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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)

2009

OMB No 1545-1150

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.

Open to Public

Department of the Treasury Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service For the 2009 calendar year, or tax year beginning 2009, and ending . 20 July 1 June 30 10 Check if applicable: C Name of organization D Employer identification number Ptease use IRS Address change The Exchange Club of New Canaan Foundation, Inc. 06-1496954 label or Name change print or Number and street (or P O box, if mail is not delivered to street address) E Telephone number Initial return type. 203-656-0726 Terminated Specific City or town, state or country, and ZIP + 4 F Group Exemption Amended return Instruc-Application pending tions. New Canaan, CT 06840 Number ▶ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ► If the organization is not Website: ▶ required to attach Schedule B (Form 990. Tax-exempt status (check only one) —

501(c) (4)

(insert no.) □ 4947(a)(1) or □ 527 990-EZ, or 990-PF). 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 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 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I 17.125 1 Contributions, gifts, grants, and similar amounts received 2 195,128 Program service revenue including government fees and contracts 2 3 0 3 Membership dues and assessments . . . 4 4 302 Investment income 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 0 5c Revenue Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here Gross revenue (not including \$ Less: direct expenses other than fundraising expenses 6b 0 Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 6c Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 8 Other revenue (describe ▶ none 8 0 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 212,555 10 Grants and similar amounts paid (attach schedule) 10 120,577 SCANNED NOV 0 11 11 Benefits paid to or for members SSO 12 12 Salaries, other compensation, and employee benefits . , 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance . . . 14 15 15 Printing, publications, postage, and shipping 16 Other expenses (describe See Attachment 16 92,011 Total expenses. Add lines 10 through 16 17 212,588 17 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 (33)19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 7118 19 20 20 Other changes in net assets or fund balances (attach explanation) . . . 7.086 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 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 28,018 22 17.986 0 23 0 23 0 24 0 24 Other assets (describe > 25 28,018 25 17,986 20,900 26 26 10,900 **Total liabilities** (describe ▶ Reserve for student scholarships

7,086

7,118 27

Net assets or fund balances (line 27 of column (B) must agree with line 21)

27

	Allia Chahamant of Baranan Camina Anna		slich monte (Coo the instr	untions for Dort II	11.1			
	t III Statement of Program Service Acco						/D	Expenses
N ha	t is the organization's primary exempt purpose?		Fund Raising for Local Cha					ired for section (3) and 501(c)(4)
	cribe what was achieved in carrying out the			zations and section				
	ner, describe the services provided, the number	er c	f persons benefited, and o	other relevant info	rmation	1 for	4947(a)(1) trusts, optional
each	program title.						for oth	ners.)
28	See attachment			 -				

	(Grants \$) If this amou	ınt	includes foreign grants, ch	eck here	. ▶		28a	120,577
29								
_~								
	(Grants \$) If this amou		includes foreign grants, ch	ack horo		П	29a	
20						<u> </u>	230	
30			·····					
					·			
								0
			includes foreign grants, ch			<u> </u>	30a	
31	Other program services (attach schedule)						اسا	•
			includes foreign grants, ch			<u> </u>	31a	0
	Total program service expenses (add lines 28					<u> </u>	32	120,577
Par	t IV List of Officers, Directors, Trustees, and	Key			 ` 			
	(a) Name and address		(b) Title and average hours per week	(c) Compensation (If not paid,	employee	ntnbutio e benefit	ns to plans &	(e) Expense account and
			devoted to position	enter -0)	deferred	comper	sation	other allowances
See	attachment-None are compensated							
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Part	Other information (Note the statement requirements in the instructions for Part V.)			
			Yes	<u>No</u>
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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.			
а	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		✓
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		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a]
b	Did the organization file Form 1120-POL for this year?	37b		_ ✓
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		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	1		
b	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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		√
С	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			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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		√
41	List the states with which a copy of this return is filed. ▶			
42 a	The organization of books are in sure of a	203-65	6-0720	3
	Located at ▶ 91 Dorchester Rd, Darien, CT 06820 ZIP + 4 ▶	068	320	
þ	At any time during the calendar year, did the organization have an interest in or a signature or other authority		20	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		√
_	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		~
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		√
		^^		

► ☐ Yes ☐ No Form **990-EZ** (2009)

Part VI

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49 and complete the tables for lines 50 ar	47(a)(1) nonexempt cl	onexempt charita naritable trusts m	ible trusts only. Aust answer question	ll sec ons 4	tion 3-49	b	
	Did the organization engage in direct or indirect					Yes	No	
	candidates for public office? If "Yes," complete	•			46		✓	
	Did the organization engage in lobbying activitie		•		47 48	<u> </u>	√	
	If "Yes," was the related organization a section !		· · · · · ·		49a 49b	<u> </u>	✓	
	Complete this table for the organization's five hi					es an	d ke	
	employees) who each received more than \$100,		om the organization	. If there is none, en				
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensatio	n (d) Contributions to employee benefit plans & deferred compensation	ac	Expension Expension () Expensio	and	
None								
					-			
		-						
					 			
		†						
	Total number of other employees paid over \$100	0.000			L			
	(a) Name and address of each independent contractor	paid more than \$100,000	(b)	Type of service	(c) Co	mpensa	ation	
None								
				_				
d	Total number of other independent contractors of	each receiving over \$10	0,000					
	Under penalties of penury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this retum, including accom of preparer (other than officer)	panying schedules and s	statements, and to the best on of which preparer has	t of my any kno	knowle	edge e	
Sign Here	Surty W. Willell			NW4, 20	10			
	Signature of officer Supray W Hodiund Transvers		M	Date '				
	Gustav W Hedlund Treasurer Type or print name and title		Novem	ber 4, 2010				
Paid Propers	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nur	nber (Se	 e instruc	tions)	
Prepare Use Onl	i Firm Shame for A		' ' ' '	EIN ►				
	address, and ZIP + 4			Phone no. ▶				
May the	e IRS discuss this return with the preparer show	n above? See instructioi	ns	▶ 🗆	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

Employer identification number

									i		
Pa	rt <u>I</u>	Reason	for Public Ct	narity Status (All or	ganizati	ons mus	t compl	ete this	part.) Se	e instru	ctions.
The	orga	anızatıon is n	ot a private four	idation because it is:	(For lines	s 1 throug	gh 11, ch	eck only	one box	.)	
1		A church, co	onvention of chu	rches, or association	of churc	hes desc	ribed in s	section 1	70(b)(1)(A)(i).	
2		A school de	scribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)					
3		A hospital o	r a cooperative l	hospital service organ	nization d	escribed	in sectio	n 170(b)	(1)(A)(iii).		
4			esearch organiza ame, city, and st	ation operated in con	junction	with a ho	spital de	scnbed i	n section	170(b)(1)(A)(iii). Enter the
5		An organizat	-	the benefit of a colle	ge or un	versity o	wned or o	perated	by a gov	emmenta	I unit described in
6	П			ernment or governme	ental unit	describe	d in sect	ion 170(b)(1)(Δ)(v	1	
7		An organizat	tion that normally	y receives a substanti	al part of			•			the general public
0				(1)(A)(vi). (Complete F		\l-4-	Dark II V				
8 9				d in section 170(b)(1)					udiana m		on food and aroses
9	✓	-	•	y receives: (1) more the ed to its exempt func			• •				
				ent income and unre							
				after June 30, 1975.							mom baomeocco
10		· ·	_	nd operated exclusive			,		•	(0)(4)	
11	H	-	•	and operated exclusive	•		•				r to carny out the
••	ш	-	_	blicly supported organ	-						•
				at describes the type							
		a ☐ Type		_		e III-Fun			•		Type III-Other
۵	7	• •		tify that the organizat			•	•			, ·
·				on managers and othe							
			section 509(a)(2)	_		0 01 111010	pablicly	oupporte	o o gam	-410110 40	Johnson III Scottori
f				a written determinati	ion from	the IDS	that it is	a Type	l Type II	or Typo	III supporting
•		_	, check this box		1011 110111	ine ino	liiat it is	a Type	i, iype ii	, or Type	
g		•		the organization acce	onted an	 . aift or c	ontributio	on from a	nv of the		Ц
9		following pe		the organization door	pica an	giit oi o	on it ibutio)	any or and	•	
				r indirectly controls, e	either alo	ne or too	ether wit	h nersor	s describ	ned in (ii)	Yes No
			-	ning body of the sup		-		persor			11g(i) ✓
			=	rson described in (i) a	=	J	•				11g(ii) ✓
				of a person described		(ii) above	?				11g(iii) ✓
h				ation about the suppo							
(i)	Name	of supported	(ii) EIN	(iii) Type of organization		organization		ou notify	(vi) !	s the	(vii) Amount of
	org	anization	ization (described on lines			col. (i) listed in your		the organization in col (i) of your	organization in col		support
				above or IRC section (see instructions))	governing	QOCOMENT?		ort?		S?	
					Yes	No	Yes	No	Yes	No	
See	atta	chment									
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Par	(Complete only if you chec	anizations l ked the box	Described in on line 5, 7, o	Sections 17 or 8 of Part I.	0(b)(1)(A)(iv) .)	and 170(b)(1)(A)(vi)
Sec	tion A. Public Support						
Ca	lendar 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 any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5 6	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) Public support. Subtract line 5 from line 4.						
	tion B. Total Support	l	<u></u>		l	L	
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(2, 2000	(2) 2000	(0) 200)	(4, 2000	(0, 2000	(7.10.0
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on		:				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	_					
11	Total support. Add lines 7 through 10 .	L	l			ļ	
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u> </u>				ction 501(c)(3)
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2009 (line	6, column (f) d	ivided by line 1	I, column (f))		14	<u> </u>
15	Public support percentage from 2008 Sci					15	<u>%</u>
16a	33%% support test—2009. If the organiand stop here. The organization qualifies			-		-	
b	33% % support test—2008. If the organization quality box and stop here. The organization quality						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circui	mstances" test,	check this box	and stop here.	. Explain in P	art IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstance Private foundation. If the organization did	acts-and-circun ances" test. The	nstances" test, o organization qua	check this box a alifies as a public	and stop here. cly supported or	Explain in Paganization	art IV how the

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Schedule A (Form 990 or 990-EZ) 2009 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 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, membership fees received. (Do not include 0 2,550 15,500 17,125 1,057 36,232 any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 267,831 249,646 211,697 186,128 195,128 1,110,430 organization's tax-exempt purpose . Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 267,831 250,703 214,247 201,628 212,253 1,146,662 6 Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 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 . . . 0 c Add lines 7a and 7b Public support (Subtract line 7c from 1,146,662 line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 267,831 250,703 201,628 212,253 1,146,662 214,247 Amounts from line 6 . Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 122 1,821 2,812 2,349 302 7,406 sources Unrelated business taxable income (less section 511 taxes) from businesses 0 acquired after June 30, 1975 122 1.821 2.812 2,349 302 7,406 c Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly 0 carried on Other income. Do not include gain or loss from the sale of capital assets 0 (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, 1,154,068 and 12.) . . . 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 99.99 % Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) <u>15</u> 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 99.40 % Section D. Computation of Investment Income Percentage .64 % 17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)).

Investment income percentage from 2008 Schedule A, Part III, line 17

19a 33\% % support tests -2009. If the organization did not check the box on line 14, and line 15 is more than 33\% %, and line

17 is not more than 331/3 %, check this box and stop here. The organization qualifies as a publicly supported organization > 331/3 % support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3 %, and

Schedule A (Form 990 or 990-EZ) 2009

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%

.636

	Chedule A (Form 990 or 990-EZ) 2009 Page 4						
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.						
	•••••••••••••••••••••••••••••••••••••••						
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Exchange Club of New Canaan Foundation, Inc. Profit & Loss

11/03/10 Cash Basis

	Jul '09 - Jun	Jul '08 - Jun
Ordinary Income/Expense		
Income		
Annual Appeal	0	100
Christmas Tree Fundraiser	139,799	141,008
Donations Received	17,125	15,500
Golf Tournament	50,302	42,420
Ice Cream Sales	605	800
Interest & Dividends	302	2,349
Joan Butman Book Proceeds	182	854
Raffle Sales	2,250	947
Road Rallye Income	1,983	0
Royalty-iUniverse (Website Roya	8	0
Total Income	212,555	203,977
Expense		
Amreicares Homefront Expenses	0	123
Bank Service Charges	121	158
Christmas Fundraiser Expenses	69,830	69,991
Credit Card Fees	2,716	2,492
Golf Tournament Expenses	15,610	15,236
Grants & Donations Paid	120,577	120,369
Miscellaneous	174	950
Postage	0	42
Raffle Expense	736	421
Road Rallye Expense	2,823	0
Total Expense	212,588	209,783
Net Ordinary Income	(33)	(5,805)
Net Income	(33)	(5,805)

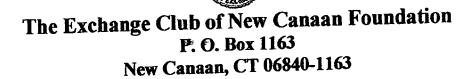
shed A

12:02 PM 11/03/10 Accrual Basis Exchange Club of New Canaan Foundation, Inc.

Account QuickReport

July 2009 through June 2010

Ţ	Date	Name	Memo	s	Amount
	Grants & Dona	tions Paid		_	
	Grants and	Donations Paid 2009			
С	12/29/2009	New Canaan Library	Grant in the name of George Herhold	В	250.00
С	1/19/2010	Lance Root	Parenting Skills XMAS Dinner Costs	В	500.00
С	1/21/2010	Americares HomeFront, Inc		В	2,250 00
С	5/12/2010	Bank of America	For cashiers check to Parenting Skills Center	В	10,000 00
С	5/19/2010	ABC Inc. of New Canaan		В	2,000.00
С	5/19/2010	Arts for Healing		В	3,000 00
С	5/19/2010	Child Guidance Center of Southern CT		В	2,000 00
C	5/19/2010	Children Connection of Fairfield County		В	2,000 00
С	5/19/2010	Circle of Care		В	2,000 00
C	5/19/2010	Crudem Foundation		В	2,500 00
C	5/19/2010	Domestic Violence Crisis Center		В	3,000 00
C	5/19/2010	Family Re-Entry		В	3,000 00
C	5/19/2010	GetAbout, Inc		В	3,000 00
C	5/19/2010	Horizons Student Enrichment Program	VOID	В	0 00
C	5/19/2010	Magical Music for Life		В	800 00
C	5/19/2010	Meals-on-Wheels of New Canaan Inc		В	3,640 00
C	5/19/2010	Mid Fairfield Hospice		В	2,500 00
C	5/19/2010	New Canaan Library		В	2,000 00
C	5/19/2010	New Canaan Recreation Dept		В	1,500 00
C	5/19/2010	New Canaan YMCA		В	4,000 00
C	5/19/2010	Nursing and Home Care		В	2,500 00
C	5/19/2010	Old Faithful Engine Company		В	1,000 00
C	5/19/2010	Person-to-Person		В	2,000 00
C	5/19/2010	Silvermine Guild Arts Center		В	1,500 00
C	5/19/2010	Special Education Network		В	800 00
C	5/19/2010	Star, Inc		В	2,000 00
	5/19/2010	Veterens of Foreign Wars Post 653		В	1,000 00
C	5/19/2010	Waveny Care Center, Inc		В	1,500 00
C	5/19/2010 5/19/2010	Exch Club Parenting Skills Center Horizons Student Enrichment Program		B B	50,000 00
Č	6/7/2010	New Canaan Sports Council	Ungung Horo Award	В	3,650 00 75 00
Č	6/15/2010	American Lung Association	Unsung Hero Award	В	1,000 00
U		•	Memory of Bill Pierson	ь	
		and Donations Paid 2009			116,965 00
	Town of Ne				
_		s Luncheon - Waveny	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	404.00
C	12/10/2009	Ron Seger	Senior Lunch-Wine	В	181 00
С	12/21/2009	Susan Goodman		В	1,540 00
	Total Chr	istmas Luncheon - Waveny			1,721 00
	Memoria	I Day			
		Drum Corps			
С	3/24/2010	Yalesville Sr Ancient Fife & Drum Corps		В	950 00
	Total	Fife & Drum Corps			950 00
	Flags				
С	11/30/2009	CVS Flags	VOID	В	0 00
č	11/30/2009	CVS Flags	1015	В	940 80
Ū	Total	•			940 80
	l otal Mer	monal Day			1,890 80
	Total Town o	of New Canaan			3,611 80
	Total Grants & เ	Donations Paid			120,576 80
TO	TAL				120,576.80



Part III

The Organization's Primary Exempt Purpose

The Exchange Club of New Canaan Foundation, Inc. ("Foundation") is a Sec. 501(c) (3) organization which was incorporated on August 14, 1997 as an outgrowth of The Exchange Club of New Canaan, Inc., a Sec. 501 (c) (4) organization affiliated with The National Exchange Club. It shares the primary goal of all Exchange Clubs, that is, the prevention of child abuse.

The Club has caused the formation of the Foundation for the purpose of raising funds from the public and distributing them to organizations for the prevention of child abuse and other worthy and public purposes.

Attachment for Part IV

The Exchange Club of New Canaan, Inc 91 Dorchester Rd Darien, CT 06820

Officers and Directors June, 2010

,	
Mr. Mike Gregorio 50 Mariomi Rd	President
New Canaan, CT 06940	
Mr. Kevin Hansley	Immediate President
81B Heritage Hill Road	
New Canaan, CT 06840	
Mr. Kevin McIntosh	President Elect
38 Mead St Unit 12	
New Canaan, CT 06840	
Mr. Mark Markiewicz	Secretary
1650 Ponus Ridge	•
New Canaan, CT 06840	
Mr. Gustav W. Hedlund	Treasurer
91 Dorchester Rd	
Darien, CT 06820	
Mr. John Hess	Assistant Treasurer
86 Raymond St.	
Darien, CT 06820	
Mr. Gary Neuser	Director
94 Thayer Drive	
New Canaan, CT 06840	
Mr. Richard Megherby	Director
38 Nursery Road	
New Canaan, CT 06840	
Mr. Ian Duplock	Director
36 Elm Place	
New Canaan, CT 06840	
Mr Bob Clay	Director
469 Valley Road	
New Canaan, CT 06840	
Mr. Gayle Sanders	Director
82 Canoe Hill Road	

New Canaan, CT 06840