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Form 990-EZ Department of the Treasury

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 \$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.

OMB No 1545-1150

Open to Public

Contributions, offs, grants, and similar amounts for the organization of contributions contributions contributions of contributions contribu	A	For th	e 2009 calendar year, or tax year beginning FEB 1, 2009 ar			2010					
The contributions of the con	B (Check If	C Name of amenination								
Section Power The Amtity Chart Trable Trust	ئا	Address use IPS									
Minter and street (or PC box, if mail is not delivered to street address) Roombouts Effetiphone number (203) 265–1289	F	⊥ichange ∏Name	label or		06-6	070867					
Section 501(c)(3) organizations and 4947(a)(1) nonexample tharitable trusts must attach a completed City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and ZIP+4 Forup Exemption Number Name City or token, stable or country, and zip or city or country, and zip or city o	늗	coange	type. Number and street (or P.O. hox, if mail is not delivered to street address)	Room/suite							
Controverse City or town, state or country, and 2/P + 4 YALESVILLE, CT 06492 Settle 501(c)(3) againstations and 4947(a)(1) nonexempt that the trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: N/A H check If the organization is not a section 509(a)(3) supporting organization and to gross receipts are normally not more than \$2,500 A Form 990-EZ or Form 990 from 150 form	늗		1000	1100111001110	•						
**Section 501(c)(3) organizations and 4947(a)(1) noneamptic charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Westelno 501(c)(3) organizations and 4947(a)(1) noneamptic charitable trusts must attach a completed Other (Specify) ▶ H Chack ▶ 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 3pt oldertimine (poss 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 3pt oldertimine (poss 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 3pt oldertimine (poss 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 3pt oldertimine (poss receipts) are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990-EZ or Form 990 return is not required, but if the organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 9	F		INSTRUC-								
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Ladd lines 5b, 6b, and 90 return is not required, but if the organization chooses to file a return, be sure to file a complete return. 395 , 395											
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part 1) To Contributions, grifts, grants, and similar amounts received 1 39,944	κ,	GHOCK I				25,000 A FUIII 550-LZ UI					
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(See the instructions for Part II) (A) Beginning of year (B) End of year		art H	(See the instructions for Part II)			(B) End of year					
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Form 990-Eg (2009) THE AMITY CHARITABLE TRUS	T FUND		06-6	50708	67 Page 2
Part III Statement of Program Service Accomplishmen					penses
What is the organization's primary exempt purpose? SEE STATEMENT					r section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt pur		ise manner, descr) organizations and
the services provided, the number of persons benefited, and other relevan			l.	section 494; for others)	7(a)(1) trusts, optional
28 SCHOLARSHIPS AWARDED - ENCOURAGES &	ENABLES STUD	ENTS TO			
BEGIN THEIR COLLEGE EDUCATION	,				
(Grants \$ 31,000.) If this amount includes foreign (rants, check here			28a	34,600.
29 WORTHY PROJECTS - GRANTS MADE TO VA	RIOUS COMMUNI	TY			
CHARITABLE AND CIVIC ORGANIZATIONS			R		
EXEMPT ACTIVITIES					
(Grants \$ 22,255.) If this amount includes foreign of	rants, check here			29a	22,255.
30	Talkey Strook Horo	<u> </u>			
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(Grants \$) If this amount includes foreign of	rrants check here	-		30a	
31 Other program services (attach schedule)	ranto, onbok noto		<u> </u>	700	
(Grants \$) If this amount includes foreign of				31a	
32 Total program service expenses (add lines 28a through 31a)	grants, Check here			32	56,855.
Part IV List of Officers, Directors, Trustees, and Key E	mployees List seek one or	· · ·			
1.20.10	Late and the ex	Ten ii not compensated	1	tributions	or Fart IV)
	(b) Title and average hours	(c) Compensation	, ,	nployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter	1	t plans &	account and
	position	-0)	1	erred	other allowances
CHRISTOPHER SETTE	TRUSTEE		Comp	ensation	
38 JULIAN DRIVE, HAMDEN, CT 06518	2.00	0.		^	0
GEORGE A. ASSENZA	TRUSTEE	0.		0.	0.
10 LOG CABIN ROAD, EASTHAM, MA 02642	4	_		^	^
DOMINIC B SCHIOPPO, 55 MARION DRIVE,	2.00	0.	ļ	0.	0.
	TRUSTEE	_		^	_
NORTH HAVEN, CT 06473	2.00	0.		0.	0.
MARK CANDIDO	TRUSTEE			•	
55 LAURELWOOD LANE, HAMDEN, CT 06518	2.00	0.	ļ	0.	0.
GENNARO DIGENNARO	TRUSTEE			_	
1687 STATE STREET, HAMDEN, CT 06517	2.00	0.		0.	0.
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Form	990-EX (2009) THE AMITY CHARITABLE TRUST FUND 06-6070	867	Page 3
	Other Information (Note the statement requirements in the instructions for Part V.)		
			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? 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	[
а	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?	35a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	1 1	
	complete applicable parts of Sch N	36	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?	37b	X
38 a	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?	38a	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations. Enter	1	
а	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A] [
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under		
	section 4911 ▶ <u>0 •</u> ; section 4912 ▶ <u>0 •</u> , section 4955 ▶ <u>0 •</u>		
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	40b	X
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		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the		
	organization		
8	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		
42 a	The organization's books are in care of ► DOMENIC J. TWOHILL Telephone no. ► (203) 2	65-	1289
		6492	2
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	C	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	$\overline{}$	Yes No
	account)?	42b	<u> </u>
	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	<u> </u>
	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	N/A	
		Г	Vac No

Form **990-EZ** (2009)

X

Form 990-EZ

completed instead of Form 990-EZ

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be

Pa	Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All s organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables and 51.		
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public	Ye	No
	office? If "Yes," complete Schedule C, Part I	46	X
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
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	19a	X
b		19b	Ш
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each than \$100,000 of compensation from the organization. If there is none, enter "None"	h received	l more
	(a) Name and address of each employee paid more than \$100,000 position (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans & deferred compensation	(e) Exp accoun other allo	t and
	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 compensate organization. If there is none, enter "None" NONE		
	(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c)	Compens	ation
d	Total number of other independent contractors each receiving over \$100,000		
Sign Hero		f, it is true,	
Paid Prep Use	Preparets signature Date Check if self- employed Preparer's identifying num employed Preparer's identifying num		
	Firm's name (or yours T. M. BYXBEE COMPANY, P.C.		
	if self-employed), P.O. BOX 187169 Phone ▶	01 44	
	address, and ZIP+4 HAMDEN, CT 06518 no. (203)2		
May	the IRS discuss this return with the preparer shown above? See instructions	∫ Yes	<u>No</u> (2009)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Coen to Public

inspection

Name of the organization

Employer identification number

			TY CHARITABI						0	<u>6-6070</u>	<u>867</u>	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.				
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	юх.)					
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	١.				
2 🗀	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 🗀	A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	(A)(iii).					
4 🔲	A medical res	search organization	operated in conjunction	with a hos	pital desc	ribed in se	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital	's name) ,
	city, and stat	:e:										
5 🗀	An organizati	ion operated for the	benefit of a college or u	niversity o	wned or or	perated by	a governi	mental uni	t describe	ed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🔲	A federal, sta	ite, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1	I)(A)(v).					
7 🔲	An organizati	ion that normally rec	eives a substantial part	of Its supp	ort from a	governme	ental unit c	r from the	general	public desc	nbed in	
	section 170((b)(1)(A)(vi). (Comple	te Part II.)									
8 🗌	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 X	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, ar	nd gross red	ceipts fr	om
	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 u	unrelated business to	exable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nization a	after June 3	0, 1975	j.
	See section	509(a)(2). (Complete	Part III.)					_				
10 🔲	An organizati	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See secti o	n 509(a)(4	1).				
11 🔲	An organizati	ion organized and op	perated exclusively for the	he benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes o	f one o	r
	more publicly	y supported organiza	ations described in secti	on 509(a)(1) or sectio	on 509(a)(2	?). See se e	ction 509(a)(3). Che	ck the box	that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h.						
	a Type i	l b 🗀	☐ Type II	с 🗀 Тур	e III - Func	tionally in	tegrated		d 🗀	Type III - C	Other	
e 🗀	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified (persons oth	er than	
	foundation m	nanagers and other t	han one or more publich	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509	(a)(2).	
f	If the organiz	ation received a writ	ten determination from	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check th	nis box								-	
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?			
	(i) A perso	n who directly or ind	irectly controls, either a	lone or tog	ether with	persons o	described	in (ii) and (iii) below,		Yes	No
	the gove	eming body of the s	upported organization?			••				11g(i)		
	(ii) A family	member of a persor	n described in (i) above?	r						11g(ii)		
	(iii) A 35% d	controlled entity of a	person described in (i)	or (ii) above	97					11g(iii)	<u> </u>	
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
			*									
(i) Name	of supported	(ii) EiN	(iii) Type of		organization			(vi) Is organizațio	the	(vil) Am	nount of	
orga	anization		organization (described on lines 1-9		sted in your			(I) organiz	ed in the	sup	port	
			above or IRC section		document?	` '	r support?	US				
			(see instructions))	Yes	No	Yes	No	Yes	No			
				1	1		<u> </u>					
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932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

100	Support Schedule for (Complete only if you checke)(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	ri)
Se	ction A. Public Support	O CHO DOX OH III O C	5, 7, 6, 6 6 7 at 1.,				
	endar year (or fiscal year beginning in)	(=) 0005	(F) 2006	(-) 2007	(40.0000	(-) 0000	(0 T + 1
1		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
•	membership fees received. (Do not						
	include any "unusual grants.")		l .		1		
	• •				 	ļ	
~	Tax revenues levied for the organ-]					
	ization's benefit and either paid to or expended on its behalf						
2	The value of services or facilities			 	<u> </u>		
3	furnished by a governmental unit to	1					
	the organization without charge						
4	•						
4	Total. Add lines 1 through 3 The portion of total contributions					***************************************	
5	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		<u> </u>	1			
	on line 1 that exceeds 2% of the		,	1		1	
	amount shown on line 11,	, ,`		1			
	column (f)			1,			•
•				 	······		
Sec	Public support. Subtract line 5 from line 4 ction B. Total Support	L	<u> </u>	1			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(-) 2000	40 Total
	Amounts from line 4	(a) 2003	(0) 2000	(0) 2007	(0) 2008	(e) 2009	(f) Total
8	Gross income from interest.					 	
•	dividends, payments received on				İ		
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business				 -		
•	activities, whether or not the						
	business is regularly carried on	[ļ	1			-
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						<u> </u>
12	Gross receipts from related activities,	etc. (see instructi	vua)			12	
13		•	,	rd. fourth, or fifth t	ax vear as a sectic		
	organization, check this box and stop	. h			-	· · · · · · · · · · · · · · · · · · ·	
Sec	tion C. Computation of Publ					<u> </u>	
14	Public support percentage for 2009 (line 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2009. If the o	rganization did no	t check the box or	line 13, and line	14 is 33 1/3% or n	nore, check this box	x and
	stop here. The organization qualifies	as a publicly supp	orted organization)			▶□
b	33 1/3% support test - 2008. If the o	rganization did not	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶ 🗀
17a	10% -facts-and-circumstances tes	t - 2009. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop I	here. Explain in Pa	rt IV how the organ	ızation
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances tes	t - 2008. If the orga	anızatlon did not c	heck a box on line	13, 16a, 16b, or 1	17a, and line 15 is 1	0% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						. •
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instructions	s. ▶ □
					Scho	edule A (Form 990	or 990-EZ) 2009

Part 期 | 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) (e) 2009 (a) 2005 **(b)** 2006 (c) 2007 (d) 2008(f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 75,570. 39,944. 339,129. 47,295 65,789. 110,531. 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 192,267. 33,083 48,988 35,255. 36,287. 38,654. 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 143,614. 124,558. 75,199. 83,582. 104,443. 531,396. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 0. 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 0. amount on line 13 for the year c Add lines 7a and 7b 531,396. 8 Public support (Subtract line 7c from line 8.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008(e) 2009 (f) Total 124,558. 75,199 531,396. 83,582. 104,443. 143,614 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 21,879. 35,343. 38,915. 31,386. 30,869. 158,392. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 21,879. 35,343. 38,915. 31,386. 30,869. 158,392. 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 IV.) 105,461. 139,786. 182,529. 155,944. 106,068. 689,788. 13 Total support (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 77.04 % 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 78.97 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 22.96 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 21.03 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 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 ►X 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

Schedule A (Form 990 or 990-EZ) 2009

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)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open To Public Inspection

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

Name of the organization Employer identification number THE AMITY CHARITABLE TRUST FUND 06-6070867 Fundraising Activities. Complete if the organization answered "Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or □ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes 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. (iii) pld (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) (ii) Activity have custody or control of contributions? to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

932081 02-03-10

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

Schedule G (Form 990 or 990-EZ) 2009

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. (b) Event #2 (c) Other events (a) Event #1 (d) Total events NONE ${ t GOLF}$ (add col. (a) through TOURNAMENT WINE TASTING col. (c)) (event type) (total number) (event type) 24,360. 73,730. 49,370. Gross receipts Less: Charitable contributions 49,370. 24,360. 73,730. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 10,965. 10,965. 7 Food and beverages 8 Entertainment 27,510. 27,510. 9 Other direct expenses 38,475 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10. Part 期 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. (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Volunteer labor No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 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: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a b If 'Yes,' explain: 11 11 Does the organization operate gaming activities with nonmembers? 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?

101130 1

Schedule G (Form 990 or 990-EZ) 2009

FORM 990-EZ	ОТІ	IER EXPENSES		STATEMENT	1
DESCRIPTION				AMOUNT	
OFFICE EXPENSE ADMINISTRATIVE FEE INVESTMENT EXPENSE INSURANCE EXPENSE POSTAGE & SHIPPING			•	2,20 7,20 5,7 1,10	00. 24.
TOTAL TO FORM 990-EZ,	LINE 16			16,5	78.
FORM 990-EZ GAIN	(LOSS) FROM PUR	BLICLY TRADED SI	ECURITIES	STATEMENT	2
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
PUBLICLY TRADED SECURITIES	250,852.	289,526.	0.	-38,6	74.
TO FORM 990-EZ, LINE !	250,852.	289,526.	0.	-38,6	74.
FORM 990-EZ OTHER	CHANGES IN NET	ASSETS OR FUND	BALANCES	STATEMENT	3
DESCRIPTION				AMOUNT	
INCREASE IN UNREALIZED ADJ OPENING NET ASSETS		ZECHMENH DEDODH	INC	188,2	27.
METHOD-COST TO FMV	S-CUMNGE IN IN	ÆSTMENT KEPURT.	LING	-170,9	40.
TOTAL TO FORM 990-EZ,	LINE 20		•	17,2	87.

FORM 990-EZ CASH GRANTS AND ALLOCA	TIONS	STATEMENT 4
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
EDUCATION NOTRE DAME HIGH SCHOOL 24 RICARDO ST WEST HAVEN , CT 06516	NONE	7,000.
WORTHY PROJECTS VARIOUS CHARITABLE ORGANIZATIONS	NONE	15,255.
STUDENT SCHOLARSHIPS 16 STUDENTS	NONE	31,000.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		53,255.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS					
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[] YES	5 [X]	NO	
•	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	• [] YES	[X]	МО	

6

990-EZ PG 2

STATEMENT

THE AMITY CHARITABLE TRUST FUND'S MISSION IS TO AWARD SCHOLARSHIPS TO COLLEGE STUDENTS AND TO DISBURSE FUNDS TO VARIOUS COMMUNITY AND CIVIC ORGANIZATIONS.