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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)

OMB No 1545-1150

2009

Open to Public  
Inspection

► 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 \$500,000 and total assets less than \$1,250,000 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.

## A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

## C Name of organization

ASNUNTUCK COMMUNITY-TECHNICAL COLLEGE FOUNDATION INC.

## D Employer identification number

31-1647253

## Number and street (or P O box, if mail is not delivered to street address)

170 ELM ST

## Room/suite

## E Telephone number

8602533144

## City or town, state or country, and ZIP + 4

ENFIELD, CT 06082

## 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

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

J Tax-exempt status (check only one) —  501(c) (3) (insert no)  4947(a)(1) or  527  
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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 127,072.

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

1	Contributions, gifts, grants, and similar amounts received	1	31,955.
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	8,519.
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)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6c	
a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	86,598.
b	Less direct expenses other than fundraising expenses	6b	32,182.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7c	54,416.
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)	8	
8	Other revenue (describe ► )	9	94,890.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	10	24,347.
10	Grants and similar amounts paid (attach schedule)	11	
11	Benefits paid to or for members	12	
12	Salaries, other compensation, and employee benefits	13	3,675.
13	Professional fees and other payments to independent contractors	14	128.
14	Occupancy, rent, utilities, and maintenance	15	794.
15	Printing, publications, postage, and shipping	16	5,135.
16	Other expenses (describe ► )	17	34,079.
17	Total expenses. Add lines 10 through 16	18	60,811.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19	268,602.
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)	20	
20	Other changes in net assets or fund balances (attach explanation)	21	329,413.
21	Net assets or fund balances at end of year Combine lines 18 through 20		

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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	261,190.22	316,612.
23		23
24	7,412.24	12,801.
25	268,602.25	329,413.
26	0.26	0.
27	268,602.27	329,413.

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98,9 Form 990-EZ (2009)



ASNUNTUCK COMMUNITY-TECHNICAL COLLEGE  
Form 990-EZ (2009) FOUNDATION INC.

31-1647253 Page 3

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

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? 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 why the organization did not report the income on Form 990-T  35a  X

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  35b  N/A

b If "Yes," has it filed a tax return on Form 990-T for this year?  36  X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N  37a  0.

37a Enter amount of political expenditures, direct or indirect, as described in the instructions  37b  X

b Did the organization file Form 1120-POL for this year?  38a  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 outstanding at the end of the period covered by this return?  38b  N/A

b If "Yes," complete Schedule L, Part II and enter the total amount involved  39  Section 501(c)7 organizations Enter  39a  N/A

a Initiation fees and capital contributions included on line 9  39b  N/A

b Gross receipts, included on line 9, for public use of club facilities  40a  Section 501(c)3 organizations Enter amount of tax imposed on the organization during the year under section 4911  40b  X

0. , section 4912  0. , section 4955  0.  40c  0.

b Section 501(c)3 and 501(c)4 organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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  40d  0.

c Section 501(c)3 and 501(c)4 organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  40e  X

d Section 501(c)3 and 501(c)4 organizations Enter amount of tax on line 40c reimbursed by the organization  0.

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  41  CT

42a The organization's books are in care of  SUSAN BEAUDEON  Telephone no  860-253-3001  
Located at  170 ELM ST, ENFIELD, CT  ZIP + 4  06082

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.? If "Yes," enter the name of the foreign country  42c  X

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  N/A

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

Form 990-EZ (2009)

ASNUNTUCK COMMUNITY-TECHNICAL COLLEGE  
Form 990-EZ (2009) FOUNDATION INC.

31-1647253 Page 4

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

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 Yes  No  46

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47  X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48  X

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a  X

b If "Yes," was the related organization a section 527 organization? 49b

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

(a) Name and address of each employee paid more than \$100,000 NONE	(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

f Total number of other employees paid over \$100,000 ►

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

NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d 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			
	Signature of officer Edward Sharpless		Date 5-26-10	Date 5-26-10
Type or print name and title Edward Sharpless, Treasurer				
Paid Preparer's Use Only	Preparer's signature J. A. CPA	Date 3/23/10	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instr.) EIN ► Phone ► no 860-741-3088
Firm's name (or yours if self-employed), address, and ZIP + 4 VIOLA, CHRABASCZ, REYNOLDS & CO. LLP 103 PHOENIX AVENUE ENFIELD, CT 06082				

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

Form 990-EZ (2009)

**SCHEDULE A**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **ASNUNTUCK COMMUNITY-TECHNICAL COLLEGE FOUNDATION INC.** Employer identification number **31-1647253**

**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: (For lines 1 through 11, check only one box.)

- 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).
- 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).
- 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 supported organization(s).

(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									

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Schedule A (Form 990 or 990-EZ) 2009

## ASNUNTUCK COMMUNITY-TECHNICAL COLLEGE

Schedule A (Form 990 or 990-EZ) 2009 FOUNDATION INC.

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**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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	25,322.	23,468.	39,836.	16,407.	31,955.	136,988.
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 through 3	25,322.	23,468.	39,836.	16,407.	31,955.	136,988.
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)						1,660.
6 Public support. Subtract line 5 from line 4						135,328.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	25,322.	23,468.	39,836.	16,407.	31,955.	136,988.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,188.	5,299.	7,320.	6,686.	8,519.	30,012.
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						167,000.
12 Gross receipts from related activities, etc. (see instructions)					12	353,164.

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 2009 (line 6, column (f) divided by line 11, column (f))	14	81.03	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	43.83	%
16a 33 1/3% support test - 2009. 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		► <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2008. 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		► <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2009. 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		► <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2008. 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		► <input type="checkbox"/>	
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		► <input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

**14 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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

2009

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization	ASNUNTUCK COMMUNITY-TECHNICAL COLLEGE FOUNDATION INC.	Employer identification number 31-1647253
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**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

<b>a</b> <input type="checkbox"/> Mail solicitations	<b>e</b> <input type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input type="checkbox"/> Internet and email solicitations	<b>f</b> <input type="checkbox"/> Solicitation of government grants
<b>c</b> <input type="checkbox"/> Phone solicitations	<b>g</b> <input type="checkbox"/> Special fundraising events
<b>d</b> <input type="checkbox"/> In-person solicitations	

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes       No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

**Total**

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**ASNUNTUCK COMMUNITY-TECHNICAL COLLEGE  
FOUNDATION INC.**

Schedule G (Form 990 or 990-EZ) 2009

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 MURDER MYSTERY (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	34,910.	32,115.	19,573.	86,598.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	34,910.	32,115.	19,573.	86,598.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		320.		320.
	6 Rent/facility costs				
	7 Food and beverages	6,604.	2,273.		8,877.
	8 Entertainment		7,600.		7,600.
	9 Other direct expenses	8,225.	5,087.	2,073.	15,385.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				► ( 32,182 )
	11 Net income summary. Combine line 3, column (d), and line 10				► 54,416.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				► ( )
	8 Net gaming income summary. Combine line 1, column (d), and line 7				►

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

\_\_\_\_\_

Yes	No
9a	
10a	
11	
12	

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

\_\_\_\_\_

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

**ASNUNTUCK COMMUNITY-TECHNICAL COLLEGE  
FOUNDATION INC.**

Schedule G (Form 990 or 990-EZ) 2009

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**13** Indicate the percentage of gaming activity operated in:

- a** The organization's facility
- b** An outside facility

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_ .

**c** If "Yes," enter name and address of the third party:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

Yes      No

15a

17a

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
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DESCRIPTION	AMOUNT
OFFICE SUPPLIES	408.
BANK FEES	530.
STATE FILING FEES	50.
INSURANCE	629.
MEETINGS	120.
CONSULTING	1,600.
MISCELLANEOUS	1,798.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>5,135.</b>

FORM 990-EZ	OTHER ASSETS	STATEMENT 2
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DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES	3,800.	3,100.
STATE GRANT RECEIVABLE	3,208.	3,583.
PLEDGES RECEIVABLE	84.	5,926.
OTHER DEPRECIABLE ASSETS	320.	192.
<b>TOTAL TO FORM 990-EZ, LINE 24</b>	<b>7,412.</b>	<b>12,801.</b>

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT 3
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DESCRIPTION	AMOUNT
DEPRECIATION	128.
<b>TOTAL TO FORM 990-EZ, LINE 14</b>	<b>128.</b>

**FORM 990-EZ**

## CASH GRANTS AND ALLOCATIONS

**STATEMENT 4**



SCHOLARSHIP	NONE	500.
SCHOLARSHIP	NONE	500.
SCHOLARSHIP	NONE	500.
SCHOLARSHIP	NONE	1,620.
MINI GRANT	NONE	2,000.
MINI GRANT SUE'S SHIRT CREATIONS	NONE	593.
MINI GRANT	NONE	200.
MINI GRANT	NONE	200.
MINI GRANT	NONE	1,000.
MINI GRANT SCHOOLCRAFT PUBLISHING	NONE	400.

MINI GRANT SUBURBAN STATIONERS	NONE	381.
SCHOLARSHIP	NONE	1,000.
MINI GRANT THE WARREN FEATHERBONE CO	NONE	1,553.
MINI GRANT CONNECTICUT TRANSIT	NONE	400.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		<u>24,347.</u>

FORM 990-EZ

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

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FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,  
TRUSTEES AND KEY EMPLOYEES

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KAREN JARMOC 33 SCHOOL ST, ENFIELD, CT 06082	CHAIR 0.00	0.	0.	0.
ED PALOMBA 85 FRESHWATER BLVD, ENFIELD, CT 06082	VICE CHAIR 0.00	0.	0.	0.
CHERYL TURGEON, 20 SHERWOOD LANE, EAST LONGMEADOW, MA 01028	SECRETARY 0.00	0.	0.	0.
EDWARD SHARPLESS, 190 WRIGHTS BROOK RD, SOMERS, CT 06071	TREASURER 0.00	0.	0.	0.
ROBERT BERGER 709 ENFIELD ST, ENFIELD, CT 06082	DIRECTOR 0.00	0.	0.	0.
KARIN MAJMUDAR 6 HUMMINGBIRD LANE, ENFIELD, CT 06082	DIRECTOR 0.00	0.	0.	0.
JOYCE KEATING, 102 FRANKLIN WOODS DRIVE, SOMERS, CT 06071	DIRECTOR 0.00	0.	0.	0.
ED DEMARCO 25 SCHOOL ST, EAST WINDSOR, CT 06088	DIRECTOR 0.00	0.	0.	0.
PEGGY SAYERS 81 SPRING ST, WINDSOR LOCKS, CT 06096	DIRECTOR 0.00	0.	0.	0.
JAMES D KUHN 161 MOUNTAIN RD, SUFFIELD, CT 06078	DIRECTOR 0.00	0.	0.	0.
KAREN OWENS, 436 SPRING ST, WINDSOR LOCKS, CT 06096	DIRECTOR 0.00	0.	0.	0.
KATE DALY RIETBERG 68 BRIDGE ST, SUFFIELD, CT 06078	DIRECTOR 0.00	0.	0.	0.
DAVID O'CONNOR, 16 ELLRIDGE PLACE, ELLINGTON, CT 06029	DIRECTOR 0.00	0.	0.	0.
LAWRENCE P TRACY 6 AVON ST, ENFIELD, CT 06082	DIRECTOR 0.00	0.	0.	0.

## ASNUNTUCK COMMUNITY-TECHNICAL COLLEGE FO

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WILLIAM MCGURK, 1645 ELLINGTON RD, SOUTH WINDSOR, CT 06074	DIRECTOR 0.00	0.	0.	0.
DAVID PINNEY 600 MAIN ST, SOMERS, CT 06071	DIRECTOR 0.00	0.	0.	0.
DEAN WERN 51 THE LAURELS, ENFIELD, CT 06082	DIRECTOR 0.00	0.	0.	0.
MARY ANN BURKE, 100 WRIGHT BROOK DRIVE, SOMERS, CT 06071	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

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990-EZ PG 2

STATEMENT 7

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TO ENHANCE AND SUPPORT COLLEGE PROGRAMS