenses** (add lines 28a through 31a) ◆	32	286,218

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE ATTACHED LIST		0	0	0
P.J. LEOPOLD	EXEC. DIRECT	77,000	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ◆ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ◆ _____ , section 4912 ◆ _____ , section 4955 ◆ _____			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ◆ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ◆ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ◆ CT

42a The books are in care of ◆ P.J. LEOPOLD Telephone no ◆ 203-792-9450

Located at ◆ 325 MAIN ST DANBURY, CT ZIP + 4 ◆ 06810

			Yes	No
b	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)?	42b		X
	If "Yes," enter the name of the foreign country ◆ _____			
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	If "Yes," enter the name of the foreign country ◆ _____			

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ◆ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ◆ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

		Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over $100,000 ▶		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

William J McWilliam — 1-20-10

Signature of officer — Date

William J McWilliam, Title

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Carol P. Elder, CPA	Date 1/13/10	Check if self-employed ◆ ☐	Preparer's Identifying Number (See instr) P00076515
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	ARNELL DAPONTE & COMPANY, LLC 98 MILL PLAIN RD W DANBURY, CT 06811		EIN ◆ 20-4052653 Phone no ◆ 203-797-9681	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

AORCINC

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

◆ **Attach to Form 990 or Form 990-EZ.** ◆ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
ASSOCIATION OF RELIGIOUS COMMUNITIES, INC.	06-0942514

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives. (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally Integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ◆	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	237,461	193,919	288,181	315,311	338,566	1,373,438
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1-3	237,461	193,919	288,181	315,311	338,566	1,373,438
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)						137,032
6 **Public support.** Subtract line 5 from line 4						1,236,406

Section B. Total Support

Calendar year (or fiscal year beginning in) ◆	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	237,461	193,919	288,181	315,311	338,566	1,373,438
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64	296	955	868	331	2,514
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						1,375,952

12 Gross receipts from related activities, etc. (see instructions)	12	121,277

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	89.8582 %
15	Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	86.6545 %

16a **33 1/3 % support test—2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

'AORCINC'

Special Events Schedule

Form **990**

For calendar year 2008, or tax year beginning 7/01/08 , and ending 6/30/09

2008

Name
ASSOCIATION OF RELIGIOUS COMMUNITIES, INC.

Employer Identification Number
06-0942514

	(A)	(B)	(C)	Others	Total
Gross receipts	5,906	0	0	0	5,906
Less contributions	0	0	0	0	0
Gross revenue	5,906	0	0	0	5,906
Less direct expenses	0	0	0	0	0
Net income (loss)	5,906	0	0	0	5,906

Description (A) 50 YEAR EVENT

(B)

(C)

Others

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
EXPENSES	$
DEPRECIATION	2,190
BOOKKEEPING & ACCOUNTING	2,450
UTILITIES	5,546
OFFICE CLEANING	2,400
INSURANCE	4,222
THERAPY CONSULTANTS	53,182
DUES, FEES, & SUBS	350
MEALS & MISC EXPENSE	2,755
OTHER PROGRAM EXPENSES	69,063
POSTAGE	2,660
EQUIPMENT EXPENSE	3,247
TRAVEL & TRAINING	2,312
TELEPHONE	4,304
TOTAL	$ 154,681

Statement 2 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
GRANTS RECEIVABLE	$ 11,853	$ 11,328
PREPAID EXPENSES AND DEFERRED CHARGES	1,055	1,100
SECURITY DEPOSITS	1,200	1,200
TOTAL	$ 14,108	$ 13,628

Statement 3 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	$ 15,164	$ 16,042
DEFERRED REVENUE	15,657	17,038
CUSTODIAL FUNDS	861	861
TOTAL	$ 31,682	$ 33,941

Federal Statements

Statement 4 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description
MEETING HOUSE AND EMERGENCY AID-PROVIDE SOCIAL SERVICES TO FILL NEEDS RAISED BY MEMBER CONGREGATIONS INCLUDING EMERGENCY AID, INTERFAITH DIALOGS, PEACE CAMP AND FORUM ON FAITH.

Federal Statements

Form 990-EZ, Part II, Line 23 - Land and Buildings

Description	Beginning of Year	Accumulated Depreciation	End of Year	Accumulated Depreciation
EQUIPMENT & FURNITURE	$ 13,637	$ 8,877	$ 13,637	$ 11,067
TOTAL	$ 13,637	$ 8,877	$ 13,637	$ 11,067

DEPRECIATION SCHEDULE

CRICKET TF 3986 R

ame Association of Religious Communities

Address

Social Security or Identification No.

Year Ended June 30, 2009

1. Group and Guideline Class or Description of Property	2. Date Acquired	3. Cost or Other Basis	4. Depreciation Allowed or Allowable in Prior Years	5. Method (Use Code)	6. Rate (%) or Life (years)	7. Depreciation for this year
CLASS LIFE ASSET DEPRECIATION RANGE (CLADR) SYSTEM DEPRECIATION →						
Donated Computer	3-99	800	800	SL	5YR	-
Vacuum Cleaner	3-99	386	386			-
Donated Computer	12-02	1000	1000			-
Donated Computer	2-04	1000	900			100
Laptop computer	2-05	4381	3066			876
Phone System	5-05	2258	1582			452
Dell computers	7-06	3812	1143	↓	↓	762
ST		13637	8877			2190
TOTAL DEPRECIATION						

CODE SL - Straight Line
DB - Declining Balance
SY - Sum of the Years

Page ___ of ___ pages

ASSOCIATION OF RELIGIOUS COMMUNITIES
ARC
Board of Directors 2009-2010

Rev. Angelo Arrando, President
85 Great Plain Road
Danbury, CT 06811
O: 797-0222 Fax: 743-5464 Marylou
Cell: 733-4325
St. Gregory the Great R. C. Church
Email: *FARRANDO@aol.com*

Michael Marcus, Vice President
24 Lindencrest Dr.
Danbury, CT. 06811
H: 748-4163 cell: 241-9377
United Jewish Center
Email: *Michaelmarcus@snet.net*

Laura Westby
164 Deer Hill Avenue
Danbury, CT 06810
Off: 744-6177 Fax: 744-4683 Cell: 860-483-1267
First Congregational Church of Danbury
Email *pastor@firstchurchdanbury.org*

Bill McWilliams, Treasurer
67 Gillotti Road
New Fairfield, CT 06812
H: 746-3761
Unitarian Universalist Congregation of Danbury

Ileana Velasquez
26 Tiffany Drive
Danbury, CT 06811
Off: 207-5172 H: 792-8264
Saint Francis of Assisi, Danbury
Email. *iymsw@snet.net*

Rabbi Emeritus Jon Haddon
33 Corntassle Road
Danbury, CT 06811
C: 733-5424 H: 748-4589 Fax: 205-0935
Temple Shearith Israel, Ridgefield
Email: *jonrab@aol.com*

Wilson Hernandez
71 Davis Street
Danbury, CT 06810
H: 798-6849 Cell: 241-7610
Ecuadorian Civic Center
Email: *wilesonh1958@hotmail.com*

Rev. Dr. Patricia Nicholas
Congregational Church of New Fairfield
20 Gillotti Road
New Fairfield, CT 06812
O: 203-746-2865
C: 203-770-1885
Congregational Church of New Fairfield
Email: pastor@nfcongregational.org

Shazeeda Khan
42 Knollcrest Drive
Brookfield, CT 06804
Islamic Society of Western CT
388 Main St., Danbury, CT 06810
H: 740-0037
Email: *shazeedak@charter.net*

James Maurer- Recording Secretary
66 Osborne Hill Road
Sandy Hook, CT 06482
O: 743-6456 H: 426-1703
United Methodist Church, Newtown
Email: *jim@almosthomeadc.org*

Rev. Ivan Pitts
10 Dr. Aaron B. Samuel Blvd.
Danbury, CT 06810
O: 748-5461 Fax: 794-0616
C: 241-5463
New Hope Baptist Church

Wisdom Sakya (Todd JARVIS)
9 Terrace Place Apt. 2
Danbury, CT 06810
H: 791-8611 Cell: 203 942-8483
Middle Way Meditation

Rev. Suzanne Spencer
24 Clapboard Ridge Road
Danbury, CT 06811
O: 798-1994: Cell: 203-885-6180
Unitarian Universalist Congregation of Danbury
Email *revsuespencer@gmail.com*

AORCINC

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

◆ File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ◆ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ◆ [ ]

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits

Type or print File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	ASSOCIATION OF RELIGIOUS COMMUNITIES, INC.	06-0942514
	Number, street, and room or suite no If a P O box, see instructions 325 MAIN STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions DANBURY CT 06810	

Check type of return to be filed (file a separate application for each return)

[ ] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ◆ P.J. LEOPOLD

Telephone No ◆ 203-792-9450 FAX No ◆

- If the organization does not have an office or place of business in the United States, check this box ◆ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ◆ [ ] If it is for part of the group, check this box ◆ [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/16/10 , to file the exempt organization return for the organization named above The extension is for the organization's return for

◆ [ ] calendar year or
◆ [X] tax year beginning 7/01/08 , and ending 6/30/09

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions