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OMB No. 1545-0047 0027

Form **990**

Return of Organization Exempt From Income Tax

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 2019, and ending 2020

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization LAUGHLIN COMMUNITY CENTER, INC.
 Doing business as Laughlin Memorial Chapel
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. Box - 6195
 City or town, state or province, country, and ZIP or foreign postal code
Wheeling, WV 26003

D Employer identification number
23-7318589

E Telephone number
(304) 232-2630

G Gross receipts \$

F Name and address of principal officer: Toni Brancazio
P.O. Box - 6195, Wheeling, WV 26003

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ N/A

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ N/A

K Form of organization Corporation Trust Association Other ▶

L Year of formation.

M State of legal domicile:

JUL 03

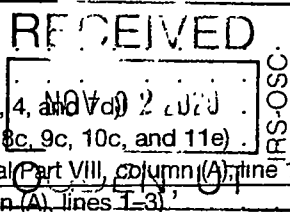
SCANNED FEB 11 2022

0424646387 FEB 25 2021

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Part I Summary

1 Briefly describe the organization's mission or most significant activities: <u>PROGRAMS FOR YOUTH</u> <u>DEVELOP & PROMOTE PROGRAMS FOR YOUTH</u> <u>PRIMARILY AFTER SCHOOL & DURING THE SUMMER</u>			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>N/A</u>	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>N/A</u>	
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	<u>21</u>	
6 Total number of volunteers (estimate if necessary)	6	<u>50</u>	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0</u>	
b Net unrelated business taxable income from Form 990-T, line 39	7b	<u>0</u>	
		Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	8	<u>233,809.</u>	<u>273,071.</u>
9 Program service revenue (Part VIII, line 2g)	9	<u>2,460.</u>	<u>0.</u>
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	<u>34.</u>	<u>6,526.</u>
11 Other revenue (Part VIII, column (A), lines 5, 6, 8c, 9c, 10c, and 11e)	11	<u>23,896.</u>	<u>1,203.</u>
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	<u>260,199.</u>	<u>280,800.</u>
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	<u>0.</u>	<u>0.</u>
14 Benefits paid to or for members (Part IX, column (A), line 4)	14	<u>0.</u>	<u>0.</u>
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	<u>170,731.</u>	<u>190,550.</u>
16a Professional fundraising fees (Part IX, column (A), line 11e)	16a	<u>0.</u>	<u>0.</u>
b Total fundraising expenses (Part IX, column (D), line 25) ▶	16b		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	<u>125,953.</u>	<u>151,463.</u>
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	<u>296,684.</u>	<u>342,013.</u>
19 Revenue less expenses. Subtract line 18 from line 12	19	<u>(36,485.)</u>	<u>(61,213.)</u>
		Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	20	<u>1,494,598.</u>	<u>1,528,476.</u>
21 Total liabilities (Part X, line 26)	21	<u>0.</u>	<u>95,090.</u>
22 Net assets or fund balances. Subtract line 21 from line 20	22	<u>1,494,598.</u>	<u>1,433,386.</u>



Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Gerard Saverimuttu Date: 4/28/2020
 Type or print name and title: Gerard Saverimuttu Asst. Treasurer

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: _____
 Firm's name ▶: _____ Firm's EIN ▶: _____
 Firm's address ▶: _____ Phone no.: _____

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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