2009 Exempt Org. Return
prepared for:

LITCHFIELD COMMUNITY CENTER, INC.
421 BANTAM ROAD
LITCHFIELD, CT 06759

King, King & Associates CPAs
PO Box 898
Winsted, CT 06098-0898

LITCHFIELD COMMUNITY CENTER, INC. 06-1520254

Forms needed for this return

Federal: 990-EZ, Sch A, Sch B, Sch G, 4562

Carryovers to 2010

None

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS *e-file* Signature Authorization for an Exempt Organization

For calendar year 2009, or fiscal year beginning ______, 2009, and ending ______, ____.

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

OMB No. 1545-1878

2009

Name of exempt organization: LITCHFIELD COMMUNITY CENTER, INC.

Employer identification number: 06-1520254

Name and title of officer: ROBERTA ANDRULIS Executive Direc

Part I Tax Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here . . . . ▶ ☐	**b Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	
2a Form 990-EZ check here . . . . . ▶ ☒	**b Total revenue,** if any (Form 990-EZ, line 9)	**2b**	430,104.
3a Form 1120-POL check here . . . . . ▶ ☐	**b Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here . . . . . ▶ ☐	**b** Tax based on investment income (Form 990-PF, Part VI, line 5)	**4b**	
5a Form 8868 check here . . . ▶ ☐	**b Balance Due** (Form 8868, line 3c)	**5b**	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS **(a)** an acknowledgement of receipt or reason for rejection of the transmission, **(b)** an indication of any refund offset, **(c)** the reason for any delay in processing the return or refund, and **(d)** the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize King, King & Associates CPAs (**ERO firm name**) to enter my PIN 10004 (**Enter five numbers, but do not enter all zeros**) as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2009 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ______________________ Date ▶ ______________

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN 06185606185
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2009 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ Robert E. King, CPA Date ▶ ______________

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form.

► *The organization may have to use a copy of this return to satisfy state reporting requirements.*

OMB No. 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending ,

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C
LITCHFIELD COMMUNITY CENTER, INC.
421 BANTAM ROAD
LITCHFIELD, CT 06759

D Employer identification number: 06-1520254

E Telephone number: 860-567-8302

F Group Exemption Number ►

● *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

G Accounting method: [X] Cash [ ] Accrual Other (specify) ►

H Check ► [ ] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ► www.thecommunitycenter.org

J Tax-exempt status (check only one) — [X] 501(c) (3) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

K Check ► [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 441,194.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	Line	Description			Line	Amount
REVENUE	1	Contributions, gifts, grants, and similar amounts received			1	313,492.
	2	Program service revenue including government fees and contracts			2	102,384.
	3	Membership dues and assessments			3	
	4	Investment income			4	13.
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract ln 5b from ln 5a)			5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► [ ]				
	a	Gross revenue (not including $ 21,861. of contributions reported on line 1)	6a	25,201.		
	b	Less: direct expenses other than fundraising expenses	6b	11,090.		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	14,111.
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less: cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe ► See Statement 1)			8	104.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►			9	430,104.
EXPENSES	10	Grants and similar amounts paid (attach schedule)			10	
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	195,565.
	13	Professional fees and other payments to independent contractors			13	5,786.
	14	Occupancy, rent, utilities, and maintenance			14	17,791.
	15	Printing, publications, postage, and shipping			15	7,490.
	16	Other expenses (describe ► See Statement 2)			16	186,335.
	17	**Total expenses.** Add lines 10 through 16 ►			17	412,967.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	17,137.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	1,209,856.
	20	Other changes in net assets or fund balances (attach explanation)			20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►			21	1,226,993.

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

	(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	7,985.	22	58,835.
23	Land and buildings	1,190,899.	23	1,153,103.
24	Other assets (describe ► See Statement 3)	28,608.	24	34,604.
25	**Total assets**	1,227,492.	25	1,246,542.
26	**Total liabilities** (describe ► See Statement 4)	17,636.	26	19,549.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	1,209,856.	27	1,226,993.

Part III **Statement of Program Service Accomplishments** (See the instructions.)

What is the organization's primary exempt purpose? See Statement 5

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

			Expenses (Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts; optional for others.)
28	THE MISSION OF THE ORGANIZATION IS "TO PROVIDE A COMFORTABLE ENVIRONMENT THAT ENCOURAGES CREATIVE, INTELLECTUAL AND RECREATIONAL PURSUITS TO REFLECT THE INTERESTS AND NEEDS OF THE COMMUNITY." (Grants $) If this amount includes foreign grants, check here ☐	28a	351,324.
29	(Grants $) If this amount includes foreign grants, check here ☐	29a	
30	(Grants $) If this amount includes foreign grants, check here ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants, check here ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a)	32	351,324.

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
See Statement 6		72,543.	0.	12,505.

Part V **Other Information** (Note the statement requirements in the instrs for Part V.) See Statement 7

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ► CT

42a The organization's books are in care of ► ROBERTA ANDRULIS Telephone no. ► 860-567-8302
Located at ► 421 BANTAM ROAD LITCHFIELD CT ZIP + 4 ► 06759

			Yes	No
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ►	42b		X
	See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ►	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** – Check here ► ☐ N/A
and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If 'Yes,' was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over $100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over $100,000 ►

Sign Here

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.

► Signature of officer — Date

► ROBERTA ANDRULIS Executive Direc
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ► Robert E. King, CPA	Date	Check if self-employed ► ☐	Preparer's Identifying Number (See instructions) P00083643
Firm's name (or yours if self-employed), address, and ZIP + 4 ► King, King & Associates CPAs, PO Box 898, Winsted, CT 06098-0898		EIN ► 06-1392255	
		Phone no. ► (860) 379-0215	

May the IRS discuss this return with the preparer shown above? See instructions ► [X] Yes [ ] No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: LITCHFIELD COMMUNITY CENTER, INC.

Employer identification number: 06-1520254

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [ ] Type III – Functionally integrated d [ ] Type III– Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

			Yes	No
(i)	a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g (i)		
(ii)	a family member of a person described in (i) above?	11g (ii)		
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?	11g (iii)		

h Provide the following information about the supported organizations.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	174,549.	194,255.	189,423.	275,061.	313,492.	1,146,780.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4 **Total.** Add lines 1 through 3	174,549.	194,255.	189,423.	275,061.	313,492.	1,146,780.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						784,721.
6 **Public support.** Subtract line 5 from line 4						362,059.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	174,549.	194,255.	189,423.	275,061.	313,492.	1,146,780.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	24.	30.	25.	27.	13.	119.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV	817.		2,382.	4,804.	104.	8,107.
11 **Total support.** Add lines 7 through 10						1,155,006.

12 Gross receipts from related activities, etc. (see instructions) | 12 | 0.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) | 14 | 31.4 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 33.0 %

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support test – 2008.** If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2009** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☒

b **10%-facts-and-circumstances test – 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (add lns 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18		%

19a **33-1/3 support tests – 2009.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3 support tests – 2008.** If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part II, Line 17a - 10% Facts and Circumstances Test - 2009

The Litchfield Community Center's mission is the provision of a comfortable environment that encourages creative, intellectual and recreational pursuits to reflect the interests and needs of the community; the organization's Board of Directors represents the broad interests of the public and works diligently to accomplish the mission of the Center. The Center's programs for the general public constituted 18% of their 2009 income and donations and general public support of Special Events represented 13% of the 2009 income. The organization has an Annual Appeal for funding which, in 2009, raised 13% of their operating income. The facility is available for rent to other community organizations and individuals; such rents contributed 6% of 2009 income. the legacy of a generous bequest greatly enhances the Center's mission of providing the location and means of community gatherings and events.

Part II, Line 10 - Other Income

Nature and Source	2009	2008	2007	2006	2005
Miscellaneous Receipts		4,804.	2,382.		817.
Gift Certificates	104.				
Total	$ 104.	$ 4,804.	$ 2,382.	$ 0.	$ 817.

Schedule B
(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, 990-EZ, or 990-PF**

OMB No. 1545-0047

2009

Name of the organization	Employer identification number
LITCHFIELD COMMUNITY CENTER, INC.	06-1520254

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule –

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules –

[ ] For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (**1**) $5,000 or (**2**) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of $5,000 or more during the year.................................... ► $ ______

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: LITCHFIELD COMMUNITY CENTER, INC.

Employer identification number: 06-1520254

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SEHERR-THOSS CHARITABLE TRUST 630 FIFTH AVE NEW YORK, NY 10111	$ 244,121.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	COMMUNITY FOUNDATION OF NW CT PO BOX 1144 TORRINGTON, CT 06790	$ 10,841.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: LITCHFIELD COMMUNITY CENTER, INC.

Employer identification number: 06-1520254

Part II **Noncash Property** (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A	$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization: LITCHFIELD COMMUNITY CENTER, INC.

Employer identification number: 06-1520254

Part III *Exclusively* **religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than $1,000 for the year.** (Complete cols **(a)** through **(e)** and the following line entry.)

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **$1,000 or less** for the year. (Enter this information once – see instructions.) . . . . ► $ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: LITCHFIELD COMMUNITY CENTER, INC.

Employer identification number: 06-1520254

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- ☐ Mail solicitations
- ☐ Internet and email solicitations
- ☐ Phone solicitations
- ☐ In-person solicitations
- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col.(i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ►						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Chair Affair (event type)	(b) Event #2 Brew Fest (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	38,666.	6,010.		44,676.
	2 Less: Charitable contributions	21,241.	620.		21,861.
	3 Gross income (line 1 minus line 2)	17,425.	5,390.		22,815.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes	2,229.			2,229.
	6 Rent/facility costs	3,052.			3,052.
	7 Food and beverages	639.	462.		1,101.
	8 Entertainment		600.		600.
	9 Other direct expenses	1,927.	1,989.		3,916.
	10 Direct expense summary. Add lines 4- through 9 in column (d) ►				10,898.
	11 Net income summary. Combine lines 3, column (d) and line 10 ►				11,917.

Part III **Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
REVENUE	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ___ % ☐ No	☐ Yes ___ % ☐ No	☐ Yes ___ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ►				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7 ►				

		YES	NO
9 Enter the state(s) in which the organization operates gaming activities: ________			
a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If 'No,' explain:			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b If 'Yes,' explain:			
11 Does the organization operate gaming activities with nonmembers?	11		
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		YES	NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility . . . **13a** %			
b An outside facility . . . **13b** %			
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name: ►			
Address: ►			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? . . .	**15a**		
b If 'Yes,' enter the amount of gaming revenue received by the organization $ ______ and the amount of gaming revenue retained by the third party $ ______.			
c If 'Yes,' enter name and address of the third party:			
Name: ►			
Address: ►			
16 Gaming manager information			
Name: ►			
Gaming manager compensation ► $			
Description of services provided: ►			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . .	**17a**		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: ► $			

Form **4562**

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2009

Attachment Sequence No. **67**

Name(s) shown on return: LITCHFIELD COMMUNITY CENTER, INC.

Identifying number: 06-1520254

Business or activity to which this form relates: Form 990/990-PF

Part I — Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	$250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	$800,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II — Special Depreciation Allowance and Other Depreciation (**Do not** include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	42,353.

Part III — MACRS Depreciation (**Do not** include listed property.) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B — Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

(a)	(b)	(c)	(d)	(e)	(f)	(g)
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV — Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	42,353.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

Gift Certificates	$	104.
Total	$	104.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Bank & Finance Charges	$	2,512.
Contributions		475.
Depreciation		42,353.
Dues/Memberships		617.
Insurance		10,780.
Kitchen & Maintenance Supplies		12,506.
Leased Equipment		9,556.
Licenses & Permits		989.
Miscellaneous		234.
Professional Development		3,767.
Program Expense		75,254.
Repairs & Maintenance		24,463.
Service Agreements		1,626.
Subscriptions		696.
Volunteer Recognition		507.
Total	$	186,335.

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	Beginning	Ending
Furniture and Fixtures	$ 19,727.	$ 16,530.
Machinery and Equipment	8,081.	17,274.
Pledges and Grants Receivable	800.	800.
Total	$ 28,608.	$ 34,604.

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	Beginning	Ending
Funds Held for Others	$ 1,390.	$ 14,493.
Payroll Tax Liabilities	16,246.	5,056.
Total	$ 17,636.	$ 19,549.

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

Provides a comfortable environment that encourages creative, intellectual and recreational pursuits to reflect the interests and needs of the community.

Statement 6
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
CATHY ONEGLIA 421 BANTAM ROAD LITCHFIELD, CT 06759	Director 1.00	$ 0.	$ 0.	$ 0.
GROVER RAAP 421 BANTAM ROAD LITCHFIELD, CT 06579	Director 1.00	0.	0.	0.
DARRIN NEWBURY 421 BANTAM ROAD LITCHFIELD, CT 06759	Director 1.00	0.	0.	0.
LYNN RICE SCOZZAFAVA 421 BANTAM ROAD OITCHFIELD, CT 06759	Director 1.00	0.	0.	0.
MITZI CAPPELLO 421 BANTAM ROAD LITCHFIELD, CT 06759	Director 1.00	0.	0.	0.
JAY CHEROSNICK 421 BANTAM ROAD LITCHFIELD, CT 06759	Director 1.00	0.	0.	0.
MATTHEW MCDEVITT 421 BANTAM ROAD LITCHFIELD, CT 06759	Director 1.00	0.	0.	0.
PATTI SEDERQUIST 421 BANTAM ROAD LITCHFIELD, CT 06759	Director 1.00	0.	0.	0.
LAUREL GALLOWAY 421 BANTAM ROAD LITCHFIELD, CT 06759	Director 1.00	0.	0.	0.
TOM MCDERMOTT 421 BANTAM ROAD LITCHFIELD, CT 06759	Secretary 2.00	0.	0.	0.

Statement 6 (continued)
Form 990-EZ, Part IV
List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title and Average Hours Per Week Devoted	Compen-sation	Contri-bution to EBP & DC	Expense Account/ Other
MARIE SCIRICA 421 BANTAM ROAD LITCHFIELD, CT 06759	President 2.00	$ 0.	$ 0.	$ 0.
DOUG PARKER 421 BANTAM ROAD LITCHFIELD, CT 06579	Treasurer 2.00	0.	0.	0.
TOM BINSTADT 421 BANTAM ROAD LITCHFIELD, CT 06759	Vice President 2.00	0.	0.	0.
ROBERTA ANDRULIS 421 BANTAM ROAD LITCHFIELD, CT 06759	Executive Direc 40.00	72,543.	0.	12,505.
	Total	$ 72,543.	$ 0.	$ 12,505.

Statement 7
Form 990-EZ, Part V
Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .... No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .... No

DESCRIPTION OF FIXED ASSET CAPITALIZATION POLICIES

Land, Buildings, and Equipment over $1,000 is capitalized and recorded at cost, or estimated cost when original cost is not available. Depreciation is computed using the straight-line method over the estimated useful life of the assets as follows:

Furniture and Fixtures	15, 7, and 5 years
Computers	5 years
Improvements	20 years
Building	40 years

Excess Contributions
Schedule A, Part II, Line 5

Name	2005	2006	2007	2008	2009	Total	2% Amt	Excess
Seher-Thoss Char Fou	$ 0.	$ 0.	$ 25,000.	$ 0.	$ 0.	$ 25,000.	$ 23,100.	$ 1,900.
Sonia Seher-Thoss	14,000.	7,000.	0.	0.	0.	21,000.	0.	0.
SEHERR-THOSS CHARITABLE TRUST	105000.	106000.	120000.	230800.	244121.	805921.	23,100.	782,821.
Estate Seher-Thoss	0.	7,000.	0.	0.	0.	7,000.	0.	0.
Total	$ 119000.	$ 120000.	$ 145000.	$ 230800.	$ 244121.	$ 858921.	$ 46,200.	$ 784,721.

LITCHFIELD COMMUNITY CENTER, INC. 06-1520254

	2009	2008	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants	313,492	275,061	38,431
Program service revenue	102,384	81,202	21,182
Investment income	13	27	-14
Net income (loss) - special events	14,111	0	14,111
Other revenue	104	4,804	-4,700
Total revenue	430,104	361,094	69,010
EXPENSES			
Salaries and employee benefits	195,565	189,581	5,984
Professional fees/pymt to contractors	5,786	5,763	23
Occupancy/rent/utilities/maintenance	17,791	20,851	-3,060
Printing, publications, and postage	7,490	5,830	1,660
Other expenses	186,335	183,649	2,686
Total expenses	412,967	405,674	7,293
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year	17,137	-44,580	61,717
Net assets/fund bal. at beg. of year	1,209,856	1,254,436	-44,580
Net assets/fund bal. at end of year	1,226,993	1,209,856	17,137

STATE OF CONNECTICUT
OFFICE OF THE ATTORNEY GENERAL / DEPARTMENT OF CONSUMER PROTECTION
ANNUAL CHARITY REGISTRATION APPLICATION AND INSTRUCTIONS
FORM PCUREG-01, REV May10 4 PAGES
TELEPHONE: (860) 808-5030
EMAIL registration questions to CTCHARITYHELP@CT.GOV

Mail Registration Application to:
Public Charities Unit
c/o Office of the Attorney General
P.O. Box 120, 55Elm Street
Hartford, CT 06141-0120

STATE OF CONNECTICUT - Charitable Organization Registration Application

This is a four page application, including instructions. Please read the instructions on pages 3 and 4 before completion.

1. **All organizations must provide an email address.** Email Address : staff@thecommunitycenter.org

2 Enter the organization's Connecticut Registration Number if previously registered. 9471

3. Organization's Legal Name: LITCHFIELD COMMUNITY CENTER, INC.
In Care of:
Mailing Address: 421 BANTAM RD, PO BOX 5511
City: LITCHFIELD State: CT Zip Code: 06759
Physical Address (if different):
City State: Zip Code:
Tel. Number: (860) 567-8302 Web Site URL: WWW thecommunitycenter.org
Federal Employer Identification Number (FEIN): 06 - 1520254
Exempt under Internal Revenue Code Section 501(c)(3) (insert code section if exempt)
Enter the date your last fiscal year ended or the date your first fiscal year will end(mm/dd/yy) 12 / 31 / 09

4. Names, other than the names given above, under which funds will be solicited (attach a sheet if needed).
N/A

5. Is the organization incorporated? [X] Yes [ ] No If YES, enter the State of incorporation: CT

6 Questions 6a, 6b, 6c and 6d relate to your organization's most recently completed year end. If your answer to any question is YES, attach a detailed explanation for that question.
a. Has there been any change in the organization's tax status with the IRS? [ ] Yes [X] No
b. Has there been a significant change in the purpose of the organization? [ ] Yes [X] No
c. Has the organization's right to solicit funds been denied, suspended, revoked, or enjoined by any state agency or by any court, or are proceedings pending? [ ] Yes [X] No
d. Has the organization entered into a voluntary agreement of compliance with any government agency? [ ] Yes [X] No

7. Does the organization plan to use an outside fund-raising counsel or paid solicitor within the registration period? **If YES,** attach a separate sheet with its name and address. [ ] Yes [X] No

8. Has the organization used an outside fund-raising counsel or paid solicitor during its most recently completed year? **If YES,** attach a sheet with its name and address. [ ] Yes [X] No

9. If this application is for an initial registration, has the organization solicited contributions in Connecticut during any year prior to the year reported with this application?
[X] Not an initial application [ ] Yes [ ] No

10. If this application is a renewal application of an organization that let its registration expire, has the organization solicited contributions in Connecticut during any year when its application had expired?
[X] Not a renewal application [ ] Yes [ ] No

If question 9 or 10 is answered YES, the organization must include with this application a financial report (IRS form and audit if required) for each such year in which the organization solicited in Connecticut, but was not registered. Provide only the IRS form and audit for those years, no additional forms or fees.

11. **Required Attachments to this application form:**

- Attach a completed IRS Form 990, 990EZ or 990PF for your **most recently completed year**. (See instructions on page 3.) **For initial applications only**, applicants may attach the prior year IRS form if your most recently completed year end IRS form is not complete. **For any organization**, an IRS form with a year end that is more than 23 month old cannot be used because the registration period plus any extension of time to register for that year has already passed.

- In addition to the IRS Form mentioned above, an audit may be required. Was gross revenue in excess of $500,000 during the report year accompanying this application?
[ ] Yes [X] No
If YES, attach an audit to this form. The terms "audit" and "gross revenue" are explained in the instructions to this form.

- Attach a list of the **names, titles** and **addresses** of officers, directors, trustees, and the principal salaried employees of the organization. (IRS Form 990 Part VII **does not** provide addresses.)
see attached Form 990-EZ
- If question 6, 7, 8, 9 or 10 were answered **YES,** attach the required documents.

We hereby certify under penalty of false statement that we are authorized to sign this document for the organization and that the information provided, including all attachments, is true and complete to the best of our knowledge.

Signed:	______________________	Signed:	______________________
Printed Name:	______________________	Printed Name:	______________________
Title:	______________________	Title:	______________________
Date:	/ /	Date:	/ /

*****STATE LAW REQUIRES THAT TWO PERSONS SIGN THIS FORM – See instructions on signatures*****

Public Act No. 05-101 provides:
In the event the department determines that the application for registration does not contain the information, fees and documents required, the department shall notify the charitable organization, in writing, of such noncompliance not later than ten days after the department's receipt of such application for registration. An application for registration shall be deemed to be approved if the charitable organization is not notified of noncompliance by the department not later than ten days after the department's receipt of the application for registration. Any such charitable organization may request a hearing on its noncompliant status not later than seven days after receipt of such noncompliance notice. Such hearing shall be held not later than seven days after the Department's receipt of such request and a determination as to the organization's compliance status shall be rendered no later than three days after such hearing.