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Return of Organization Exempt From Income Tax

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter Social Security numbers on this form as it may be made public Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	Fo	r the 20	13 calen	dar yea	ar, or tax	year b	egini	ning		, 2	2013, and	endin	g			,		
; B	Che	ck if applic	able	C Nar	ne of organ	zation [EVA	IGELICAI	L CHRIST	IAN CHU	JRCH OF	WAT	ERBURY	D Emplo	yer Iden	tification Num	ıber	
ું".⇒	, [Address	change	Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite											2533			
		Name ch	ange												one num	ber		
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والسيمة فيكافح		Terminate	ed	City	or town, st	ate or prov	ince, c	ountry, and ZII	P or foreign post	al code					_			
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KAV-				GIOVAN	NI BOVI	NO 1325	WA'	TERTOWN A	VE WATER	BURY	CT 06	704	H(b) Are all If 'No,'	subordinates	included	ructions)	Yes	∐ No
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Not	2	1 Tota	l liabilities	s (Part	X, line 26	6)							·	699,	173.		673 , 8	<u>868.</u>
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М	ay th	e IRS d	iscuss thi	s retur	n with the	prepar	er sh	own above	? (see ınstrı	uctions) .						. X Yes	3	No
B	AA	For Pan	erwork F	Reduct	ion Act I	Notice.	see t	he separa	te instruction	ons.		TE	EA0101 11/0	08/13		For	m 990 ((2013)



		RISTIAN CHURCH OF WATERBURY	22-2533103 Page 2
Pa	Statement of Program S	· · · · · · · · · · · · · · · · · · ·	
		· - · · · · · · · · · · · · · · · · · ·	
1			
	RELIGIOUS SERVICES & ED	UCATION	
		·	
2	Did the organization undertake any sign	ificant program services during the year which were	e not listed on the prior
	Form 990 or 990-EZ?		· · · · · · · · · · · · · · · · · · ·
	If 'Yes,' describe these new services on	Schedule O.	
3	Did the organization cease conducting,	or make significant changes in how it conducts, any	program services? Yes X No
	If 'Yes,' describe these changes on Sch	edule O.	
4	Section 501(c)(3) and 501(c)(4) organize	rvice accomplishments for each of its three largest ations and section 4947(a)(1) trusts are required to i, if any, for each program service reported	program services, as measured by expenses. report the amount of grants and allocations to
4;		193,185. including grants of \$	
	CHURCH MINISTRY, SUNDAY	SCHOOL & EVANGELICAL PROGRAMS	
			
		· 	
			
	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
71	Code) (Expenses 7	including grants or \$) (I/ceveriue)
			
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4 0	(Code.) (Expenses \$	including grants of \$) (Revenue \$
4.	d Other program services. (Describe in S		
_	d Other program services. (Describe in S (Expenses \$ a Total program service expenses ▶	chedule O.) including grants of \$ 193,185.) (Revenue \$)

Form 990 (2013) EVANGELICAL CHRISTIAN CHURCH OF WATERBURY
Part IV | Checklist of Required Schedules 22-2533103

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	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	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
	c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	_	X
	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	,		
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If Yes, complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If Yes, complete Schedule R, Part V, line 2	36		_ X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

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EVANGELICAL CHRISTIAN CHURCH OF WATERBURY 22-2533103 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . O b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2 b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?......... **b** If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O... 3 b X 4 a 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)? Х 4 a **b** If 'Yes,' enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... Χ b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b Х 5 c 6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization Х 6 a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6 b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7 a Х **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Х 7 c e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.... 7 € f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?... 7 f Х g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7 g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7 h

	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
	a Did the organization make any taxable distributions under section 4966?	9 a	
	b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b	
11	Section 501(c)/7) organizations Enter		

10 Section 501(c)(7) organizations. Enter.	
a Initiation fees and capital contributions included on Part VIII, line 12	10a
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b
11 Section 501(c)(12) organizations. Enter	
a Gross income from members or shareholders	11a
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b

against amounts due or received from them)		. 1	
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		.	
a Is the organization licensed to issue qualified health plans in more than one state?	13 a		

Note. See the instructions for additional information the organization must report on Schedule O		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand	1	
Ma Did the organization receive any payments for indeer tenning continue during the tax years.	44-	$\overline{}$

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Form 990 (2013) EVANGELICAL CHRISTIAN CHURCH OF WATERBURY Page 6 Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 9 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **b** Enter the number of voting members included in line 1a, above, who are independent 9 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Х 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8 a 8 b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?............. 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11 a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 12 c X 13 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15 a 15b Х If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16 a Х b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Connecticut Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Upon request Other (explain in Schedule O) Another's website Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

GIOVANNI BOVINO 12 SIMON DRIVE,

WOLCOTT

(203) 879-5033

Form 990 (2013) EVANGELICAL CHRISTIAN CHURCH OF WATERBURY	22-2533103	Page 7
RartiVIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Independent Contractors	Compensated Employe	ees, and
Check if Schedule O contains a response or note to any line in this Part VII		📙
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensa	ted Employees	
1 a Complete this table for all persons required to be listed Report compensation for the calendar year ending organization's tax year.	g with or within the	
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), recompensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. 	egardless of amount of	
• List all of the organization's current key employees, if any. See instructions for definition of 'key employ	ree.'	
 List the organization's five current highest compensated employees (other than an officer, director, trus who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$ organization and any related organizations. 		
 List all of the organization's former officers, key employees, and highest compensated employees who of reportable compensation from the organization and any related organizations. 	received more than \$100,000	
• List all of the organization's former directors or trustees that received, in the capacity as a former directors	ector or trustee of the	

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

				(C	;)					
(A) Name and Title	(B) Average hours per	one bo	x. unl	ess p	erson	more th is both r/trustee	an	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	(W-2/1099-MISC) Former Highest compensated institutional trustee		related organizations (W-2/1099-MISC)	compensation from the organization and related organizations				
(1) REV JOSEPH PENELLA	30.00									
PASTOR/PART TIME		Х		Х				30,780.	0.	
(2) GIOVANNI BOVINO	2.00									
TREASURER/PART TIME		Х		Х				0.	0.	(
(3) GUISEPPINA RINALDI	2.00									
SECRETARY/PART TIME		Х		Χ				0.	0.	(
(4) VINCENT SALERNO	1.00									
TRUSTEE		Х						0.	0.	(
(5) JOHN PENNELLA	1.00									
TRUSTEE		Х						0.	0.	(
(6) ANNE MARIE GAMBUCCI	1.00									
SECRETARY		L		Χ				0.	0.	(
(7) CARL DAGGETT	1.00									
TRUSTEE		Х						0.	0.	
(8) ROBERT VAZQUEZ	1.00	Į								
TRUSTEE		Х					<u> </u>	0.	0.	(
(9) VITO_BARBAGALLO	1.00									
TRUSTEE	1	Х						0.	0.	(
<u> 10) GUY CAPUANO</u>	1.00									
TRUSTEE		Х					<u> </u>	0.	0.	
(11) 										
12)	 									
(13)	 									
(14)	 		-				-			

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(B) (C)												
(A) Name and title	Average hours per	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other		ner			
	week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	com f org an	pensatio rom the anization d related anization	n 1
<u>(15)</u>											-	
(16)										_		
(17)												
(18)										_		
(19)									-			
(20)												
(21)												
(22)												
(23)												
(24)										·		
(25)												
1 b Sub-total.							, V	30,780.	0.			0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)							•	30,780.	0.		-	0.
Total number of individuals (including but not limited t from the organization							ived			npensa	tion	
3 Did the organization list any former officer, director, o										3	Yes	No X
 on line 1a? If 'Yes,' complete Schedule J for such indi For any individual listed on line 1a, is the sum of repo the organization and related organizations greater that 	rtable co	mpe	nsat	ion a	and ·	other	cor	mpensation from				
such individual	• • • • ′				• •					. 4		X
for services rendered to the organization? If 'Yes,' cor Section B. Independent Contractors	nplete S	ched	ule .	J for	suc	h per	son	<u> </u>		. 5	<u> </u>	X
Complete this table for your five highest compensated compensation from the organization. Report compens	indepe ation fo	nden r the	t coi	ntrac	ctors	that ar end	rec	eived more than \$1 with or within the	00,000 of organization's tax yea	ar		
								C) ensatio	n			
Total number of independent contractors (including bit)	ut not lim	nited	to th	ose	liste	d abo	ove)) who received moi	e than			
\$100,000 of compensation from the organization												

	Check if Schedule O o	contains a respon	se or note to any lin	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<u>ج</u> ج	1 a Federated campaigns .	1a					
줉됳	b Membership dues	1b					
동일	c Fundraising events	1 c					
	d Related organizations .	1 d					
오를	e Government grants (contributi	ions) 1 e					
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, gisimilar amounts not included a	rants, and above 1 f	213,572.				
	g Noncash contributions include	ed in lines 1a-1f \$_		····			•
ვ ₹	h Total. Add lines 1a-1f .			213,572.			1
S			Business Code				
EVE	2a						
ER	b						
爰	c						
S	d						
¥	e						
8	f All other program service						
쮼	g Total. Add lines 2a-2f						l .
	3 Investment income (incluother similar amounts) .		• • • • • • • • •	22.	0.	0.	22.
	4 Income from investment	•	' L		<u>-</u>		
	5 Royalties						ļ
		(i) Real	(ii) Personal				Ì
	6 a Gross rents	32,334.					
- 1	b Less: rental expenses	31,500.					
	c Rental income or (loss)	834.	, [······································	
	d Net rental income or (los			834.	0.	834.	0.
	7 a Gross amount from sales of	(ı) Secunties	(II) Other	i			
	assets other than inventory.		ļ				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
- !	d Net gain or (loss)						
	8 a Gross income from fund	raising events					
3	(not including \$		1				
2	of contributions reported	on line 1c).					
2	See Part IV, line 18		a				
OTHER REVENUE	b Less: direct expenses .	1	b				
J	c Net income or (loss) fror	n fundraisıng eve	nts ▶				
	9 a Gross income from game See Part IV, line 19	ing activities	a l				
	b Less: direct expenses .	1	ь				
	c Net income or (loss) from	n gaming activitie	s				
	10 a Gross sales of inventory and allowances	, less returns					
	b Less cost of goods sold						
	c Net income or (loss) from						
	Miscellaneous Revenu		Business Code				
	11 0						
		· 					
		· - 					
	d All other revenue						
	e Total. Add lines 11a-11c	L					
	12 Total revenue. See inst			214,428.	0.	834.	22.

Part IX Statement of Functional Expenses

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV. line 21	11,970.	11,970.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	15,330.	15,330.		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	10,330.	13,330.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	25,600.	25,600.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	23,500.	23,500.	0.	0.
b	Legal				
С	Accounting	375.	0.	375.	0.
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 .				
	Investment management fees				
g	Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	1,560.	0.	1,560.	0.
13	Office expenses	5,819.	2,910.	2,909.	0.
14	Information technology				<u></u> _
15	Royalties				
16	Occupancy	37,664.	18,832.	18,832.	0.
17	Travel	1,561.	781.	780.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	6,608.	6,608.	0.	0.
20	Interest	43,324.	32 , 493.	10,831.	0,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	46,244.	34,683.	11,561.	0.
23 24	Other expenses. Itemize expenses not	3,699.	1,850.	1,849.	0.
24	covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)			:	
а	PRINTING & PUBLICATIONS	637.	637.	0.	0.
t	TELEPHONE	2,899.	0.	2,899.	
	PROGRAMS	17,991.	17,991.	0.	0.
c					
e	All other expenses				
25	Total functional expenses Add lines 1 through 24e	244,781.	193,185.	51,596.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet (A) (B) Beginning of year End of year 1 31,585 28,476. 2 Savings and temporary cash investments 2 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 8 Prepaid expenses and deferred charges 9 10 a 008.059 b Less accumulated depreciation 10 b 533,185 1,527,423 10 c 1,474,874. Investments – publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 14 Other assets See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 16 1,559,008 16 1,503,350 17 17 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees. 22 22 Secured mortgages and notes payable to unrelated third parties 699,173 23 673,868. 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . 25 Total liabilities. Add lines 17 through 25............. 699,173 26 673,868 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets...... 27 27 28 Temporarily restricted net assets 28 29 29 R Organizations that do not follow SFAS 117 (ASC 958), check here ► X and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 BALANCE 32 Retained earnings, endowment, accumulated income, or other funds . . . 32 859,835 829,482

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33

34

503,350 Form 990 (2013)

829,482

33

34

859,835

559,008

Form	990 (2013) EVANGELICAL CHRISTIAN CHURCH OF WATERBURY 22-2	2533103		Pa	ige 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				$\cdot \sqcap$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2.	14,4	128.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	14,7	781.
3	Revenue less expenses Subtract line 2 from line 1	3		30,3	353.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			35.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
r <u> </u>	column (B))	10	82	29,4	82.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. П
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain				
	in Schedule O				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
H	Were the organization's financial statements audited by an independent accountant?		2 b		x
•	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		- 2 5		
	basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit				
	review, or compilation of its financial statements and selection of an independent accountant?		2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			,	
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a		Х
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit	dıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3 ь	- 1	

Form 990 (2013)

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TEEA0112 07/08/13

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Employer identification number

Schedule A (Form 990 or 990-EZ) 2013

			AN CHURCH OF							533103			
Part				(All organizations				art.) S	ee inst	ruction	s		
The or	<u>~</u>			t is: (For lines 1 through	•	•	•						
1				ation of churches describ		tion 17	0(b)(1)(A	۸)(i).					
2				ii). (Attach Schedule E)									
3	A hospital	or a cooper	ative hospital service	organization described ir	n section	170(b)	(1)(A)(iii)).					
4	A medical i	research or	ganization operated ir	conjunction with a hosp	ıtal desc	nbed in	section	170(b)(ʻ	f)(A)(iii)	Enter th	ie hospital's		
5	name, city, ☐ An organiz		ted for the benefit of a	college or university ow	ned or o	nerated	by a gov	ernmen	tal unit d	escribed	n section		
	<u> </u> 170(b)(1)(/	4)(iv). (Cor	nplete Part II)				-			00011200	0000.011		
6			-	ernmental unit described				•	41		عادد د د اد د اما		
7	in section ا	170(b)(1)(A	A)(vi). (Complete Part			governi	nentai ui	nit or tro	m the ge	enerai pu	DIIC GESCIID	ea	
8	A commun	ity trust des	scribed in section 170	(b)(1)(A)(vi). (Complete	Part II)								
9	from activit investment	ties related t income an	to its exempt functions	nore than 33-1/3% of its s – subject to certain exitaxable income (less sec nplete Part III.)	ceptions,	and (2)	no more	than 33	3-1/3% of	fits supp	ort from gro	SS	
10	An organiz	ation organ	ized and operated exc	clusively to test for public	safety.	See sec	tion 509	(a)(4).					
11	more publi	cly supporte	ed organizations desci	clusively for the benefit o ribed in section 509(a)(1 n and complete lines 11e) or secti	on 509(a	functions a)(2) Sec	of, or c e sectio	arry out n 509(a)	the purpo (3). Che	oses of one ck the box t	or hat	
	a Type	el b	Type II c	Type III - Function	ally integ	rated	c	ı 🗍 1	Гуре III -	- Non-fu	nctionally in	tegrate	ed
е	By checkin other than section 509	foundation :	I certify that the organ managers and other th	zation is not controlled on the controlled on the control or more publicly	directly or supporte	indirected organ	ly by one	e or mor describe	e disqua ed in sec	lified per tion 509	rsons (a)(1) or		
f	If the orgar check this	nization receibox	eived a written determ	ination from the IRS that	t is a Typ	e I, Type	ell or Ty	pe III su	pporting	organiza	ation,		. П
g	Since Augi	ust 17, 2006	6. has the organization	accepted any gift or co	ntributio	n from a	nv of the	followin	a persor	ns?			
J	J		.,	, 3			,		.g p			Yes	No
				trols, either alone or togo orted organization?							. 11 g (i)		
	(ii) A far	nily membe	r of a person describe	d in (i) above?							. 11g (ii)		
	(iii) A 35	% controlle	d entity of a person de	escribed in (i) or (ii) above	e?						11 g (iii)		
h				supported organization(s							1 119 (111)		<u> </u>
	(I) Name of si organiza		(ii) EiN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) I: organiz column (i your go docui	ation in listed in	(v) Did yo the organi column (i) supp	zation in of your	(vi) is organiza colum organized U S	ation in in (i) d in the	(vii) Amount sup		atary
					Yes	No	Yes	No	Yes	No			
(A)													
<u>,,,,</u>								-					
(B)													
(C)											•		
(C)					 	<u> </u>	ļ						
(D)					<u> </u>								
(E)							ļ						
Total													

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

<u>Sec</u>	tion A. Public Support				····		
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
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						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on 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						
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						
12	Gross receipts from related activiti	es, etc (see instru	ctions)			12	
13	First five years. If the Form 990 is organization, check this box and s				n tax year as a sect	ion 501(c)(3)	▶ □
	tion C. Computation of Pu						
	Public support percentage for 201					─	<u> </u>
15	Public support percentage from 20	012 Schedule A, Pa	art II, line 14 · · ·			15	<u>%</u>
16	a 33-1/3% support test — 2013. If and stop here. The organization of	the organization di qualifies as a public	d not check the body cly supported orga	ox on line 13, and the inization	the line 14 is 33-1/3	% or more, check t	his box
1	b 33-1/3% support test — 2012. If t and stop here. The organization	the organization did qualifies as a publi	d not check a box cly supported orga	on line 13 or 16a, anization	and line 15 is 33-1/3	3% or more, check	this box
17	a 10%-facts-and-circumstances to or more, and if the organization m the organization meets the 'facts-a	eets the 'facts-and	-circumstances' te	st, check this box	and stop here. Exp	lain in Part IV how	
	b 10%-facts-and-circumstances to or more, and if the organization m organization meets the 'facts-and-	eets the 'facts-and circumstances' tes	-circumstances' te t. The organization	est, check this box n qualifies as a pul	and stop here. Exp blicly supported org	lain in Part IV how anization	the ▶ □
18	Private foundation. If the organiz	ation did not checi	k a box on line 13,	16a, 16b, 17a, or	17b, check this box	and see instruction	ns ▶ 📗
							· · · · · · · · · · · · · · · · · · ·

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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

<u>Sec</u>	tion A. Public Support						
	dar year (or fiscal yr beginning in) -	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include						
2	any 'unusual grants.') Gross receipts from admis-						
2	sions, 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				<u> </u>		
	organization's benefit and either paid to or expended on						
_	its behalf						
3	facilities furnished by a						
	governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					··-	
	Amounts included on lines 1,						
	2, and 3 received from						
	disqualified persons						
	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				ļ		
	Add lines 7a and 7b			·			
	Public support (Subtract line 7c from line 6)						
<u>Sec</u>	tion B. Total Support						
Calen	dar year (or fiscal yr beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received						
	on securities loans, rents,						
	royalties and income from similar sources						
b	Unrelated business taxable				-		
	income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11							
	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)						
13	Total Support. (Add Ins 9,10c, 11 and 12)			,			
14	First five years. If the Form 990 is	s for the organization	on's first, second,	hird, fourth, or fiftl	h tax year as a sect	ion 501(c)(3)	
800	organization, check this box and stion C. Computation of Pu						
	Public support percentage for 201			3. column (f))		15	<u> </u>
16	Public support percentage from 20		•				
	tion D. Computation of Inv					1	
17	Investment income percentage for				f))	17	olo Olo
18	Investment income percentage fro						ક
	33-1/3% support tests — 2013. If	the organization d	lid not check the b	ox on line 14, and	line 15 is more tha	n 33-1/3%, and line	e 17
	is not more than 33-1/3%, check the	his box and stop h	ere. The organiza	tion qualifies as a	publicly supported	organization	▶ []
t	33-1/3% support tests — 2012. If line 18 is not more than 33-1/3%,	the organization d check this box and	lid not check a box I stop here. The o	on line 14 or line rganization qualifi	19a, and line 16 is es as a publicly sup	more than 33-1/3% ported organization	6, and n ► □
20	Private foundation. If the organiz	ation did not check	k a box on line 14,	19a, or 19b, chec	k this box and see i	nstructions	▶ 🗍

Schedule A	(Form 990 or 990-EZ) 2	013 EVAN	GELICAL	CHRISTIAN	V CHURCH	OF WATERBURY	22-2533103	Page 4
Part IV	Supplemental Info or 17b; and Part III (See instructions).	ormation. P , line 12. Als	Provide the o complet	e explanation e this part fo	ns required l or any additi	by Part II, line 10 onal information.	; Part II, line 17a	
				. – – – – -				
								
				· ·	-			
-				· 				
		·						
			_					
				· 				
				·				
								
				. – – – – -				
	. – – – – – – – .					. – – – – – –		
	. 		-			·		
				· - ·		. – – – – – – –		

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2013

Department of the Treasury Internal Revenue Service Name of the organization

m990. Open to Public Inspection ...

OMB No 1545-0047

E177	ANGELICAL CHRISTIAN CHURCH OF W	NA TEDDIIDV			22-2522102	,
Pai			her Similar Fun		22-2533103 counts	-
IXaI	Complete if the organization answer	ered 'Yes' to Form 990, I	Part IV, line 6.		ounio.	
		(a) Donor advised	funds	(b) F	unds and other acco	unts
1	Total number at end of year	(-,				
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year		·			
5	Did the organization inform all donors and donor are the organization's property, subject to the organization's property.				· · · · □Yes	□No
6	Did the organization inform all grantees, donors, a for charitable purposes and not for the benefit of timpermissible private benefit?	and donor advisors in writing the donor or donor advisor, or	hat grant funds can l for any other purpos	be used only se conferring	LJ	∏No
Par	Conservation Easements. Complete if the organization answe	ered 'Yes' to Form 990.	Part IV. line 7.			
1						
	Preservation of land for public use (e.g., recre	· ·		an historicall	y important land area	а
	Protection of natural habitat	•	Preservation of		•	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization h	neld a qualified conservation of	contribution in the for	m of a conse	rvation easement or	the
	last day of the tax year			[/= b.865.74]		
				30.00	leld at the End of th	e Tax Year
	a Total number of conservation easements					
	b Total acreage restricted by conservation easemen				·	
	c Number of conservation easements on a certified		. ,	. 2 c		
•	d Number of conservation easements included in (o structure listed in the National Register	e) acquired after 8/17/06, and	not on a historic	. 2 d		
3	Number of conservation easements modified, trar tax year ▶	nsferred, released, extinguish	ed, or terminated by	the organizat	tion during the	
4	Number of states where property subject to conse	ervation easement is located	·	_		
5	Does the organization have a written policy regard and enforcement of the conservation easements is				Yes	No
6	Staff and volunteer hours devoted to monitoring, i	nspecting, and enforcing cons	servation easements	during the ye	ear	
7	Amount of expenses incurred in monitoring, inspe ▶\$	ecting, and enforcing conserva	ition easements duri	ng the year		
8	Does each conservation easement reported on lir and section 170(h)(4)(B)(ii)?) 	No
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote to the	s conservation easements in it e organization's financial state	s revenue and expe	nse statemer s the organiz	nt, and balance shee ation's accounting fo	t, and or
Par	conservation easements Organizations Maintaining Collections	ctions of Art, Historica	l Treasures, or	Other Sin	nilar Assets.	·····
	Complete if the organization answer	ered 'Yes' to Form 990, I	Part IV, line 8.			
1 :	a If the organization elected, as permitted under SF art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its financial	ld for public exhibition, educa	tion, or research in fi	atement and t urtherance of	palance sheet works public service, provi	of ide,
ı	b If the organization elected, as permitted under SF historical treasures, or other similar assets held for following amounts relating to these items	AS 116 (ASC 958), to report or public exhibition, education,	in its revenue statem or research in furth	nent and bala erance of put	nce sheet works of a blic service, provide t	art, the
	(i) Revenues included in Form 990, Part VIII, line					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, he amounts required to be reported under SFAS 116	(ASC 958) relating to these i	tems			
	a Revenues included in Form 990, Part VIII, line 1				▶\$	
1	b Assets included in Form 990. Part X				► S	

Schedule D (Form 990) 2013 EVANO Part III Organizations Mainta	GELICAL C					22-2533		Page 2
							'	eu)
3 Using the organization's acquisition items (check all that apply):	n, accession, a		_			e a significant use of its	collection	
a Public exhibition		d	—	exchange	e programs			
b Scholarly research		е	Other					
c Preservation for future genera 4 Provide a description of the organi		tions and expl	ain how they	further the	e organization's	s exempt purpose in		
Part XIII. 5 During the year, did the organization	on solicit or rei	ceive donation	ns of art, histo	orical treas	sures, or other:	sımılar assets		
to be sold to raise funds rather tha	n to be mainta	uned as part o	f the organiza	ation's col	lection?		Yes	No
Part IV Escrow and Custodia line 9, or reported an a	mount on F	orm 990, P	iplete if the	e organi 21.	zation answ	ered Yes to Form	990, Part IV	,
1 a Is the organization an agent, trusted on Form 990, Part X?	<i></i>				s or other asse	ts not included	Yes [No
b If 'Yes,' explain the arrangement in	Part XIII and	complete the	following tabl	e.			Amount	-
c Beginning balance							anount	
d Additions during the year								
e Distributions during the year								
f Ending balance								
2 a Did the organization include an arr							Tvos I	- No
b If 'Yes,' explain the arrangement in						<u>L</u>		⊢No
bit res, explain the arrangement if	rait Alli. Che	ock nere ii ure	ехріанцон на	as been pi	rovided ili Fart	AIII	L	
Part V Endowment Funds. C	`amplete if t	ho organiz	ation anew	orad 'Va	os' to Form (000 Part IV line 10		
rait v 4 Endownient i unus. C	(a) Current		(b) Prior year		Two years back	(d) Three years back	(e) Four years	
1 a Beginning of year balance	(a) Current	yeai	(b) Filoi yeai	- (0)	TWO years back	(u) Tillee years back	(e) Four years	3 Dack
b Contributions	 							
				_		-		
c Net investment earnings, gains, and losses	:							
d Grants or scholarships						 		
e Other expenditures for facilities and programs								
f Administrative expenses								
g End of year balance			 					
2 Provide the estimated percentage		year end bala	nce (line 1g,	column (a	i)) held as:			
a Board designated or quasi-endow			્ર ⁸					
b Permanent endowment ►								
c Temporarily restricted endowment		[%]						
The percentages in lines 2a, 2b, a	nd 2c should e	equal 100%						
3 a Are there endowment funds not in organization by:	the possessio	n of the organ	ization that a	ire held ar	nd administered	for the	Yes	No
(i) unrelated organizations							3a(i)	
(ii) related organizations							3a(ii)	
b If 'Yes' to 3a(ii), are the related org							3b	
4 Describe in Part XIII the intended								<u> </u>
Part VI Land, Buildings, and								
Complete if the organization			to Form 99	0, Part	IV, line 11a.	See Form 990, Par	t X, line 10.	
Description of property		(a) Cost or ot			t or other (other)	(c) Accumulated depreciation	(d) Book va	ilue
1 a Land						1		
b Buildings		28	0,492.	1,7	27,567.	533,185.	1,474	874.
c Leasehold improvements								
d Equipment							. <u>-</u> .	
e Other	<u></u>							
Total. Add lines 1a through 1e. (Column	(d) must equa	al Form 990, F	art X, colum	n (B), line	10(c))		1,474	,874.
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		30, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or category (include		(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(<u>E)</u>		
(F)		
(G) (H)		
(I)		
Total (Column (b) must equal Form 990, Part X, c		
Part VIII Investments - Progra	am Related	
Complete if the organiz	zation answered 'Yes' to Form 99	90, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investmen	nt type (b) Book value	e (c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, of Part IX Other Assets.	column (B) line 13) . ►	
Other Assets. Complete if the organiz	zation answered 'Yes' to Form 99	90, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(5) (6)		
(5)		
(5) (6) (7) (8) (9)		
(5) (6) (7) (8)		
(5) (6) (7) (8) (9) (10)), Part X, column (B), line 15)	
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990 Part X Other Liabilities.		
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990 Part X Other Liabilities. Complete if the organization	n answered 'Yes' to Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X, line 25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990 Part X Other Liabilities. Complete if the organization (a) Description of liab	n answered 'Yes' to Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X, line 25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990 Part X Other Liabilities. Complete if the organization (a) Description of liab (1) Federal income taxes	n answered 'Yes' to Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X, line 25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990 Part X Other Liabilities. Complete if the organization (a) Description of liab (1) Federal income taxes (2)	n answered 'Yes' to Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X, line 25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990 Part X Other Liabilities. Complete if the organization (a) Description of liab (1) Federal income taxes (2) (3)	n answered 'Yes' to Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X, line 25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990 Part X Other Liabilities. Complete if the organization (a) Description of liab (1) Federal income taxes (2)	n answered 'Yes' to Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X, line 25
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(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990 Part X Other Liabilities. Complete if the organization (a) Description of liab (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	n answered 'Yes' to Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X, line 25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990 Part X Other Liabilities. Complete if the organization (a) Description of liab (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	n answered 'Yes' to Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X, line 25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990 Part X Other Liabilities. Complete if the organization (a) Description of liab (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	n answered 'Yes' to Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X, line 25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990 Part X Other Liabilities. Complete if the organization (a) Description of liab (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11)	n answered 'Yes' to Form 990, Part IV, li	ne 11e or 11f. See Form 990, Part X, line 25
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990 Part X Other Liabilities. Complete if the organization (a) Description of liab (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) Total (Column (b) must equal Form 990, Part X, or	n answered 'Yes' to Form 990, Part IV, libility (b) Book v	ne 11e or 11f. See Form 990, Part X, line 25

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Schedule **D** (Form 990) 2013

Schedule D (Form 990) 2013 EVANGELICAL CHRISTIAN CHURCH OF WATERBURY	22-2533103	Page 5
Ranklill Supplemental Information (continued)		
		
		
		
		
		
		
		
		
	 	
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SCHEDULEI		5	ants and Oth	er Assistance t	Grants and Other Assistance to Organizations,	s,	<u></u>	OMB No 1545-0047
(Form 990)		Gov Comple	Governments, ar Complete if the organization	nd Individuals II	lents, and Individuals in the United States organization answered 'Yes' to Form 990, Part IV, line 21 or 22	ates 1 or 22.		2013
Department of the Treasury Internal Revenue Service		► Information	about Schedule I (Form 990) and its instr	 Pruce of Point Solution Solution (Form 990) and its instructions is at www.irs.gov/form990. 	gov/form990.		Open to Public Inspection
	į.	l (Employer Identification number	ation number
Part I General In	CHRISTIAN CHURCH	General Information on Grants and Assistance	ance				776667-77	
1 Does the organizat the selection cnteri 2 Describe in Part IV	tion maintain records is used to award the the organization's pr	Does the organization maintain records to substantiate the amount of the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use	nount of the grants o	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance?	the grants or assistance, the grantees' eligibility for the grants or assistance, and se of grant funds in the United States.	s or assistance, and		X Yes No
=	d Other Assistal Part IV, line 21 fc	nce to Governme or any recipient tha	ents and Organi at received more	zations in the Unit	Grants and Other Assistance to Governments and Organizations in the United States. Complete of the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	ete if the organizati	ion answered 'Ye is needed.	s' to
1 (a) Name and address of organization or government	uss of organization	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								:
Į.	of section 501(c)(3)	Enter total number of section 501(c)(3) and government organizations	nizations listed in the	listed in the line 1 table				
S Enter total number of other organizations listed in the little intermediate. BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	eduction Act Notice	Enter total number of other organizations hateu in the line I table. For Paperwork Reduction Act Notice, see the Instructions for	s for Form 990.		TEEA3901 07/12/13	07/12/13	Schedu	Schedule I (Form 990) (2013)

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Schedule I (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013

Open to Public Inspection

Name of the organization Employer identification number 22-2533103 EVANGELICAL CHRISTIAN CHURCH OF WATERBURY Pt_VI, Line 11b _ COPIES OF 990 ARE PROVIDED TO THE GOVERNING BODY FOR REVIEW Pt VI, Line 19 THE INFORMATION IS PROVIDED UPON REQUEST Pt_VI, Line 15a GOVERNING BODY REVIEWS AND DETERMINES COMPENSATION Pt_VI, Line 15b _ GOVERNING BODY REVIEWS AND DETERMINES COMPENSATION Pt VI, Line 2 PENNELLA & SALERNO ARE BROTHER-IN-LAWS