SCANNED MAR 2 3 2021 DAND 513202 3999

(Rev January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

2949304404210 1

OMB No 1545-0047

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.

Open to Public Inspection

► Go to www.irs.gov/Form990 for instructions and the latest information.

| | For the | 2019 caleng | lar year, or tax year beginning | | , 2019, and en | ding | | , 20 |
|------------------------|-------------|-------------------|---------------------------------------|---------------------------------|----------------------|-----------------------|------------------|---------------------------------------|
| | Check if | applicable | C Name of organization EVANGE | LICAL CHRISTIAN | N CHURCH OF | WATERBURY | D Employ | er identification number |
| 3 | Address | change | Doing business as | | | ., | 22-25 | 33103 |
|] | Name ch | nange | Number and street (or P.O box if | mail is not delivered to stree | et address) | Room/suite | E Telepho | one number |
|] | Initial ret | urn | 1325 WATERTOWN AVE | ${f \Xi}$ | | | (203) | 756-1293 |
| <u> </u> | Final retu | rn/terminated | City or town, state or province, co | ountry, and ZIP or foreign po | stal code | | | |
| - 1 | Amende | d return | WATERBURY, CT 0670 | 04 | | | G Gross r | eceipts \$ 373, 180 |
| ק ו | Applicati | ion pending | F Name and address of principal offi | icer | | H(a) Is this a gi | oup return for | subordinates? Yes 🛛 N |
| _ | • • | | MARIA PENNELLA, 1325 W | 'A'ſERTOWN ΔVE, WAT | ERBURY, CT. C | 6704 H(b) Are all s | ubordinates | s included? 🗌 Yes 🔲 N |
| | Tax-exer | mpt status | X 501(c)(3) 501(c) (| | 947(a)(1) or 52 | | | (see instructions) |
| | Website | : ► N/A | | | | H(c) Group e | xemption n | umber ▶ |
| _ | | organization X | Corporation Trust Associa | tion Other▶ | L Year of fo | | | f legal domicile CT |
| | art I | Summai | | | | | | |
| _ | 1 | | cribe the organization's miss | on or most significant | activities: REI | IGIOUS SERV | TCES & | EDUCATION |
| , | • | 2, 450 | 5.1.20 till 5. ga | or an incorporation | | ANANNALINAIN. | | |
| | | | | | | | | |
| dore liamor | 2 | Check this | box ▶ ☐ if the organization | discontinued its opera | ations or dispos | ed of more than | 25% of # | ts net assets. |
| | 3 | | voting members of the gove | | | | 3 | (|
|) 5 | 4 | | independent voting member | • • • | | | 4 | (|
| | 5 | | per of individuals employed in | - | • • | 10, | 5 | · · · · · · · · · · · · · · · · · · · |
| | l - | | per of volunteers (estimate if | • | | | 6 | 1(|
| | 6 | | · | | | | 7a | |
| | 7a | | ated business revenue from I | | | | 7b | 1,180. 0. |
| _ | <u>b</u> | Net unrelat | ed business taxable income | from Form 990-1, line | 939 | Prior Yea | | Current Year |
| | | Contribution | and aroute (Dout VIII June | 15) | | | -+ | |
| ; | 8 | | ns and grants (Part VIII, line | | | | ,434. | 343,250. |
| 5 | 9 | - | ervice revenue (Part VIII, line | | | \ | - | |
| 3 | 10 | | income (Part VIII, column (A | | | | | 1 1/10 |
| | 11 | | nue (Part VIII, column (A), line | | | | , 325. | 1,180 |
| | 12 | | ue-add lines 8 through 11 (m | | | | ,109. | 344,430 |
| | 13 | | similar amounts paid (Part I) | | | | ,324. | 37,995 |
| | 14 | • | aid to or for members (Part IX | | | | | |
| 3 | 15 | | her compensation, employee t | | | | | |
| Photosca The season | 16a | | al fundraising fees (Part IX, c | | | | | |
| Ś | b | | aising expenses (Part IX, coli | | 0. | | 法以 鄉 | <u> </u> |
| • | 17 | | nses (Part IX, column (A), line | | | | ,144. | 268,803 |
| | 18 | Total expe | nses. Add lines 13-17 (must | equal Part X column | <u>Дж. пре 25)</u> . | | ,468. | 306,798 |
| | 19 | Revenue le | ss expenses. Subtract line 1 | 8 from line 12 | | 44 | ,641. | 37,632. |
| ces | | | | 8 | | Beginning of Cur | | End of Year |
| Fund Baland | 20 | Total asset | s (Part X, line 16) | . S . MAY. 1.3 | 2020 . 옷 | 1,349 | | 1,317,774. |
| 절 | 21 | | ties (Part X, line 26) | | <u> 8</u> | | ,500. | 406,230. |
| | | Net assets | or fund balances. Subtract in | ine 21 from li <u>ne 30-</u> N | 117 | 873 | ,912. | 911,544 |
|) 6 | art II | Signatu | re Block | COBLIN | <u>, U 1</u> | ·-·· | | <u></u> |
| Jn | der pena | Ities of perjury, | I declare that I have examined this r | return, including accompany | ing schedules and s | tatements, and to the | e best of my | y knowledge and belief, it |
| ru | e, correc | t, and complete | Declaration of preparer (other than | officer) is based on all infori | mation of which pre | carer has any knowle | _ | |
| | | | aris touth | _ | | | 4-2 | 20-20 |
| įç | yn 💮 | Signati | ire of officer - | | | Date | • | |
| le | re | MAR | IA PENNELLA, TREASUF | RER | | | | |
| | | | r print name and title | | | | | |
| _ | : al | Print/Type | preparer's name | Preparer's signature | | Date | Check X | If PTIN |
| | id | _ WILLIA | M A KRAYESKE | WILLIAM A KRAY | ESKE | 04/18/2020 | | |
| | epare | Francis son | | ESKE | | · | s EIN ▶ | <u> </u> |
| S | e Onl | V —— | ress ► 21 HIDDEN POND | | WN, CT 0679 | | | 0)274-6814 |
| a' | v the IF | | this return with the preparer s | | | , , , , , | | . ⊠Yes □ No |
| • | , !! | | retain min propuler | | — ~ | | | |

REV 03/04/20 PRO

Form **990** (201¹

| | | 3 1 |
|---------|--|---------------------------|
| | | |
| Form 99 | 0 (2019) ` Pag | je 🖫 |
| Part | | — Ţ. |
| 1 | Check if Schedule O contains a response or note to any line in this Part III | 느" |
| ' | Briefly describe the organization's mission: RELIGIOUS SERVICES & EDUCATION | ¥ |
| | RELIGIOUS SERVICES & EDUCATION | : |
| | | · A |
| | | _₹ _ |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | ñ |
| | prior Form 990 or 990-EZ? | C |
| | Did the organization cease conducting, or make significant changes in how it conducts, any program | - |
| _ | services? | ο .΄ |
| | If "Yes," describe these changes on Schedule O. | :. |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured | |
| | expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported. | are, . |
| | the total expenses, and revenue, it any, for each program service reperced. | د. |
| 4a | (Code:) (Expenses \$ 243,011. including grants of \$ 37,995.) (Revenue \$ 343,250.) | - - |
| | CHURCH MINISTRY, SUNDAY SCHOOL & EVANGELICAL PROGRAMS | t |
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| 4b | (Code:) (Expenses \$including grants of \$) (Revenue \$) | 3= |
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| | <u></u> | 77 |
| | | <u>;</u> |
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| 4c | (Code:) (Expenses \$including grants of \$) (Revenue \$) | <u>;</u> |
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| 4d | Other program service | es (Describe on Schedule O.) | | | |
| | (Expenses \$ | including grants of \$ |) (Revenue \$ | 1 | |
| 4- | Total program on the | molading grants of ϕ | | | |
| <u>4e</u> | Total program service | expenses ► 243,0 | 11. | | |

KOYD

| | quired Schedules |
|------------|------------------|
| Part IV Ch | |
| | |
| | |

| Q. C. | Oncollies of riogan or contractor | | 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 | × | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | |
| 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 | | × |
| 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 | | × |
| 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 | | × |
| 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 | | ×. |
| 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 | | X ; |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | X |
| 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 | | _× |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | × |
| 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. | | - | , |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | × | ; |
| 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 | 11b | | <u>×</u> |
| С | 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 | 11c | | × |
| 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 | 11d | | × |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | × |
| 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 | 11f | | × |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | × |
| 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 | 12b | | × |
| 13 14a | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 14a | | × |
| 14a b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, | . 74 | | ^ - |
| , o | 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 | | × |
| 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 | | × |
| 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 | | × |
| 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 | | × |
| 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 | | |
| 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 | | |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | × |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | L | × |

| Part | Checklist of Required Schedules (continued) | | | |
|---------|--|-----|----------|----------|
| | | | Yes | Nc |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | × | |
| 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 | | × |
| 24a | 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 "Nc," go to line 25a | 24a | | × |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| С | 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 | | ऻ— |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 | | × |
| 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 | | : |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | × |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | × |
| 28 | 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | 28a | | × |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | × |
| С | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV | 28c | | × |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | <u> </u> | × |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | × |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | - | × |
| 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 | | × |
| 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_ | | × |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | 34 | | × |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | × |
| b | If "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 | | × |
| 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 | | × |
| 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 | ļ | × |
| 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 | × | |
| Part | Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a b | Enter the number reported in Box 3 of Form 1096. Enter -U- if not applicable | -{ | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | 1c | | |

| Part | V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|---------|--|-------------|--|---------------|
| | | | Yes | No |
| 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 2a 0 | · | | ' |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | × | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | × | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| 4a | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | × |
| _ | If "Yes," enter the name of the foreign country ▶ | | - | - |
| b | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | ١. |
| | | 5a | | - |
| _ | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5b | | × |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5c | | × |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 30 | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | × |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | l | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | | × |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | × |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | × |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | × |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | , | • |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | , | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | , |
| h | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| '' a | Gross income from members or shareholders | | | |
| | Gross income from other sources (Do not net amounts due or paid to other sources | 1 | a | |
| b | against amounts due or received from them.) | | | |
| 12a | 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. | 1 | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | - |
| а | Note: See the instructions for additional information the organization must report on Schedule O. | 100 | | |
| | | | | 1 |
| 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 | | | |
| | The original control to the original control to the original control c | 1 | | |
| C | Enter the amount of reserves on hand | 11- | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | - | × |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | . |
| | excess parachute payment(s) during the year? | 15 | | × |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | <u> </u> | <u> </u> |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | ļ | × |
| | If "Yes," complete Form 4720, Schedule O. | | | L |

Part VI

| Part | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. | See in | nstruc | ction |
|--------------|--|----------|-------------|--|
| | Check if Schedule O contains a response or note to any line in this Part VI | <u> </u> | | . <u>E</u> |
| <u>Secti</u> | on A. Governing Body and Management | | | |
| | | | Yes | No: |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 1a 9 | <u>•</u> | | |
| | 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 | | , | 1 |
| | committee, explain on Schedule O. | | l | Ç. |
| b | Enter the number of voting members included on line 1a, above, who are independent . | <u>'</u> | | - (. |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | × | وـــــــــــــــــــــــــــــــــــــ |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . | 3 | | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | × |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? . | 5 | <u> </u> | X |
| 6 | Did the organization have members or stockholders? | 6 | <u> </u> | X = - |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | | × |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | | × |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | \ - - |
| а | The governing body? | 8a | × |) |
| b | Each committee with authority to act on behalf of the governing body? | 8b | × | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | × |
| Secti | on B. Policies (This Section B requests information about policies not required by the Internal Rever | iue C | | 57 |
| | | | Yes | ۱۰ <u></u> |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | <u> </u> | <u> ×</u> |
| 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? | 10b | | ้ ยา ส |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | × | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | 40- | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | X 5 |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | - |
| C | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 12c | | 100 |
| 13 | Did the organization have a written whistleblower policy? | 13 | — | X s |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | × 3 |
| 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? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | × | - 15 - 15 |
| b | Other officers or key employees of the organization | 15b | × | l |
| 16a | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | 160 | | (A) |
| b | with a taxable entity during the year? | 16a | | × 安 |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | اوا روا پي |
| Secti | on C. Disclosure | 1 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ CT | | | E |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990- | | | 501(ເີ |
| - | (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. | , - | | أواج |
| | ☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of | of inter | rest p | oolic |
| 20 | and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and re | | | jaj Par Mar |
| -0 | - otato the hame, address, and telephone number of the person who possesses the organization s books and re- | | _ | -14 |

MARIA PENNELLA, 166 BREEZY KNOLL DR, WATERTOWN, CT 06795 (860)483-1254

REV 03/04/20 PRO

| | | • | |
|------|-----|--------|--|
| Form | 990 | (2019) | |

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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 Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more tha \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

 See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | x, ce Individual trustee or director | unles | Pos eck s pe | rson | e than coth highest compensated employee | an | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations. |
|---|---|--------------------------------------|-------|--------------------|------|--|----|---|--|--|
| (1) PAUL HEIDT DIRECTOR/PART TIME | 40.00 | × | | × | | | | 85,548. | 0. | 08 |
| (2) MARIA PENNELLA TREASURER/PART TIME | 2.00 | | | × | | | | 0. | 0. | OF |
| (3) GUISEPPINA RINALDI SECRETARY/PART TIME | 2.00 | × | | × | | | | 0. | 0. | ý <u>.</u> 0 v |
| (4) VINCENT SALERNO TRUSTEE | 1.00 | × | | | | | | 0. | 0. | 0 8 |
| (5) JOHN PENNELLA TRUSTEE | 1.00 | × | | | | | | 0. | 0. | 0(c) |
| (6) ANNE MARIE GAMBUCCI SECRETARY | 1.00 | | | × | | | | 0. | 0. | 0.1 |
| (7) CARL DAGGETT TRUSTEE | 1.00 | × | | | | | | 0. | 0. | 0. |
| (8) ROBERT VAZQUEZ TRUSTEE | 1.00 | × | | | | | | 0. | 0. | 0 |
| (9) VITO BARBAGALLO TRUSTEE | 1.00 | × | | | | | | 0 | 0. | 60 07. 35 |
| (10) GUY CAPUANO TRUSTEE | 1.00 | × | | | | | | 0. | 0. |) 3 0 7, |
| (11) | | | | | | | | | |) |
| (12) | <u> </u> | | | | | | | | | 7,00 |
| (13) | | | | | | | | | | 179 |
| (14) | | | | | | | | | | |

| Part | (A) Name and title | (B) Average hours per week | (do n box, o | ot ch unles | Pos neck s pe d a d | ition more rson irect | e than o is both or/trust | one n an tee) | (D) Reportable compensation from the | (E) Reporta | able sation | Estimat of | (F) ed amore other sensation | unt |
|--------|--|---|-----------------------------------|--------------------------|------------------------------|--------------------------------|---------------------------------|---------------------|---|-----------------------|-----------------|-----------------------|------------------------------|-----------------|
| | | (list any hours for related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | organiza (W-2/1099 | | | m the zation ai | |
| (15) | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | - | | | | _ |
| (17) | | | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | | | |
| (19) | | | | | | | | | - | | | | | |
| (20) | | | | | | - | | | | | | - | | , |
| (21) | | | | | | | | | | | | | | |
| (22) | | | | | | | | _ | | | | | | |
| (23) | | | | | | | | | | _ | | | | |
| (24) | | | | | | - | | | | | | | | <u> </u> |
| (25) | | | | | | _ | | | | | | | - - | |
| 1b | Subtotal | | <u> </u> | l | Ŀ | | | <u> </u> | 85,548. | | 0. | | | 0 |
| c d | Total from continuation sheets to Part Total (add lines 1b and 1c) | VII, Sectio | n A | | | | | > | 85,548. | | 0. | | | |
| 2 | Total number of individuals (including bur reportable compensation from the organi | t not limited | to th | ose | list | ted | above | e) w | | e than \$1 | | of | | |
| | | - | | - | | | - | | | | | | Yes | No |
| 3 | Did the organization list any former employee on line 1a? <i>If "Yes," complete</i> | Schedule J | for s | uch | ind | ivid | ual | | | | | 3 |] | × |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | | | | | | | | | | | | | × |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization | or accrue co | ompe compl | nsa [.] lete | tion <i>Sch</i> | fro ned | m any ule J i | un or s | related organiza such person . | tion or inc | lıvıdual | 5 | | × |
| Secti | on B. Independent Contractors | | | | | | | | | | | | | _ |
| 1 | Complete this table for your five high compensation from the organization. Rep | nest compo ort compen | ensat Isatioi | ed n foi | inde r the | epe e ca | ndent Ienda | co r ye | entractors that in ar ending with or | eceived within the | more e orgar | than \$1 hization' | 00,000 s tax y | ea ⁻ |
| | (A) Name and business add | Iress | | | | | | | (B) Description of sen | /ices | | (C) Compens | ation | |
| | | | | | | | | | | | | | - | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent contractor received more than \$100,000 of compens | | | | | | | th | ose listed abov | e) who | | | • | |

| | Statement | . / D |
|------|-----------|--------------|
| 27.7 | Statement | AT MAVABLIA |
| | Statement | OI LIGACITUE |

| | | Check if Schedule O contains a response or note to an | y line in this Pa | art VIII | | <u> ∟</u> ; |
|--|----------|---|----------------------|--|--------------------------------------|--|
| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluder from tax under sections 512–514 |
| s s | 1a | Federated campaigns 1a | | | | (- |
| in a | b | Membership dues 1b | | | |) (|
| Contributions, Gifts, Grants and Other Similar Amounts | c | Fundraising events 1c | | | | ļ., |
| | d | Related organizations 1d | | | , | |
| | | Government grants (contributions) 1e | | 1 | | <u>}:</u> |
| | e | | | | | 39 |
| ion S | f | All other contributions, gifts, grants, | | | | (|
| F E | | and similar amounts not included above 1f 343, 250. | | | | \ \ |
| 를 하 | g | Noncash contributions included in | | - | | ,, [|
| Cont | | lines 1a–1f | | | | - |
| O B | <u>h</u> | Total. Add lines 1a–1f | 343,250. | | | 17, |
| | | Business Code | | | | , , |
| <u>i</u> ce | 2a | | | | | |
| او څ | b | | | | | ". |
| Program Service Revenue | С | | | | | |
| e a | d | | | | | 72 |
| ٩ | е | | | | | 11 |
| ۲ ا | f | All other program service revenue | | | | , |
| _ | g | Total. Add lines 2a–2f ▶ | | | | 1 |
| | 3 | Investment income (including dividends, interest, and | | | | 3) |
| | J | other similar amounts) | | | | 1. |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | . | | | ٦. |
| | 5 | Royalties | | | | |
| | J | (i) Real (ii) Personal | | | | • • |
| | 60 | | | | | , }- |
| | 6a | | | | | * |
| | b | Less. rental expenses 6b 28,750. | | | | , , , |
| | C. | Rental income or (loss) 6c 1,180. | 1 100 | | 1 100 | |
| | d | Net rental income or (loss) | 1,180. | 0. | 1,180. | 0 |
| | 7a | Gross amount from (i) Securities (ii) Other | | | • | \{\sigma_{\sigma}\} |
| 1 | | sales of assets | | | | \ <u>`</u> |
| | | other than inventory 7a | | 1 , | | |
| 当 | b | Less: cost or other basis | | | , | · |
| ē | | and sales expenses . 7b | | , | _ | · . |
| Revenue | C | Gain or (loss) . 7c | | • | | , |
| _ | d | Net gain or (loss) | | | | · · · · · · · · · · · · · · · · · · · |
| Othe | 8a | Gross income from fundraising | | | | 1 2 |
| 0 | | events (not including \$ | | | | ' ; |
| | | of contributions reported on line | | | | 3- |
| l | | 1c). See Part IV, line 18 8a | | | | <u> </u> |
| | b | Less: direct expenses 8b | | | | , |
| | С | Net income or (loss) from fundraising events ▶ | | | | -, |
| | 9a | Gross income from gaming | | | | |
| | | activities. See Part IV, line 19 . 9a | | | | 1 |
| | b | Less: direct expenses 9b | | | | ř. |
| | | Net income or (loss) from gaming activities | | - | | j. |
| | | Gross sales of inventory, less | | | | |
| | iva | returns and allowances 10a | | | | F.1. |
| | . h | Less: cost of goods sold 10b | | | | [: |
| | | Net income or (loss) from sales of inventory | | | - | |
| | | Business Code | | | | · · |
| snc | 44- | Business Code | | | | |
| Jec ue | 11a | | | | | |
| lar en | b | | | | | |
| scellaneo Revenue | С | | | <u></u> | <u> </u> | |
| Miscellaneous Revenue | d | All other revenue | | | | 2 ~ |
| | е | Total. Add lines 11a-11d | | ļ <u>.</u> | | |
| | 12 | Total revenue. See instructions | 344,430. | 0. | 1,180. | 0.5 |
| | | REV 03/04/20 | PRO | | | Form 990 (201) |

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

| Section | Check if Schedule O contains a response | | | | |
|---------|---|--------------------|--------------------------|---------------------------------|-----------------------------|
| Do no | t include amounts reported on lines 6b, 7b, | (A) Total expenses | (B) Program service | (C) Management and | (D) ~ |
| | o, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising - expenses , |
| 1 | Grants and other assistance to domestic organizations | | | , | |
| | and domestic governments. See Part IV, line 21 . | 5,699. | 5,699. | | |
| 2 | Grants and other assistance to domestic individuals. See Part IV, line 22 | 32,296. | 32,296. | | · |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | },. |
| 4 5 | Benefits paid to or for members | | | | |
| 6 | Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | ing ing |
| 7 | Other salaries and wages | | | | <u></u> |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | <u> </u> |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | : |
| 11 | Fees for services (nonemployees): | 110 040 | 106 042 | 11 005 | ; |
| a | Management | 118,048. | 106,243. | 11,805. | <u> </u> |
| b | Legal | 1,575. | 0. | 1,575. | 0 |
| d | Lobbying | 1,3/3. | 0. | 1,373. | , |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | - 1 |
| 9 | Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 | Advertising and promotion | 1,224. | 0. | 1,224. | 0 |
| 13 | Office expenses | 2,947. | 1,474. | 1,473. | 0. |
| 14 | Information technology | | | | |
| 15 | Royalties [| | | | ; |
| 16 | Occupancy | 40,312. | 20,156. | 20,156. | 0 |
| 17 | Travel | 3,074. | 1,537. | 1,537. | 0 ' |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | 1,403. | 1,403. | 0. | <u>C</u> |
| 20 | Interest | 28,001. | 21,000. | 7,001. | 0; |
| 21 | Payments to affiliates | | | 10.005 | |
| 22 | Depreciation, depletion, and amortization . | 49,220. | 36,915. | 12,305. | |
| 23 | Insurance | 3,992. | 1,996. | 1,996. | 0, |
| 24 | Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | · [|
| а | PRINTING & PUBLICATIONS | 0. | 0. | 0. | 0: |
| b | TELEPHONE | 4,375. | 0. | 4,375. | 0 4 |
| С | PROGRAMS | 14,292. | 14,292. | 0. | 0 |
| d | BANK CHARGES | 340. | 0. | 340. | 0. |
| е | All other expenses | | 0.40.000 | 62 707 | |
| 25 | Total functional expenses. Add lines 1 through 24e | 306,798. | 243,011. | 63,787. | <u> </u> |
| 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) | | | | , (i. |
| | g v / | PEV 03/04/20 PPO | | | Form 990 (201 |

Form 990 (2019)
Pare X Balance Sheet

| | | Check if Schedule O contains a response or note to any line in this P | art X | <u> </u> | <u> L</u> |
|-----------------------------|----------|--|--------------------------|----------|------------------------|
| | | | (A) Beginning of year | | (B) (End of year " |
| | 1 | Cash—non-interest-bearing | 98,590. | 1 | 122,477 |
| | 2 | Savings and temporary cash investments | - | 2 | |
| | 3 | Pledges and grants receivable, net | - | 3 | , |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, | | | } |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | , | |
| | | controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | |), |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) $$. | | 6 | |
| sts | 7 | Notes and loans receivable, net | 4,000. | 7 | 4,000. |
| Assets | 8 | Inventories for sale or use | | 8 | |
| 4 | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other | | | · (* |
| | _ | basis. Complete Part VI of Schodulc D 10a 2,052,279. | _ | | 1 101 007 |
| | b | Less: accumulated depreciation | | _ | 1,191,297 |
| | 11 | Investments—publicly traded securities | | 11 12 | <u>-</u> |
| | 12 | Investments—other securities. See Part IV, line 11 | | 13 | |
| | 13 | Investments—program-related. See Part IV, line 11 | | 14 | |
| | 14 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 33) | | 16 | 1,317,774 |
| | 17 | Accounts payable and accrued expenses | | 17 | 2/02//// |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Se | 22 | Loans and other payables to any current or former officer, director, | | | · . |
| IIti | | trustee, key employeo, creator or founder, substantial contributor, or 35% | | | |
| Liabilities | | controlled entity or family member of any of these persons | | 22 | |
| = | 23 | Secured mortgages and notes payable to unrelated third parties | 475,500. | 23 | 406,230 |
| | 24 | Unsecured notes and loans payable to unrelated third parties | · | 24 | |
| | 25 | 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 | d 1 |
| | 26 | Total liabilities. Add lines 17 through 25 | 475,500. | 26 | 406,230 |
| | 20 | Organizations that follow FASB ASC 958, check here ▶ □ | 473,300. | 20 | 400,230 |
| ë | | and complete lines 27, 28, 32, and 33. | , | | ζ |
| lan | 27 | Net assets without donor restrictions | - | 27 | |
| Ba | 28 | Net assets with donor restrictions | | 28 | |
| Ē | | Organizations that do not follow FASB ASC 958, check here ▶ ⊠ | | | . (|
| Ī | | and complete lines 29 through 33. | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | 29 | |
| šet | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | 911,544 |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | 32 | 911,544 |
| Z | 33 | Total liabilities and net assets/fund balances | 1,349,412. | 33 | 1,317,774 |

| _ | - |
|-------|---|
| Page | |
| , ago | |

| | Reconciliation of Net Assets | | | ige 1 |
|-----|--|-----|---------------|-------|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | |
| | Total revenue (must equal Part VIII, column (A), line 12) | | 44,4 06,7 | |
| | Revenue less expenses. Subtract line 2 from line 1 | | 37,6 | |
| | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 8 | 73,9 | |
| | Net unrealized gains (losses) on investments | | ,,, | |
| | Donated services and use of facilities | ' | | |
| | nvestment expenses | | | |
| | Prior period adjustments | | | |
| | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | |
| | 32, column (B)) | 9 | 11,5 | 544 |
| rt) | II Financial Statements and Reporting | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | Yes | N |
| | Accounting method used to prepare the Form 990. 🗵 Cash 🔲 Accrual 🔲 Other | Γ. | res | 14 |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | ١. | |
| | Schedule O. | ^ | | |
| a ' | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | > |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | ' ' | Δ. | |
| | reviewed on a separate basis, consolidated basis, or both: | | , | |
| | Separate basis | 2b | | a; |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | - | , | Ĺ |
| | separate basis, consolidated basis, or both. | | | 1 |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 8 | |
| 2 | 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? . | 2c | | |
| | lf the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. | | | |
| | 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? | За | | ; |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. | 3b | - 900 |) (05 |
| | REV 03/04/20 PRO | For | m 99 0 | (20 |
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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

| EVA | NGELICAL CHRISTIAN CHUR | | | | | 22-2533103 | |
|----------|--|---|--|--------------------------------|--------------------------------------|---|---|
| Pai | t Reason for Public Cha | rity Status (All | organizations must | comple | te this pa | art.) See instructio | ns |
| The 6 | organization is not a private founda A church, convention of churc A school described in section | hes, or associati | on of churches descri | bed in se | ction 17 | 0(b)(1)(A)(i). | 01 |
| 3 4 | ☐ A hospital or a cooperative hospital's name, city, and state | spital service org on operated in co e: | ganization described in onjunction with a hosp | n sectior oital desc | 170(b)(1 ribed in s |)(A)(iii). ection 170(b)(1)(A)(| |
| 5 | An organization operated for section 170(b)(1)(A)(iv). (Com | plete Part II.) | | | | | al unit described i |
| 6 7 | ☐ A federal, state, or local gover ☐ An organization that normally described in section 170(b)(1) | receives a subs | tantial part of its supp | in sectio port from | on 170(b) a goverr | (1)(A)(v). nmental unit or from | the general publi |
| 8 9 | ☐ A community trust described i ☐ An agricultural research organ or university or a non-land-gra university: | ization described nt college of agr | d in section 170(b)(1)(iculture (see instruction | (A)(ix) op ons). Ente | r the nam | ne, city, and state of | the college or |
| 10 | An organization that normally receipts from activities related support from gross investmen acquired by the organization a | to its exempt full t income and uni | nctions—subject to co related business taxal | ertain exc ole incom | eptions, ie (less se | and (2) no more that ection 511 tax) from | า 33¹/₃% of its |
| 11 | ☐ An organization organized and | operated exclus | sively to test for public | safety. | See sect i | on 509(a)(4). | |
| 12 | An organization organized and of one or more publicly support Check the box in lines 12a through | orted organizatio | ns described in secti | on 509(a |)(1) or se | ection 509(a)(2). Se | e section 509(a)(3 |
| а | | nization operated n(s) the power to | l, supervised, or contr regularly appoint or e | olled by i lect a ma | ts suppoi jority of t | ted organization(s), | typically by giving |
| b | control or management of organization(s). You must | the supporting o complete Part I | rganization vested in IV, Sections A and C. | the same | persons | that control or man | age the supported |
| C | its supported organization | (s) (see instructio | ns) You must comp | lete Part | IV, Secti | ons A, D, and E. | |
| d | Type III non-functionally that is not functionally interequirement (see instructional see instruction) | grated. The orga | nization generally mus | st satisfy | a distribu | ition requirement an | orted organization(d an attentiveness |
| е | Check this box if the organ functionally integrated, or | nzation received Type III non-func | a written determination at the contract of the | on from the operating of | ne IRS tha organizati | at it is a Type I, Type on. | e II, Type III |
| f | | | | | | | |
| <u>g</u> | Provide the following information | · | T | T | | | |
| | (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–10 above (see instructions)) | listed in you | rganization ur governing ment? | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | | Yes | No | | |
| (A) | | | | | | | |
| (B) | | | | | | | |
| (C) | | | | | | | |
| (D) | | | | | | | |
| (E) | | | | | | | |
| Tota | 1 | | | | | | |

| Part | II Support Schedule for Organiza | | | | | | |
|----------|---|---------------------------------|---------------------------------|--------------------------------|--------------------|-----------------|--|
| | (Complete only if you checked the | | | | | | alify under _ |
| Sooti | Part III. If the organization fails to on A. Public Support | quality unde | er the tests is | sted below, p | nease comple | te Fart III.) | (3 |
| | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | (4) 2010 | (2) 2010 | (0) = 0 1. | (-) | (0, = 0.10 | ્રેક |
| | membership fees received. (Do not | | | | | | } |
| | include any "unusual grants.") | | | | | | 5. |
| 2 | Tax revenues levied for the | | | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | organization's benefit and either paid | | | | | | 100 |
| | to or expended on its behalf | | | | | / | |
| 3 | The value of services or facilities | | | | / | | \$9 2 |
| | furnished by a governmental unit to the | | | | | | *2 - |
| | organization without charge | | | | / | | ļ |
| 4 | Total. Add lines 1 through 3 | | | | | | |
| 5 | The portion of total contributions by | | İ | | | - | sì |
| | each person (other than a governmental unit or publicly | | | | | | l line |
| | supported organization) included on | | | / | ' | | 1 |
| | line 1 that exceeds 2% of the amount | | | | | | To said |
| | shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | |
| | on B. Total Support | | | | 1 40 2242 | | |
| _ | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | /(c) 2017 | (d) 2018 | (e) 2019 | (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 | ļ | | | | | |
| 9 | Net income from unrelated business | | | | | - | 43 |
| | activities, whether or not the business | | / | | | | = |
| | is regularly carried on | | / | | | | <u> </u> |
| 10 | Other income. Do not include gain or | / | | | | | Į. |
| | loss from the sale of capital assets | | | | | | 3 |
| 44 | (Explain in Part VI.) | | <u> </u> | - | | - | 1 |
| 11 12 | Gross receipts from related activities, etc | / . (see⊿instructi | ons) | <u> </u> | <u> </u> | 12 | <u> </u> |
| 13 | First five years. If the Form 990 is for the | | | id, third, fourth | n, or fifth tax y | | on 501(c)(3) |
| | organization, check this box and stop he | | | | | | 🕨 |
| Sect | on C. Computation of Public Suppo | | | | | | |
| 14 | Public support percentage for 2019 (liné | | | 11, column (f)) | | 14 | <u></u> % |
| 15 | Public support percentage from 2018 Sci | hedule A, Part | II, line 14 | | | 15 | % |
| 16a | 331/3% support test—2019. If the organ | | | | na line 14 is 3 | or more %%'د | |
| L | box and stop here. The organization qua 331/3% support test—2018. If the organ | | | | 6a and line 15 | 15 331/2% or n | ▶ [ਾ nore. check ፣ |
| b | this box and stop here. The organization | | | | | | > [ş |
| 17a | 10%-facts-and-circumstances test-2 | 019. If the org | anization did r | not check a bo | ox on line 13, 1 | 6a, or 16b, ar | nd line 14 is 🧍 |
| | 10% or more, and if the organization me | eets the "facts | -and-circumst | ances" test, c | heck this box | and stop here | Explain in |
| | Part VI how the organization meets the | 'facts-and-circ | cumstances" te | est. The organ | ization qualifie | s as a publicly | / supported † |
| | organization | | | | | 10-401 | supported ↓ |
| b | 10%-facts-and-circumstances test—2 | U18. If the org | anization did i | not check a bo | ox on line 13, ' | this boy and | /a, and line _ |
| | 15 is 10% or more, and if the organization in Part VI how the organization in | auon meets tr meets the "fac | ie iacis-and- its-and-circum | circumstances stances" test | The organizat | ion qualifies a | s a publiciv |
| | supported organization | | | | | | |
| 18 | Private foundation. If the organization d | id not check a | box on line 13 | , 16a, 16b, 17a | a, or 17b, chec | k this box and | |
| | instructions | | | | | | ▶ [· |

| | Support Schedule for Organiza | Mana Danii | ibad in Cart | E00/-\/0\ | | | Page : |
|-------------|--|---------------|-----------------|--|----------------|-----------------|---------------|
| Part | | | | | | t to qualify | under Portéil |
| | (Complete only if you checked the lf the organization fails to qualify | | | | | | under Partin. |
| Sacti | on A. Public Support | under the te | sts listed bei | ow, please co | Jilipiete Part | 11., | |
| | dar year (or fiscal year beginning in) | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | (a) 2013 | (6) 2010 | (6) 2017 | (4) 2010 | (0) 2010 | 1 (1) 10.0. |
| • | received. (Do not include any "unusual grants.") | | | | | | / : |
| 2 | Gross receipts from admissions, merchandise | | | | 1 | | |
| | sold or services performed, or facilities furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | , | / | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | /_/_ | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the organization without charge | | | | | I | |
| 6 | Total. Add lines 1 through 5 | | | | - | | - |
| 7a | | | | / | | | |
| | received from disqualified persons . | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | , |
| - | received from other than disqualified | | | | | | |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | | - | | | |
| C | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | , | | |
| Coot | on B. Total Support | | | | 1 | | |
| | dar year (or fiscal year beginning in) | (a) 2015 | /(b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | (a) 2010 | / (6) 2010 | (0) 2017 | (4) 2010 | (0) 2010 | (1) 1014. |
| 10a | | | | | <u> </u> | | |
| ,,,, | 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 | <i>,</i> | | | | | <u> </u> |
| 11 | Net income from unrelated business activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| '- | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | <u> </u> | | | | <u> </u> | |
| 14 | First five years. If the Form 990 is for the | _ | | | | | |
| | organization, check this box and stop he | | | | | | > [|
| | on C. Computation of Public Suppo | | | 10 1 (0) | | lae l | |
| 15 | Public support percentage for 2019 (line | | - | | | | % |
| 16 Secti | Public support percentage from 2018 Sci on D. Computation of Investment In | | | | · · · · · | 10 | <u></u> |
| 17 | Investment income percentage for 2019 | | | hy line 13 coli | ımn (fl) | 17 | % |
| 18 | Investment income percentage for 2019 (| | | - | | | 9. |
| | 331/3% support tests—2019. If the organ | | | | | | |
| 19a | 337376 Support lests—2013. Il tile didali | izacon ala no | | | | | |
| 19a | 17 is not more than 331/3%, check this box | | | | | | |

line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

| | Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P | art V | '.) | |
|--------|---|----------|--|--|
| Secti | on A. All Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by | | | ,f |
| | class or purpose, describe the designation. If historic and continuing relationship, explain. | 1 | ļ | - '3 |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported | | <u></u> | |
| | organization was described in section 509(a)(1) or (2). | 2 | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. | | | <u> </u> |
| b | Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. | 3b | | |
| С | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | 3c | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. | 4a | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion | | | |
| | despite being controlled or supervised by or in connection with its supported organizations. | 4b | ļ | 5 |
| C | Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used | | | - |
| | to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. | 4.0 | ļ | |
| E o | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," | 4c | <u> </u> | |
| 5a | answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN | | | |
| | numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; | İ | | |
| | (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action | | | . |
| | was accomplished (such as by amendment to the organizing document). | 5a | | |
| b | Type I or Type II only. Was any added or substituted supported organization part of a class already | | | · } |
| _ | designated in the organization's organizing document? | 5b 5c | | |
| с 6 | Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to | 50 | | + |
| | anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited | | | ; |
| | by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. | 6 | \ | · |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor | - | + | : |
| • | (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity | | | <u> </u> _; |
| | with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 7 | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). | 8 | | , |
| 9a | Was the organization controlled directly or indirectly at any time during the tax year by one or more | | † | |
| | disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . | 9a | <u> </u> | |
| b | Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. | 9b | | |
| С | Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit | | | |
| 4- | from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. | 9с | | <u> </u> |
| 10a | Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated | | | : |
| | supporting organizations)? If "Yes," answer 10b below. | 10a | \ | 1 |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to | | | |

10b

determine whether the organization had excess business holdings.)

| Schedu | le À (Form 990 or 990-EZ) 2019 | | f | age 5 |
|--------|--|----------|-------------|---|
| Part | V Supporting Organizations (continued) | | | |
| 44 | Hen the expensive accepted a gift or contribution from any of the following persons? | | Yes | No, |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | 1 | | |
| а | below, the governing body of a supported organization? | 11a | | |
| h | A family member of a person described in (a) above? | 11b | | - |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | 11c | | |
| | on B. Type I Supporting Organizations | | | Î |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | 2 (2) () () () () () () () () |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | .4 |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | - | | |
| 2 | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part | | | |
| | VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | 1 |
| | supervised, or controlled the supporting organization. | 2 | | |
| Secti | on C. Type II Supporting Organizations | | | • |
| | | | Yes | Nc |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | - 7 |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | <u> </u> | | |
| | the supported organization(s). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | - | Yes | No |
| 4 | Did the expensivation provide to each of its supported expensivations, by the last day of the fifth month of the | | res | |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | ŀ | | , |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | ; |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | <u> </u> | | 3 |
| _ | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | l | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s) | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | Ι. |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | <u>_</u> |
| | supported organizations played in this regard. | 3 | | <u> </u> |
| | on E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see | nstru | ction | s). |
| a | ☐ The organization satisfied the Activities Test. Complete line 2 below. ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. | | | • |
| b c | ☐ The organization is the parent of each of its supported organizations. Complete interest below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity. | 'enn in | struct | ions: |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| u | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | l |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | , |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | ر ا ا |
| b | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more | | | , |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | * |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | <u></u> | | |
| _ | activities but for the organization's involvement. | 2b_ | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i> | 20 | <u> </u> | , |
| | | 3a_ | | ; |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | <u> </u> |
| | of its supported organizations? If Yes, describe in Part VI the role played by the organization in this regard. Schedule A (Form | | 990-F | |
| | REV 03/04/20 PRO | 200 01 | JUV-E4 | -, 20 i |
| | THE GOIDWING THE | | | *** |
| | | | | * |
| | | | | 7 |

instructions).

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org | <u>jani</u> | zations | |
|--|----------------|--|--|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ | j tru: nzat | st on Nov. 20, 1970 (expl ions must complete Sect | ain in Part VI). See sions A through E. |
| Section A—Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | <u> </u> |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | i i |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Section B—Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | 1a | | |
| a Average monthly value of securities | + | | |
| b Average monthly cash balances | 1b | | |
| c Fair market value of other non-exempt-use assets | 1c | | |
| d Total (add lines 1a, 1b, and 1c) | 1d | | 3. |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| 3 Subtract line 2 from line 1d. | 3 | | |
| 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | | |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | - | |
| 6 Multiply line 5 by 035. | 6 | | |
| 7 Recoveries of prior-year distributions | 7 | | |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Section C-Distributable Amount | | | Current Year |
| 1 Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | 1 |
| 2 Enter 85% of line 1. | 2 | | - |
| 3 Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| 4 Enter greater of line 2 or line 3. | 4 | | |
| 5 Income tax imposed in prior year | 5 | | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functional | ly in | tegrated Type III support | ing organization (see [.] |

Schedule A (Form 990 or 990-EZ) 201

| Part | V Type III Non-Functionally Integrated 509(a)(3 |) Supporting Organi | zations (continued) | |
|-------|---|-----------------------------|-----------------------------|-------------------------------|
| Secti | on D-Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish e | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exe | empt purposes of suppo | rted | \$° |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | oses of supported orga | nızatıons | |
| 4 | Amounts paid to acquire exempt-use assets | | •" | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 7. |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | h the organization is res | ponsive | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | 1 | (ii) | (iii) |
| Secti | on E—Distribution Allocations (see instructions) | (i) Excess Distributions | Underdistributions Pre-2019 | Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 | | | 1 |
| | (reasonable cause required—explain in Part VI) See | | | |
| | instructions. | | | ٤,, |
| 3 | Excess distributions carryover, if any, to 2019 | | , k 1 | <u> </u> |
| a | From 2014 | • | | |
| b | From 2015 | | | , |
| C | From 2016 | | | |
| d | From 2017 . | | | |
| е | From 2018 | | | |
| f | Total of lines 3a through e | | | <u> </u> |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| i | Carryover from 2014 not applied (see instructions) | | | \$ |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | • |
| 4 | Distributions for 2019 from | | | \f |
| | Section D, line 7 ⁻ \$ | | | <u> </u> |
| а | Applied to underdistributions of prior years | | | <u> </u> |
| b | Applied to 2019 distributable amount | | | _, |
| С | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions. | | | 2. 1. |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | · | |
| 7 | Excess distributions carryover to 2020. Add lines 3 _j and 4c. | | | |
| 8 | Breakdown of line 7: | | | ķ., |
| a | Excess from 2015 . | | | |
| b | Excess from 2016 | | | , |
| С | | | | |
| d | | | | here |
| е | Excess from 2019 | | | |
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| | orm 990 or 990-EZ) 2019 | |
|---------|--|---|
| Part VI | Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Pa III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) | 2Ł |
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SCHEDULE D (Farm 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number Name of the organization EVANGELICAL CHRISTIAN CHURCH OF WATERBURY 22-2533103 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) . 3 Aggregate value of grants from (during year) . . . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 ☐ Yes ☐ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the ye Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet work. of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public? service, provide in Part XIII the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works (art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items:
 - (i) Revenue included on Form 990, Part VIII, line 1
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide th following amounts required to be reported under FASB ASC 958 relating to these items:
- Assets included in Form 990, Part X .

| Page |
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| ar | lle D (Form 990) 2019 Companization | ns Maintaining | Collections of | Art. Histo | orical Trea | sures, or O | ther Similar Ass | ets (contin | Page Tued |
|---------------|---|--------------------------------------|-----------------------------------|---------------------------------------|----------------------------|-----------------|--------------------------|----------------|--------------|
| 3 | Using the organizat | | | | | | | | |
| - | collection items (ch | | | | , | • | | • | |
| а | ☐ Public exhibition | | | d [|] Loan or e | exchange prog | ıram | | |
| b | ☐ Scholarly research | ch | | e [| Other | | | | |
| С | ☐ Preservation for | future generations | | | | | | | |
| 4 | Provide a description | on of the organizati | on's collections | and explai | n how they | further the or | ganization's exem | pt purpose | ın Pa |
| | XIII. | | | | | | | | |
| 5 | During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | | |
| 'ar | Complete if | d Custodial Arra the organization | ngements. answered "Yes | on Forn | n 990, Par | t IV, line 9, o | r reported an am | ount on Fo | rm ' |
| 1a | 990, Part X, Is the organization | an agent, trustee, | | | | | | | |
| | included on Form 9 | | | | | | | ∐ Yes ↓ | <u></u> № |
| b | If "Yes," explain the | arrangement in Pa | irt XIII and compl | ete the foll | owing table | »: | Λ. | nount | |
| _ | Danumina balansa | | | | | | c All | | |
| ٠ د | Beginning balance | | | | | · · · · — | d | | |
| d | Additions during the Distributions during | • | | | | _ | e | | |
| e f | Ending balance . | • | | | | <u> </u> | f | - | |
| ı 2a | Did the organization | | | · · · · · · · · · · · · · · · · · · · | 21, for escr | | <u> </u> | Yes | □N |
| | If "Yes," explain the | | | | | | | | ቨ ՝՝ |
| | t V Endowmen | | | <u> </u> | | p | | | = |
| _ | | the organization | answered "Yes | on Forn | n 990, Par | t IV, line 10. | | | |
| - | | | (a) Current year | (b) Prior | | Two years back | (d) Three years back | (e) Four year | s bac |
| la | Beginning of year b | alance | | | | | | | |
| b | | | | | | | | | |
| С | Net investment earr | nings, gains, and | | | | - | | | |
| | losses | | | l l | | | _ | | |
| d | Grants or scholarsh | ips | | | | | | | |
| е | Other expenditures | for facilities and | | | | | | | |
| | programs | | | | | | | | |
| f | Administrative expe | nses | | | | | | | |
| g | End of year balance | | | | | | | | |
| 2 | Provide the estimat | | | | (line 1g, co | olumn (a)) held | as. | | |
| а | Board designated of | r quasi-endowmen | t ▶ | % | | | | | |
| b | Permanent endown | | % | | | | | | |
| С | Term endowment The percentages or | | 2c should equal 1 | 100%. | | | | | |
| 3a | Are there endowmed organization by: | ent funds not in the | possession of t | he organiz | ation that a | re held and a | dministered for the | Yes | s No |
| | (i) Unrelated organ | izations | | | | | | 3a(i) | \perp |
| | (ii) Related organiz | ations | | | | | | 3a(ii) | |
| b | If "Yes" on line 3a(ii |), are the related or | ganizations listed | d as require | ed on Sche | dule R? | | 3b | <u> </u> |
| 4 | Describe in Part XIII | | | on's endov | vment fund | s. | | | |
| ar | t VI Land, Build | lings, and Equip | ment. | | | | | | |
| | Complete if | the organization | answered "Yes | on Forn | <u>n 990, Par</u> | | | Part X, line | 10. |
| | Descripti | on of property | (a) Cost or o | | (b) Cost or oti (other) | , , , | Accumulated depreciation | (d) Book val | ue |
| 1a | Land | | | | | | | | |
| b | Buildings | | 28 | 0,492. | 1,771 | ,787. | 860,982. | 1,191, | 297 |
| | Leasehold improvei | | | | | | | | |
| С | Equipment | | | | | | | | |
| c d | Other | <u> </u> | | | | | | | |
| d e | . Add lines 1a through | n 1e. (Column (d) m | ust equal Form 9 | 990, Part X, | column (B |), line 10c.) . | ▶ | 1,191, | 297 |
| d e | | | | | | | Scher | dule D (Form 9 | an ac |
| d e tal | | | R | EV 03/04/20 PR | .0 | | Conc. | | 30, 20 |
| d e | | | R | EV 03/04/20 PR | O | | Conec | , | 30) 21 |

| Part:VII | Investments – Other Securities. Complete if the organization answered "Yes" on For | m 990, Part IV, line | 11b. See Form | 990, Part X, line 12. |
|-----------------------|---|---------------------------|------------------|---|
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Met | hod of valuation -of-year market value |
| (1) Financial | derivatives | | | |
| | neld equity interests | | | |
| (3) Other | | | | |
| (A) | | - | | |
| | | | | · |
| | | | _ | |
| (D) | | | | |
| (E) (F) | | | | - · · · · · · · · · · · · · · · · · · · |
| (G) | | | | |
| (H) | | | | |
| | mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶ | | - | |
| Part VIII | Investments - Program Related. | | | |
| | Complete if the organization answered "Yes" on For | m 990, Part IV, line | 11c. See Form | 990, Part X, line 13. |
| | (a) Description of investment | (b) Book value | | hod of valuation -of-year market value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| | | | | |
| (8) | | | | |
| (9) Table (0 a /a) | (h) | | | 12 × 30 × 4 |
| Part IX | mn (b) must equal Form 990, Part X, col. (B) line 13.) . Define Assets. | | • | |
| Partix | Complete if the organization answered "Yes" on For | m 990 Part IV line | 11d See Form | 990 Part X line 15 |
| | (a) Description | 111 000, 1 411 14, 11110 | 174. 000 1 0111 | (b) Book value |
| (1) | (V) | - · | | |
| (2) | | | | |
| (3) | | | | , |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | · |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | - |
| | | · · · · · · | . ▶ | |
| Part X | Other Liabilities. Complete if the organization answered "Yes" on For line 25. | m 990, Part IV, line | 11e or 11f. See | e Form 990, Part X, |
| 1. | (a) Description of liability | | | (b) Book value |
| (1) Federal ır | | · - | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | | <u> </u> | . . ▶ | |
| | r uncertain tax positions. In Part XIII, provide the text of the footn | | | |
| organization' | s liability for uncertain tax positions under FASB ASC 740. Check | nere if the text of the f | ootnote has been | provided in Part XIII . L |

1. 1. 1.

| Part 2 | | | r Return. 🦩 |
|--------|---|------------------------|--|
| | Complete if the organization answered "Yes" on Form 990 | | ~ |
| | Total revenue, gains, and other support per audited financial statement | ts | 1 |
| | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 1 1 | 1 1 3 |
| | Net unrealized gains (losses) on investments | | |
| | Donated services and use of facilities | | → • |
| c I | Recoveries of prior year grants | . 2c | |
| d (| Other (Describe in Part XIII.) | . 2d | 2e 3 |
| e | Add lines 2a through 2d | | |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | (2) |
| a l | investment expenses not included on Form 990, Part VIII, line 7b . | . 4a | |
| b | Other (Describe in Part XIII.) | . 4b | |
| c , | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, lir | ne 12.) | 5 |
| Part) | Reconciliation of Expenses per Audited Financial State | ements With Expenses p | er Return. |
| | Complete if the organization answered "Yes" on Form 990 | 0, Part IV, line 12a. | |
| 1 | Total expenses and losses per audited financial statements | | 1 " |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | . 2a | 7 |
| | Prior year adjustments | | - |
| | Other losses | | |
| | Other (Describe in Part XIII.) | | |
| | Add lines 2a through 2d | | 2e ** |
| | Subtract line 2e from line 1 | | 3 |
| - | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| | Investment expenses not included on Form 990, Part VIII, line 7b | . 4a | \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| | Other (Describe in Part XIII.) | | ⊣՝ վ :- |
| | Add lines 4a and 4b | L-,- | 4c |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, | | 5 |
| | Supplemental Information. | | " |
| | | | <u> </u> |
| | | | 1 3 6 1 1 3 6 1 1 1 1 1 1 1 1 1 1 1 1 1 |
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| Schedule D (For | m,990) 2019 | Page |
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| | Supplemental Information (continued) | |
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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

► Go to www.irs.gov/Form990 for the latest information.

Employer identification number

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, **%**□ X Yes 22-2533103 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? General Information on Grants and Assistance EVANGELICAL CHRISTIAN CHURCH OF WATERBURY Part I Part II

Schedule I (Form 990) (2019) (h) Purpose of grant or assistance (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash Enter total number of other organizations listed in the line 1 table (c) IRC section (if applicable) For Paperwork Reduction Act Notice, see the Instructions for Form 990. (p) EIN 1 (a) Name and address of organization or government (12) € (10) E N ල 9 E 8 ව Ξ 8

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REV 03/04/20 PRO

Page **2**

Schedule I (Form 990) (2019)

Part III

Schedule I (Form 990) (2019) (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance 32,296. (c) Amount of cash grant REV 03/04/20 PRO 20 (b) Number of recipients (a) Type of grant or assistance 1 RELIGIOUS MISSIONS Part IV ₽¥ 8 ß ဖ က 4

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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2019

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

| Name of the organization | Employer identification number |
|---|--------------------------------|
| EVANGELICAL CHRISTIAN CHURCH OF WATERBURY | 22-2533103 |
| 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 COMPENSATI | ON |
| Pt VI, Line 15b: GOVERNING BODY REVIEWS AND DETERMINES COMPENSATI | ON |
| Pt VI, Line 2: M PENNELLA & J PENNELLA ARE IN-LAWS | |
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