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Form **990-EZ**

2009

OMB No 1545-1150

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

Open to Public Inspection

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1			nue Service The organization may have to us		STELLI						_ 	
-	۱ ۱	For the	2009 calendar year, or tax year beginning 07/01/0)9 , and e	nding	<u>, 06</u>	<u>/30/:</u>	10				
E			applicable Please C Name of organization						D	Emple	oyer identification number	
- [_	Address	Luca IPS DOCUMENT OF DET	IGIOUS	5							
<u> </u>	믁	Name ch	label or COMMINITATES INC							06-	0942514	
-	┥	initial reti	print of	at delivered to	street	address)	-	Room/suite			hone number	
-	٦.	Terminat	See JOE MATH CORDER	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,					-792-9450	
-	┥		Specific Sharehald and 3/D + 4								p Exemption	
<u> </u>	-	Amended	misuuc.	C	т 0	6810	1		•			
L			on pending tions DANBURY						Number •			
		Sect	tion 501(c)(3) organizations and 4947(a)(1) nonexempt ch		sts m	ust atta	cn	G Accounting	-	nod	Cash X Accrual	
-			a completed Schedule A (Form 990 or 990)-EZ).				Other (specify)	╇			
ı	•	Websit	e: ▶ <u>N/A</u>	 				H Check ►) altac	of the	organization is not	
2		Tax-exe	mpt status (check only one) — X 501(c) (3) ◀ (insert n			(1) or	527				edule B (Form 990,	
ł		Check	If the organization is not a section 509(a)(3) su								more than \$25,000 A	
_			90-EZ or Form 990 return is not required, but if the organiza						ete re	eturn		
L	_	Add lines	s 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or n	nore, file Form	990 ır	istead of	Form 990-	EZ		▶ \$	431,379	
,		art I	Revenue, Expenses, and Changes in Net	Assets or	r Fur	nd Bal	ances	(See the inst	ructi	ions	for Part I.)	
_		1	Contributions, gifts, grants, and similar amounts received						L	1	312,081	
		2	Program service revenue including government fees and co	ontracts						2	72,085	
		3	Membership dues and assessments							3		
		4	Investment income						Γ	4	300	
		5a	Gross amount from sale of assets other than inventory			5	a		Γ.			
		b	Less cost or other basis and sales expenses			51						
		c	Gain or (loss) from sale of assets other than inventory (Subtract line	Sh from line 5a	۱۱					5c		
	9	6	Special events and activities (complete applicable parts of Schedule			from man	nina chec	k bere	-	-	 	
	Revenue	-		of contribu		nom gan	mig, once	ok nere				
	eve	а	Gross revenue (not including \$	or continu	ILIQIIS	6	_	46,93	12			
	ď		reported on line 1)			6		18,6		- 1		
		b	Less direct expenses other than fundraising expenses			<u> </u>		10,0	231,	~_`	20 244	
		С	Net income or (loss) from special events and activities (Sub	otract line 60	from	1 '	1		F	6c	28,244	
		7a	Gross sales of inventory, less returns and allowances			7						
		b	Less cost of goods sold			7	b			·		
		С								7c		
		8	Other revenue (describe		尸	DE			.)	8	440 740	
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		L.,	77	CEIV	<u> </u>	▶↓	9	412,710	
		10	Grants and similar amounts paid (attach schedule)		6		-		L	10		
		11	Benefits paid to or for members	- 1	R	FER	A #7 *		L	11		
	S	12	Salaries, other compensation, and employee benefits	- 1	- 1		9 / 6	1911	L	12	182,144	
	euse	13	Professional fees and other payments to independent conti	ractors	-	000	1-	(4)	L	13	6,350	
	Expe	14	Occupancy, rent, utilities, and maintenance	L		OGD	EN, L	IT E	L	14	14,625	
	ш	15	Printing, publications, postage, and shipping						L	15		
2011		16	Other expenses (describe ► SEE STATEMENT	1) [16	159,345	
C		17	Total expenses. Add lines 10 through 16						▶ [17	362,464	
ഹ		18	Excess or (deficit) for the year (Subtract line 17 from line 9)						18	50,246	
\sim	Assets	19	Net assets or fund balances at beginning of year (from line		(A)) (must ag	ree with					
Ω	155		end-of-year figure reported on prior year's return)	•	` '' '					19	88,400	
	≥t ∆	20	Other changes in net assets or fund balances (attach expla	anation)					F	20	00/100	
	Net		-	· ·	20					21	138,646	
	р	2 et 11	Balance Sheets. If Total assets on line 25, column			00 05 00	ara fila f	Form 000 instance	Lof E			
<u> </u>		aitii		1 (D) ale \$1,	250,0	OO OI III		Beginning of year		Jilli 9	(B) End of year	
ه <u>ده</u>	22	Cook	(See the instructions for Part II)				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
5	22	uasn, s	savings, and investments	•			 	106,1	- ⊃	22	209,809	
<i>F</i> \\\			and buildings				,	16 1	a 	23	22 062	
			assets (describe ► <u>SEE STATEMENT 2</u>				-'	16,1		24	32,962	
I		Total a					\bot	122,3	$\overline{}$	25	242,771	
			iabilities (describe SEE STATEMENT 3	0.1. 5::			-'├──	33,9	_	26	104,125	
			sets or fund balances (line 27 of column (B) must agree w					88,4	UUI	27	138,646	
	For	Privac	y Act and Paperwork Reduction Act Notice, see the sepa	rate instruc	tions						Form 990-EZ (2009)	

For	m 990-EZ (2009) ASSOCIATION OF RELIGIOUS	06	-0942514			Page 2
	artillis Statement of Program Service Accomplishments (S	See the instruc	tions for Part I	II.)_	E	xpenses
Wh	at is the organization's primary exempt purpose?				(Require	d for section
	PROVIDE SOCIAL SERVICES TO THOSE IN NEED.				1	and 501(c)(4)
	scribe what was achieved in carrying out the organization's exempt purposes. In a				1 ~	tions and section
mai	nner, describe the services provided, the number of persons benefited, or other re	elevant information	for ,		1	1) trusts, optional
eac	ch program title				for others	s)
28	CAREGIVERS COUNSELING-PROVIDE PROFESSIONAL THERAPY					
	SERVICES FOR INTERVENTION, EDUCATION AND REFERRAL FOR					
	INDIVIDUALS INVOLVED IN DOMESTIC VIOLENCE		_	 1	28a	103,523
	(Grants \$) If this amount includes foreign grants, che	еск пете			208	103,323
29	REFUGEE AND IMMIGRANT SERVICES-PROVIDE ASSISTANCE TO	-	•		1 1	
	SOUTHEAST ASIAN AND OTHER REFUGEES WHO HAVE SETTLED IN THE	5				
	DANBURY AREA (Grants\$) If this amount includes foreign grants, chi	ack here	•	Щ	29a	16,469
30	HOUSING PROGRAMS-ADVOCATE FOR AFFORDABLE HOUSING, HELP	eck field		ــــــــــــــــــــــــــــــــــــــ		10/102
30	COORDINATE EMERGENCY SHELTER AND LOCATE AFFORDABLE					
	HOUSING, ASSISTANCE WITH SECURITY DEPOSITS.					
	(Grants \$) If this amount includes foreign grants, chi	eck here	· •	\Box	30a	115,889
31	Other program services (attach schedule) SEE STATEMENT 4					
	(Grants \$) If this amount includes foreign grants, chi	eck here		\prod	31a	64,761
32	Total program service expenses (add lines 28a through 31a)			>	32	300,642
ŻΕ	List of Officers, Directors, Trustees, and Key Employees. List each		compensated (Sec	e the	instructions	for Part IV)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,		Contributions to oyee benefit plans	
	(a) Name and address	devoted to position	enter -0)		rred compensation	
SE	E ATTACHED LIST					
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KE	Y EMPLOYEE, P,J, Leo Pold		84833		4391	
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	rt'V Other Information (Note the statement requirements in the instructions for Part V.)			
га	It V Other information (Note the statement requirements in the methodicine for that Vi)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
33	description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			
34	the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported	1	2. 漢字	~ ,
35	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.	'	-	٠ مو
_	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	1 -		
а	6033(e) notice, reporting, and proxy tax requirements?	35a		Х
_	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	005		
36		36		X
	during the year? If "Yes," complete applicable parts of Schedule N Finter amount of political expenditures, direct or indirect, as described in the instr	3,5	1.5.	
37a	Elitor dinearly of Fernanda Approximation	37b	and Town	X
b	Did the organization file Form 1120-POL for this year?	3,0	<u> </u>	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	38a		$\tilde{\mathbf{x}}$
	any such loans made in a prior year and still outstanding at the end of the period covered by this return? If "Yes" complete Schedule L. Part II and enter the total amount involved	30a	7 × 1 2/2	22
b	7 Too, Complete Control of the Contr	┥ょ.	3	į
39	Section 501(c)(7) organizations Enter	4 773		,
а	Initiation fees and capital contributions included on line 9	┤ ~ `		· :
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	1.7	;	, '
	section 4911 ▶, section 4912 ▶, section 4955 ▶	\[\frac{1}{2} \]	100	1.1
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		- Tan 1-	ĺ ·
	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			v
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	X35.	X
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on	100		
	organization managers or disqualified persons during the year under sections 4912,	133		4
	4955, and 4958	17.74	(a)	3 7 6
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c	4	, , , ,	: :
	reimbursed by the organization	133	.J. 70	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	400	 	X
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	
41	List the states with which a copy of this return is filed. CT	3-79	12 0	150
42a	1	3-19	12-9	450
	325 MAIN ST	810		
	**************************************	810		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u> </u>	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	<u> </u>	Yes	No
	account)?	42b	12., 126	X
	If "Yes," enter the name of the foreign country:		3	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank	, to 1	125	
	and Financial Accounts.	1		1,,
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			P
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			<u> </u>	
		1.50	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	i.	-	*, ,
	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		1	.,,
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	<u></u>	<u> </u>
		Form 9	90-EZ	<u>′</u> (2009)

Form 990-EZ (2	2009) ASSOCIATION OF RELIGIOUS	(6-0942514		Pa	ge 4
PartiVI"	Section 501(c)(3) organizations and section 49	947(a)(1) nonexen	pt charitable t	rusts only. All s	section	
	501(c)(3) organizations and section 4947(a)(1)	nonexempt charit	able trusts mus	st answer quest	ions 46-49	0
	and complete the tables for lines 50 and 51.	ikaa aa babali of oo o			Yes	No
	rganization engage in direct or indirect political campaign actives for public office? If "Yes," complete Schedule C, Part I	rities on behalf of or in t	opposition to			X
	rganization engage in lobbying activities? If "Yes," complete S	chedule C, Part II			47	X
	panization operating a school as described in section 170(b)(1)		te Schedule E		48	Χ
	rganization make any transfers to an exempt non-charitable re	elated organization?			49a	X
	was the related organization a section 527 organization?	-1		toos and have	49b	
	e this table for the organization's five highest compensated emes) who each received more than \$100,000 of compensation fi					
employee	(a) Name and address of each employee paid more	(b) Title and avera		(d) Contributions to	(e) Expense	
_	than \$100,000	hours per week devoted to position	<u> </u>	employee benefit plans & deferred compensation	account and other allowan	
NONE					ļ	
					-	
			ļ			
			+	-	 - -	
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				1	<u> </u>	
	mber of other employees paid over \$100,000	lependent contractors v	/ho each received r	more than		
51 Complete	mber of other employees paid over \$100,000 e this table for the organization's five highest compensated ind 0 of compensation from the organization. If there is none, ente	lependent contractors v	/ho each received r	nore than		
51 Complete \$100,000	e this table for the organization's five highest compensated ind	lependent contractors v	tho each received r		Compensation	
51 Complete \$100,000	e this table for the organization's five highest compensated ind O of compensation from the organization. If there is none, ente	lependent contractors v			Compensation	
51 Complete \$100,000 (a) N	e this table for the organization's five highest compensated ind O of compensation from the organization. If there is none, ente	lependent contractors v			Compensation	
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51 Complete \$100,000 (a) None	e this table for the organization's five highest compensated ind 0 of compensation from the organization. If there is none, ente lame and address of each independent contractor paid more than \$100,0	lependent contractors v r "None " 00 00,000 Including accompanying sch	(b) Type of service	(c) (knowledge	
51 Complete \$100,000 (a) No NONE	e this table for the organization's five highest compensated and 0 of compensation from the organization. If there is none, enter lame and address of each independent contractor paid more than \$100,0 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,0	lependent contractors v r "None " 00 00,000 Including accompanying sch	(b) Type of service	, and to the best of my	knowledge	
51 Complete \$100,000 (a) No NONE	e this table for the organization's five highest compensated and of compensation from the organization. If there is none, enter lame and address of each independent contractor paid more than \$100,000 mber of other independent contractors each receiving over \$100 mber of other indep	lependent contractors v r "None " 00 00,000 Including accompanying sch	edules and statements	, and to the best of my	knowledge	
51 Complete \$100,000 (a) No NONE	e this table for the organization's five highest compensated and 0 of compensation from the organization. If there is none, enter lame and address of each independent contractor paid more than \$100,0 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,00 mber of other independent contractors each receiving over \$100,0	lependent contractors v r "None " 00 00,000 Including accompanying sch	edules and statements	, and to the best of my	knowledge	
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d Total nur	e this table for the organization's five highest compensated and of compensation from the organization. If there is none, enter lame and address of each independent contractor paid more than \$100,000 mber of other independent contractors each receiving over \$100 mber of other indep	Date	edules and statements all information of which Date	, and to the best of my n preparer has any known	knowledge wledge entifying Number (Se	e inst
d Total nur Sign Here	e this table for the organization's five highest compensated and of compensation from the organization. If there is none, enter lame and address of each independent contractor paid more than \$100,000 mber of other independent contractors each receiving over \$100 mber of other indep	lependent contractors v r "None" 000 00,000 Including accompanying sch ler than officer) is based on 1.5 U r e r Date 01/	edules and statements all information of which Date Check if self-employed	, and to the best of my n preparer has any known and the best of my n preparer's ide	knowledge wledge entifying Number (Se	
standard Sign Here Paid Preparer's	e this table for the organization's five highest compensated and of compensation from the organization. If there is none, enter lame and address of each independent contractor paid more than \$100,000 mber of other independent contractors each receiving over \$100 mber of other indep	Date OT COMPANY, LLC	edules and statements all information of which Date Check if self-employed	preparer's Ide	knowledge wledge entifying Number (Se 7 6 5 1 5 2 0 - 4 0 5 2	553
d Total nur Sign Here Paid Preparer's Use Only	e this table for the organization's five highest compensated and of compensation from the organization. If there is none, enter lame and address of each independent contractor paid more than \$100,000 mber of other independent contractors each receiving over \$100 mber of other indep	Date OT/COMPANY, LLC	edules and statements all information of which Date Check if self-employed	preparer's Ide	knowledge wledge entifying Number (So	553

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

Nam	e of t	he organization	ASSOCIATION COMMUNITIES,							yer iden	tification num	nber		
P	art i	Reas		Status (All organizations	s must c	omplet	e this	part.)						
				e it is. (For lines 1 through 11,										
1	Π			ociation of churches described										
2	H		cribed in section 170(b)(1)(iii Scotioii		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	$\vdash \dashv$			ce organization described in sec	ction 170/	5V4V6V	:::\							
3	Н	•	•	•			•	V4 V A V:	ii) Ento	r tha haa	ndal'a nama			
4	L		•	d in conjunction with a hospital	aescribea	msectio	1170(0))(1)(A)(1	ii). Ente	i the nos	pitai s name	1		
_	\Box	city, and state	•	-f II										
5	\Box	-	•	of a college or university owned	or operat	ed by a g	overnme	entai un	it descri	bea in				
	_	section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v)												
6	إبا		deral, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	X	An organizati	on that normally receives a	substantial part of its support from	om a gove	rnmental	unit or t	from the	genera	I public				
	_	described in	section 170(b)(1)(A)(vi). (Co	omplete Part II)										
8	Ш	A community	trust described in section 1	70(b)(1)(A)(vi). (Complete Part	II)									
9		An organizati	on that normally receives (1) more than 33 1/3 % of its sup	port from	contribut	ions, me	mbersh	ıp fees,	and gros	ss			
		receipts from	activities related to its exem	npt functions—subject to certain	exception	ns, and (2	2) no mo	re than	33 1/3 9	% of its				
		support from	gross investment income ar	nd unrelated business taxable ir	ncome (les	s section	511 tax) from b	usiness	es				
		acquired by t	he organization after June 3	0, 1975 See section 509(a)(2)	. (Complet	e Part III)							
10		An organizati	on organized and operated	exclusively to test for public saf	ety Sees	ection 50	09(a)(4).							
11	П	An organizati	on organized and operated	exclusively for the benefit of, to	perform tl	ne functio	ns of, o	r to carr	y out the	•				
		purposes of o	ne or more publicly support	ed organizations described in s	ection 509	a)(1) or	section	509(a)(2) Sees	section				
		509(a)(3). Ch	eck the box that describes t	he type of supporting organizat	ion and co	mplete li	nes 11e	through	11h					
		a Type	l b Type II	c Type III-Function	ally integr	ated	d	TVD	e III-Ot	her				
е				anization is not controlled direct			one or m	ore disc	ualified					
	لسبا		, ,	and other than one or more pu	•				•	section				
		•	section 509(a)(2)	•	, .,	`	•							
f				ermination from the IRS that it is	s a Type I.	Type II.	or Type	III supp	ortina					
•		- .	check this box		, , ,	.,,,,	,,,,							
g		_		tion accepted any gift or contrib	ution from	any of th	ne							
9		following per	-	, g			-							
		• .		ontrols, either alone or together	with nerse	ons desci	ribed in ('m\				Yes	No	
			•	of the supported organization?	mar pers	J113 GC301	ibea iii (("')			11g(i)	100	-110	
		, ,	member of a person describ	• • •							11g(ii)			
		• • •	•									-		
_			- · · · · · · · · · · · · · · · · · · ·	described in (i) or (ii) above?							11g(iii	<u></u>		
<u>h</u>	Nom			the supported organization(s)	(ha) le the e	organization	(4) 0-4	.a aatifi	(40)	a tha	(v.v.) A ==			
(1)		e of supported anization	(ii) EIN	(III) Type of organization (described on lines 1–9	[' '	sted in your		ou notify	(vi) I organizat		(VII) Am Supp			
	_	•		above or IRC section	1	document?	col (i)	of your	(i) organı	zed in the				
				(see instructions))	 			port?	U					
					Yes	No	Yes	No	Yes	No		_		
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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

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

18

Form 990		2009				
Form 990	For calendar year 2009, or t	ax year beginning	07/01/09	and ending 0	6/30/10	
Name		-			Employer Ide	ntification Number
ASSOCIATION	OF RELIGIOUS					
COMMUNITIES	INC.				06-0942	2514
	(A)	(B)	(C)	Other	-	Total
Gross receipts	<u>37,070</u>	<u>9,843</u>	(0	46,913
Less contributions	0	0	(0	0
Gross revenue	37,070	9,843	(0	46,913
Less direct expenses		<u>771</u>	(0	18,669
Net income (loss)	<u> 19,172</u>	9,072	(<u> </u>	0	28,2 <u>44</u>
Description (A) (B) (C) Others	PEACEABLE HON					

AORCINC ASSOCIATION OF RELIGIOUS 06-0942514 Federal Statements

FYE: 6/30/2010

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

EXPENSES	\$ 9,800
	9.800
OFFICE EXPENSE	2,000
UTILITIES	4,782
OFFICE CLEANING	2,400
INSURANCE	2,665
THERAPY CONSULTANTS	54,103
DUES, FEES, & SUBS	635
MEALS & MISC EXPENSE	2,647
OTHER PROGRAM EXPENSES	29,991
POSTAGE	988
EQUIPMENT EXPENSE	2,371
TRAVEL & TRAINING	1,654
TELEPHONE	4,275
HPRP GRANTS	29,932
OTHER OUTSIDE SERVICES	13,102
TOTAL	\$ 159,345

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

Description	Beginning of Year			End of Year
GRANTS RECEIVABLE PREPAID EXPENSES AND DEFERRED CHARGES EQUIPMENT & FURNITURE LESS ACCUMULATED DEPRECIATION SECURITY DEPOSITS	\$	11,328 1,100 13,637 11,067 1,200	\$	29,367 1,100 12,837 11,692 1,350
		16,198		32,962

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

Description	E	End of Year		
ACCOUNTS PAYABLE AND ACCRUED EXPENSES DEFERRED REVENUE CUSTODIAL FUNDS	\$	16,042 17,038 861	\$	17,800 86,325
		33,941		104,125

AORCINC ASSOCIATION OF RELIGIOUS

06-0942514

Federal Statements

FYE: 6/30/2010

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.

AORCINC ASSOCIATION OF RELIGIOUS
06-0942514 Federal Asset Report
FYF: 6/30/2010 Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
1 2 3 4	Depreciation: VACUUM CLEANER DONATED COMPUTER DONATED COMPUTER LAPTOP COMPUTER PHONE SYSTEM DELL COMPUTER	3/01/99 12/02/02 2/04/04 2/02/05 5/05/05 7/15/06	386 1,000 1,000 4,381 2,258 3,812		-	386 1,000 1,000 4,381 2,258 3,812	5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L 5 MO S/L	386 1,000 1,000 3,942 2,034 1,905	0 0 0 439 224 762
	Total Other Depreciation Total ACRS and Other Depre	ciation	12,837		-	12,837		10,267	1,425
	Grand Totals Less: Dispositions and Transf Less: Start-up/Org Expense Net Grand Totals	`ers =	12,837 0 0 12,837			12,837 0 0 12,837		10,267 0 0 10,267	1,425 0 0 1,425

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Attachment Sequence No

► See separate instructions. ASSOCIATION OF RELIGIOUS

► Attach to your tax return.

Identifying number

vame		ITIES, INC.					094	2514
Busine	ess or activity to which this form relates							
	NDIRECT DEPRECIAT				<u> </u>			
Pa			erty Under Section			Dankl		
			ty, complete Part \	before yo	u complete	Рап і		250,000
1	Maximum amount See the instru	_					2	250,000
2	Total cost of section 179 property			ations)			3	800,000
3	Threshold cost of section 179 pro			tions)			4	000,000
4			•	na constatulu c	oo instructions		5	
5	Dollar limitation for tax year Subtract I	on of property		st (business use		Elected cos	<u> </u>	St. 1 That the a
6	(a) Description	on or property	(0) 00	31 (Duamess 65)	(5)	2.00.00		
					· - ···			Transition of the second
7	Listed property Enter the amoun	t from line 29		· · · · · ·	7			
8	Total elected cost of section 179		s in column (c) lines 6 a	nd 7	<u> </u>		8	
9	Tentative deduction Enter the sn						9	
10	Carryover of disallowed deductio						10	
11	Business income limitation Enter	•		zero) or line	5 (see instruction	ons)	11	
12	Section 179 expense deduction				,		12	
13	Carryover of disallowed deductio			•	13	.,,,,,,		1 3 4 4 5
	: Do not use Part II or Part III belo				<u> </u>			
			nd Other Deprecia	tion (Do no	ot include lis	ted prop	erty.)	(See instr.)
14	Special depreciation allowance for							
	during the tax year (see instruction			•			14	
15	Property subject to section 168(f)						15	
16	Other depreciation (including AC	RS)					16	1,425
Pa	irt III. MACRS Deprecia	ition (Do not incli	ude listed property.	(See instr	uctions.)			
			Section A				,	,
17	MACRS deductions for assets pl	aced in service in tax y	years beginning before 2	2009			17	0
18	If you are electing to group any assets							福地一藏。
	Section B-	· · · · · · · · · · · · · · · · · · ·	rvice During 2009 Tax '	ear Using th	e General Dep	reciation S	ystem	l T
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)		(e) Convention	(f) Me	thod	(g) Depreciation deduction
<u>19a</u>	3-year property				ļ	.		
<u> </u>	5-year property				ļ <u> </u>			
_ с	7-year property							
<u>d</u>	10-year property			<u> </u>				
<u>e</u>	15-year property					1		
f_	20-year property							
g_	25-year property	*		25 yrs		S/		
h	Residential rental			27 5 yrs	MM	S/		
	property			27 5 yrs	MM	S/		
Í	Nonresidential real			39 yrs	MM	S/		
	property	N			MM N	S/		<u> </u>
		T	rice During 2009 Tax Ye	ear Using the	Alternative De			<u>'m</u>
	Class life			40	 	S/		ļ
	12-year	大兵事といれば海のから	ļ	12 yrs	8.85.4	S/		
	40-year	otructions \	<u> </u>	40 yrs	MM	S/	<u> </u>	<u></u>
	Summary (See in						T 64	T
21	Listed property Enter amount from		lines 10 and 20 in astron	n /n\ n n n l l	21 Enterhers		21	
22	Total. Add amounts from line 12	=		· - ·			22	1 /25
22	and on the appropriate lines of y	•	•		<u> </u>		22	1,425
23	For assets shown above and pla	<u> </u>	me current year, enter tr	E				
	portion of the basis attributable t	n section 2634 costs			23			1

Association of Religious Communities, Inc.

#06-0942514

Board of Directors

Rev Angelo Arrando 85 Great Plain Road Danbury, CT 06811 President

Michael Marcus 24 Lindencrest Drive Danbury, CT 06811 Vice President

James Maurer 66 Osborne Hill Road Sandy Hook, CT 06482 Secretary

Bill McWilliams 67 Gillotti Road New Fairfield, CT 06812 Treasurer

Laura Westby 164 Deer Hill Avenue Danbury, CT 06810 Director

Ileana Velasquez 26 Tiffany Drive Danbury, CT 06811 Director

Jon Hadden 33 Corntassle Road Danbury, CT 06811 Director

Wilson Hernandez 71 Davis Street Danbury, CT 06810 Director

Patricia Nicholas 20 Gillotti Rd New Fairfield, CT 06812 Director

Shazeeda Khan 42 Knollcrest Drive Brookfield, CT 06804 Director

Ivan Pitts 10 Aaron Samuel Blvd. Danbury, CT 06810 Director

Wisdom Sakya 9 Terrace Place, Apt 2 Danbury, CT 06810 Director

Suzanne Spencer 24 Clapboard Ridge Road Danbury, CT 06811 Director

Application for Extension of Time To File an

Form 88 (Rev April 2009)	68 ⁻		ion for Extension of Time To File a exempt Organization Return	ın		OMB No 1545-1709
Department of the Internal Revenue		•	File a separate application for each return.			
If you are f	iling for an Ac ete Part II uni	lditional (Not Automatic) 3-Mon ess you have already been grant	omplete only Part land check this box onth Extension, complete only Part II(on page 2 of this ted an automatic 3-month extension on a previously fil Time. Only submit original (no copies need	ed Form 886	8	▶ X
Part I only	ations (includ	ling 1120-C filers), partnerships,	automatic 6-month extension—check this box and con		of	▶ □
one of the return electronically if returns, or a co	rns noted belo (1) you want imposite or co	ow (6 months for a corporation re the additional (not automatic) 3-ronsolidated Form 990-T Instead,	le Form 8868 if you want a 3-month automatic extension of the form 990-T). However, you cannot file Formonth extension or (2) you file Forms 990-BL, 6069, or you must submit the fully completed and signed page sit www irs gov/efile and click on e-file for Charities & N	orm 8868 r 8870, grou : 2 (Part II) of	p	
Type or Name of Exempt Organization print ASSOCIATION OF RELIGIOUS File by the COMMUNITIES, INC.			ous		er identif 942 51	ication number
due date for filing your return See instructions	325 MA		O box, see instructions For a foreign address, see instructions CT 06810			
Form 990 X Form 990 Form 990 Form 990))-BL)-EZ	filed (file a separate application f	for each return) Form 990-T (corporation) Form 990-T (sec 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A		F	orm 4720 orm 5227 orm 6069 orm 8870
Telephone If the organ If this is for for the whole g	nization does a Group Ret roup, check t	3-792-9450 not have an office or place of busurn, enter the organization's four	FAX No Siness in the United States, check this box digit Group Exemption Number (GEN) ar part of the group, check this box	If this is nd attach		▶ 🗆
1 I request until 02 for the or	an automation 2/15/11 ganization's italian	3-month (6 months for a corpora , to file the exempt organization return for	ation required to file Form 990-T) extension of time n return for the organization named above. The extens	sion is		
2 If this tax	year is for le	ss than 12 months, check reason	n Initial return Final return Chan	ge in accoun	ting perior	d
less any b If this ap	nonrefundabl plication is foi	e credits. See instructions	ny refundable credits and estimated tax	3a 3b	\$	
deposit v System)	vith FTD coup See instructi	oon or, if required, by using EFTP ons	ur payment with this form, or, if required, PS (Electronic Federal Tax Payment	3c	\$	
for payment ins	structions	make an electronic fund withdray	wal with this Form 8868, see Form 8453-EO and Form	8879-EO		9969

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)