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SCANNED DEC 3 0 2013

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public

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. Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

A	For the	2013 cale	ndar year, or tax year beginning , 2013, and e	ending		, 20	
В	Check if	applicable	C Name of organization The Exchange Club of New Canaan Foundation, In	nc	D Employ	er identification nu	ımber
	Address	change	Doing Business As Fund Raising Organization for benefit of local chari	ities		06-1496954	
	Name ch	nange		om/suite	E Telepho	ne number	
$\bar{\sqcap}$	Initial ret	•	P.O. Box 1163		i	203-656-0726	
ñ	Termina		City or town, state or province, country, and ZIP or foreign postal code				
Ħ	Amende		New Canaan, CT 06840		G Gross re	eceipts \$	237,869
Ħ		ion pending		H(a) is this a		subordinates? Yes	
_	Арриоді	ion pending	80 Braeburn Dr New Canaan, CT 06840	1 ' '	•	s included? Ves	
-	Tov ovo	mpt status:	✓ 501(c)(3)			a list (see instructio	
<u>'</u>	Website		w.newcanaanexchangeclub.com		exemption	number >	·
<u>K</u>			W. newcariaan excitating ectub. com Corporation Trust Association Other ▶ L Year of f			of legal domicile:	CT
	art I	Summ		1997	1 III Olate	or logal dominions.	
	1		escribe the organization's mission or most significant activities:	· -			
	'	-	_				
Activities & Governance			re raised thru a series of fund raisers and donated to local charities an				
2			und raiser is Christmas tree sale the main focus of giving to help with			ita nat accata	
8	2		is box ▶ ☐ if the organization discontinued its operations or dispose	sed of more ma	1	115 Het assets.	
Ğ	3		of voting members of the governing body (Part VI, line 1a)		. 3		14
90	4		of independent voting members of the governing body (Part VI, line		. 4		0
įŧįe	5		mber of individuals employed in calendar (2013) (Part), line 2a)		. 5		0
슞	6		mber of volunteers (estimate if necessary)		. 6		95
⋖	7a	lotal unr	elated business revenue from Part Will, column (C), line 12 lated business taxable income from Porm 990-1, line 34		. 7a		0
	b	Net unre	lated business taxable income from Horm 990-1, line 34		. 7b	C:	0
			New Control of the Co	Prior Y		Current Ye	
9	8		tions and grants (Part VIII, line 1h). OGDEN, UT	•	13,263		14,260
Revenue	9	-	service revenue (Part VIII, line 2g)	•	193,852		223,609
	10		ent income (Part VIII, column (A), lines 3, 4, and 7d)	•	0		0
_	11		venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_;	0		0
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 1	2)	207,115		237,869
	13		nd similar amounts paid (Part IX, column (A), lines 1-3)	-	112,643		125,772
	14		paid to or for members (Part IX, column (A), line 4)		0		0
S	15		other compensation, employee benefits (Part IX, column (A), lines 5-10	0)	0		0
Expenses	16a	Profession	onal fundraising fees (Part IX, column (A), line 11e)		0		0
ğ	b	Total fun	draising expenses (Part IX, column (D), line 25) 237,50	61		<u> </u>	
ш	17		penses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	97,878		111,789
	18	Total exp	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		210,521		237,561
	19	Revenue	less expenses. Subtract line 18 from line 12	•	3,406		308
Net Assets or				Beginning of C	urrent Year	End of Ye	ar
Sets	20	Total ass	sets (Part X, line 16)		15,523		15,831
A Page	21	Total liab	oilities (Part X, line 26)	-	0		0
ž	22	Net asse	ets or fund balances. Subtract line 21 from line 20		15,523	<u>.</u>	15,831
P	art II	Signa	ture Block				
Ur	nder pena	alties of perju	ry, I declare that I have examined this return, including accompanying schedules and	statements, and to	the best of	my knowledge and	belief, it is
tru	ie, correc	t, and comp	lete. Declaration of preparer (other than officer) is based on all information of which pr	reparer has any know	/leage		
			CHING OC, HOUN		11/12	2013	
Si	gn	Sign	radure of officer	D	ate		
He	ere		GUSTAV W. HEGINAN TYERSUVEY				
		Тур	e or print name and title	<u>.</u>			
Pa	aid	Print/Ty	pe preparer's name Preparer's signature	Date	Check	☐ if PTIN	
	epare	.			self-em		
	se On	1	name 🕨	Fir	m's EIN 🕨		
		Firm's a	address >	Ph	one no		
Ma	y the II		s this return with the preparer shown above? (see instructions) .			🔲 Yes	
For	r Papen	work Redu	action Act Notice, see the separate instructions.	Cat No 11282Y		Form 9	90 (2013)

•					
om 990		<u> </u>			Page 2
Part I	Ц	Statement of Program Service A		5	
1	Dulas	y describe the organization's mission		Part III	·
		•		ganizations that support the prevention	
				d worthy. Donations also support college	
		larships to students qualified and in ne		a wordny. Dordadons also support college	
		he organization undertake any signif			
	•	Form 990 or 990-EZ?		· · · · · · · · · ·	✓ No
		es," describe these new services on S			
		the organization cease conducting, ces?			
		es," describe these changes on Sche		· · · · · · · · · · · · · · · · · · ·	☑ NO
		-		its three largest program services, as mea	sured by
	expe		organizations are required to rep	port the amount of grants and allocations to	
4a	(Cod	e:) (Expenses \$	including grants of \$) (Revenue \$)
	•			rect expenses related to the fund raising even	′ It.
	4. Co	llege Schlorships	\$10,000		
		fund raisers:			
4b	(Cod	e:) (Expenses \$	including grants of \$) (Revenue \$)
					
4c	(Cod	e:) (Expenses \$	including grants of \$) (Revenue \$)
			·		
			······································		
					

) (Revenue \$

Part	V Checklist of Required Schedules			
	•		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	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			<u> </u>
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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? <i>If "Yes," complete Schedule C, Part II</i>	4		1
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		1
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
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			
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11a		√
c	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
	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		✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			_
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
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		1
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		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<u> </u>
	If "Yes," complete Schedule G, Part III	19		✓
20 a	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		1
		Fort	n 990	(2015

Part	Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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		1
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 "No," go to line 25a	24a		✓
b c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d		24d		7
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
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		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II			,
07		26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		✓
	Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
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		1
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		1
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		<u>·</u>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		V
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		✓
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		✓

Form **990** (201**3**)

Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. L
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	ļ ^ļ	163	-
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			\vdash
	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		1
	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		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		1
4a	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)?	4a		-
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
E-		_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		1
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		V
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		-
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6ь		1
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		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		١,
_	required to file Form 8282?	7с		/
d	If "Yes," indicate the number of Forms 8282 filed during the year			,
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e 7f		1
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	79 7h		1
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			Ť
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		✓
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	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		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			Ť
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	لـــا		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		✓

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S.	ee ins	truct	ons.
	Check if Schedule O contains a response or note to any line in this Part VI	<u>···</u>	•	<u></u>
Section	on A. Governing Body and Management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year 1a 14		Tes	NO
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b 2	Enter the number of voting members included in line 1a, above, who are independent . 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		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<i>,</i>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		√
6	Did the organization have members or stockholders?	6		✓
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		1
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? <i>If "Yes," provide the names and addresses in Schedule O</i>	9		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue Co		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓_
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		√
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.			,
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b		∀
13	describe in Schedule O how this was done	12c 13		√
14 15	Did the organization have a written document retention and destruction policy?	14		✓
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		√
b	Other officers or key employees of the organization	15b		✓
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			
b	with a taxable entity during the year?	16a		✓
	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		✓
Section	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	ı 501(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.			, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Custav W Hedland 91 Dorchester Rd. Darien, CT 06820 203-656-0726	of the	!	

Da	- 4
Page	

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

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 of 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 employee."
- 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 than \$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.

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

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

Check this box if heither the organization ho	arly relate		Q111Z		C)	ompe	HSa	led any curren	t officer, director	, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	ot ch unles:	Pos eck s pe l a d	ition more	than on the thick the thic	an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Ian Duplock President				✓						
(2) Randy Dalia President Elect				✓						
(3) Vance Ward Immediate Past President				✓						
(4) Gustav Hedlund Treasurer				√						·· <u> </u>
(5) Mike Coady Assistant Treasurer				✓						
(6) Kevin McIntosh Director Print Communication				✓						
(7) Jack Devlin Director Electronic Communication				✓						
(8) Mark Markiewicz Secretary				√						
(9) Mike Gregorio Director				✓						
(10) Jim Millar Director				✓						
(11) Richard Cole Director				✓						
(12) John Doherty Director				✓						
(13) John Stancik Director				✓						
(14) Bill Harmon Director				✓						

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighe	st C	ompensated E	mployees (continue	d)		
	•				•	C)								
	(A)	(B)	(do n	ot ch		ition more	than o	one	(D)	(E)			(F)	
	Name and title	Average	box, unless person is both			an Reportable Reportal					mated			
		hours per week (list any						ŕ	compensation	compensation related			ount of ther	
		hours for	Individual trustee or director	Institutional truste	Officer	Key employee	뷡	Former	the	organizatio			ensation	
		related organizations	rec	tuti	cer	eg m	l oye	ॿ	organization (W-2/1099-MISC)	(W-2/1099-N	AISC)		n the nization	
		below dotted	tor to	onal		믕	မီရွ		1033-11100)				related	
		line)	ust	tru		89	l be					organ	ızatıons	
			ø.	stee			Highest compensated employee							
				_			8							
(15)									ļ		İ			
							ļ	_						
(16)														
							-							
(17)							}							
(40)														
(18)											1			
(40)								-			-			
(19)		 												
(00)							-		-					
(20)									İ					
(21)	-							-						
(21)											•			
(22)	· · · · · · · · · · · · · · · · · · ·					-					-			
<u> </u>								ļ						
(23)				_		-								
S==7														
(24)								\Box						
3									1					
(25)														
1b	Sub-total				•				0					
C	Total from continuation sheets to Part	-		•	•		-		0					
d	Total (add lines 1b and 1c)							<u> </u>	0	<u> </u>				
2	Total number of individuals (including but		l to th	ose	list	ted a	above	e) w	ho received m	ore than \$1	00,000 c	of		
	reportable compensation from the organi	zation ► 0											V	NI -
3	Did the organization list any former of	ficar direc	tor o			20	kov c		alovoo or bigh	oct compo	neatod		Yes	No
3	employee on line 1a? If "Yes," complete s							sirip	Royee, or riigh	est compe	iisaleu	3	i	,
	For any individual listed on line 1a, is the								nd other come	oncation fr	om tha	-3 -		✓_
4	organization and related organizations													
	individual	greater tra										4		✓
5	Did any person listed on line 1a receive of	r accrue co	mnei	nsat	ion	fror	m anv	, un	related organiz	ation or inc	dividual	 		<u> </u>
J	for services rendered to the organization											5		/
Section	on B. Independent Contractors		•						•				<u> l</u>	·
1	Complete this table for your five highest	compensate	ed inc	depe	end	ent	contr	acto	ors that receive	ed more tha	n \$100.0	000 of		
-	compensation from the organization. Rep													ĸ
	year.	•						-	•		_			
	(A)								(B)			(C)		
	Name and business add	ress							Description of s	ervices	C	ompens	ation	
none														
							_	\vdash						
	Table and the second and the second	no finalisatio		.	<u> </u>		od 4-		oco listo de al-	avol who				
2	Total number of independent contractor received more than \$100,000 of compens							·π		ve) wno				
	received more man \$100,000 or compen-	oauvii iiviii	are o	yaı	ıızd	uUil			0					

Part VIII		Statement of Revenue							
		Check if Schedule O contains a re	anv line in this	Part VIII					
	•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
nts nts	1a	Federated campaigns 1	a 0						
Contributions, Gifts, Grants and Other Simllar Amounts	b	Membership dues 1	b 0						
S, E	C	Fundraising events 1	C 223,609			Ī			
ar /	d	Related organizations 1	d 11,570						
S, E	е	Government grants (contributions) 1	e 0			1			
io io	f	All other contributions, gifts, grants,				!			
the fit		and similar amounts not included above	f 2,690						
E O	g	Noncash contributions included in lines 1a-1f:							
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f		237,869					
			Business Code						
Program Service Revenue	2a			o					
æ	b			0					
ice	С			0					
) Ser	d			0					
Ē	е			0					
gra	f	All other program service revenue.		0					
Ę.	g	Total. Add lines 2a-2f		O					
	3	Investment income (including div	ridends, ınterest,						
			🕨	_ o					
	4	Income from investment of tax-exempt	bond proceeds ►	0					
	5	Royalties	🕨	0					
		(i) Real	(ii) Personal						
	6a	Gross rents							
1	b	Less: rental expenses				ļ			
	С	Rental income or (loss)							
	d	Net rental income or (loss)		o					
	7a	Gross amount from sales of (i) Securities	(ii) Other						
		assets other than inventory							
1	b	Less. cost or other basis		ì					
		and sales expenses .		İ					
	С	Gain or (loss)							
	d	Net gain or (loss)	. <u> </u>	0					
•									
Other Revenue	8a	Gross income from fundraising	ŀ						
Š		events (not including \$							
æ		of contributions reported on line 1c).	}						
Je		See Part IV, line 18	a						
ᅙ	b	Less: direct expenses	b						
	C	Net income or (loss) from fundraisin		0					
	9a	Gross income from gaming activities				-			
		See Part IV, line 19							
	Ь	Less: direct expenses	b	ļ					
	C	Net income or (loss) from gaming a		0			ļ		
	10a	Gross sales of inventory, les							
		returns and allowances				ĺ			
	Ь	Less: cost of goods sold	b						
	С	Net income or (loss) from sales of i		0					
		Miscellaneous Revenue	Business Code						
	11a		-						
	ь		-						
	С		-				ļ		
	d	All other revenue					ļ		
	е	Total. Add lines 11a-11d	🟲	0			ļ ·		
	112	Total revenue See instructions	▶ !	207 200		1	1		

D	Statement of Functional Expenses	
LIAPE IV	Statement of Lunetianal Evnances	

Jecuo	Check if Schedule O contains a respons				
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	115,772	115,772		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	10,000	10,000		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 8	Other salaries and wages	0			
9 10 11	Other employee benefits	0			
a b	Management	0			
c d e	Accounting	0			
f 9	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12 13 14	Advertising and promotion	0			
15 16	Royalties	0			
17 18	Travel	0			
19 20 21	Conferences, conventions, and meetings Interest Payments to affiliates	0			
22 23	Depreciation, depletion, and amortization . Insurance	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b	Christmas Fund Raiser-Trees/Wreaths etc Golf Outing-Greens fees, dinner, prizes	85,947 22,939			85,947 22,939
c d	Raffle Expenses Wine Tasting-Room rental and food	925 1,889			925 1889
e 25	All other expenses 89 Total functional expenses. Add lines 1 through 24e	89 237,561	125,772		89 111,789
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)				

Form **990** (201**3**)-

	ort V	Balance Sheet			
ř	art X	Check if Schedule O contains a response or note to any line in this Pal	rt X		
	_ •	Check is concedure of contains a response of field to any line in this val	(A) Beginning of year		(B) End of year
_	1	Cash—non-interest-bearing	15,523	1	15,831
	2	Savings and temporary cash investments	0	2	0
	3	Pledges and grants receivable, net	0	3	0
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
ets	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 0			
	ь	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	15,523	16	15,831
	17	Accounts payable and accrued expenses	0	17	0
	18	Grants payable	0	18	0
	19	Deferred revenue		19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
es	22	Loans and other payables to current and former officers, directors,		ļ	
Liabilities		trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
ت	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	o
	26	Total liabilities. Add lines 17 through 25	15,523		15,831
es -		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.	13,323		19,031
Š	27	Unrestricted net assets		27	
<u>a</u>	28	Temporarily restricted net assets		28	
8	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
Š	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
<u>e</u> t	33	Total net assets or fund balances		33	
Z	34	Total liabilities and net assets/fund balances		34	

•					
	0 (2013)			Pa	ige 12
Part					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		23	37,869
2	Total expenses (must equal Part IX, column (A), line 25)	2		23	37,561
3	Revenue less expenses. Subtract line 2 from line 1	3			308
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	15,523
5	Net unrealized gains (losses) on investments	5			C
6	Donated services and use of facilities	6			0
7	Investment expenses	7			C
8	Prior period adjustments	8			C
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		1	5,831
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		1
	If "Yes," check a box below to indicate whether the financial statements for the year were com				
	reviewed on a separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		1
U	If "Yes," check a box below to indicate whether the financial statements for the year were audite		-		-
	separate basis, consolidated basis, or both:	u			
	Separate basis Consolidated basis Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	versiaht			ł
С	of the audit, review, or compilation of its financial statements and selection of an independent account		2c		ŀ
	If the organization changed either its oversight process or selection process during the tax year, ex		20		-
	in the organization changed either its oversight process or selection process during the tax year, ex	piairi iii	I	i	l

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

За

3b

Form **990** (2013)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

The E	Exchange Club of N	ew Canaan Found	dation, Inc						06-149	96954		
Par	t Reason for	or Public Cha	rity Status (All orga	nization	s must c	omplete	this par	rt.) See i	nstructio	ns.		
The c			tion because it is: (Fo									
1	A church, conv	vention of church	nes, or association of	churches	s describe	ed in sec	tion 170(ъ)(1)(A)(ĩ).			
2			170(b)(1)(A)(ii). (Attac									
3			spital service organiza		•	section 1	70(b)(1)(A)(iii).				
4	A medical rese		n operated in conjun						D(b)(1)(A)(iii). Enter	the	
5	☐ An organization	-	the benefit of a collect	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit de	scribe	ed in
6 7	An organization	n that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	l part of					nit or from	the gen	eral p	ublic
8			n section 170(b)(1)(A)	•	nnlete Pa	et II)						
9			receives: (1) more that				m contr	hutione	mambare	hin faac	and c	racc
J	receipts from support from	activities related	to its exempt functi nt income and unrel fter June 30, 1975. Se	ions—sul lated bus	bject to d siness tax	ertain ex xable inc	ceptions ome (les	s, and (2) ss sectio	no more	than 33	1/3% (of its
40		•							·4\			
10 11	An organization	on organized an	operated exclusively ad operated exclusive licly supported organ	ely for th	e benefit described	t of, to p d in secti	erform t on 509(a	the funct a)(1) or se	ions of, c ection 509	9(a)(2). Se		
			describes the type of	-					_			
е		ndation manage	II c Type III that the organization ers and other than one	ıs not co	ntrolled d	irectly or	indirecth	y by one		lisqualifie	d per	sons
f			written determination	on from 1	the IRS t	hat it is	a Type	I Type I	l or Type	e III supi	portin	n .
	organization, o	check this box .										
g	following pers	ons?	he organization accep							,		
			ndirectly controls, eithody of the supported of		_			describe	d in (iı) an 	d 11g(i)	Yes	No
	(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(ii)		~
	(iii) A 35% cor	ntrolled entity of	a person described in	i (i) or (ii) i	above?.					11g(iii)		~
h	Provide the fo	llowing informati	on about the support	ed organi	izatıon(s).							
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ col. (i)	ou notify sization in of your port?	organızal (i) organı	s the tion in col zed in the S.?	(vii) Amoun sup	t of mor	netary
			,	Yes	No	Yes	No	Yes	No			
(A) Se	ee attachment										•	
(B)										<u> </u>		
(C)												
(D)	-											
(E)												
					-							

Part							
	(Complete only if you checked th						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	
	on A. Public Support				T		· · · · · · · · · · · · · · · · · · ·
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.		<u> </u>	<u>l</u>	<u> </u>	·	
	on B. Total Support		,			,	
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						<u> </u>
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 carned on			:			
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	re	<u> </u>				
	on C. Computation of Public Support Public support percentage for 2012 (line)			11 column (6)		14	
14 15	Public support percentage for 2012 (line of Public support percentage from 2011 Sci					15	
16a	331/3% support test—2012. If the organi box and stop here. The organization qua	zation did not	check the box	on line 13, an	d line 14 is 33	3% or more, o	check this
b	331/3% support test—2011. If the organ check this box and stop here. The organ					e 15 is 33 ¹ /3%	or more,
17a	10%-facts-and-circumstances test—2010% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts- facts-and-circ	-and-circumsta umstances" te	ances" test, ch st. The organiz	eck this box ai ation qualifies	nd stop here. as a publicly s	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part IV how the organization m supported organization	tion meets the	e "facts-and-c s-and-circums	ircumstances" stances" test. 7	test, check ti The organization	his box and s on qualifies as	t op here. a publicly
18	Private foundation. If the organization di						

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support					•	
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	15,500	17,125	17,237	13,263	14,260	77,385
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose	186,128	195,128	190,200	193,852	223,609	988,917
3	Gross receipts from activities that are not an						<u> </u>
	unrelated trade or business under section 513	o	0	o	o	o	0
4	Tax revenues levied for the	-					
	organization's benefit and either paid						
	to or expended on its behalf	o	0	o	o	o	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	ol	0	o	О	o	0
6	Total. Add lines 1 through 5	201,628	212,253	207,437	207,115	237,869	1,066,302
7a	Amounts included on lines 1, 2, and 3					·	
	received from disqualified persons .					ł	
b	Amounts included on lines 2 and 3				-		
	received from other than disqualified					i	
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year				ı	i	
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)		_				
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	201,628	212,253	207,437	207,115	237,869	1,066,302
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .	2,349	302	0	0	0	2,651
b	Unrelated business taxable income (less	1					
	section 511 taxes) from businesses						
	acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	2,349	302	0	0	0	2,651
11	Net income from unrelated business						
	activities not included in line 10b, whether	[1	
	or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or					ļ	
	loss from the sale of capital assets						
4-	(Explain in Part IV.)	0	0	0	0	0	0
13	Total support. (Add lines 9, 10c, 11,	[[[
	and 12.)	203,977	212,555		207,115	237,561	1,068,645
14	First five years. If the Form 990 is for the	_			=		
	organization, check this box and stop he			· · · · ·	<u> </u>	<u> </u>	
	on C. Computation of Public Suppor					1.5	
15	Public support percentage for 2012 (line to	• • • • • • • • • • • • • • • • • • • •				15	99 %
16	Public support percentage from 2011 Sch				· · · · · ·	16	99 %
	on D. Computation of Investment In			. lima 40!	(6)	147	4.07
17	Investment income percentage for 2012 (17	1 %
18	Investment income percentage from 2011					18	1 %
19a	331/3% support tests—2012. If the organ						
_	17 is not more than 331/3%, check this box	_	_	•		_	
b	331/3% support tests—2011. If the organize line 18 is not more than 331/3%, check this						
00	Private foundation. If the organization di	-	_				
20	Filvate ioutioation. It the organization of	a not oneon a t	JOA OH IIITE 14,	13a, 01 130, 0	TIGOR HIIS DOX	414 300 1131100	tions -

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. Also complete this part for any additional information. (See instructions).

The Exchange Club of New Canaan Foundation, Inc Profit & Loss

10/28/13 Cash Basis

	Jul '12 - Jun 13	Jul '11 - Jun 12
Ordinary Income/Expense Income		
Christmas Tree Fundraiser	155,117	145,956
Donations Received	14,260	13,263
Golf Tournament	60,018	37,833
Ice Cream Soda Sales-July 4	800	946
Joan Butman Book Proceeds	0	75
Other	0	0
Raffle Sales	2,209	2,072
Road Rallye Income	0	1,900
Wine Tasting Income	5,465	5,070
Total Income	237,869	207,115
Expense		
Advertising-Grants Recipients	90	121
Bank Service Charges	0	2
Christmas Fundraiser Expenses	85,947	78,845
Golf Tournament Expenses	22,939	12,974
Grants & Donations Paid	125,772	112,643
Raffle Expense	925	1,105
Road Rallye Expense	0	1,050
Wine Tasting Expenses	1,889	3,780
Total Expense	237,561	210,521
Net Ordinary Income	308	(3,406)
. Net Income	308	(3,406)

The Exchange Club of New Canaan Foundation, Inc Balance Sheet

10/28/13 Cash Basis

	Jun 30, 13	Jun 30, 12	\$ Change
ASSETS			
Current Assets			
Checking/Savings			
Bank of America Combined Bank of America - Checking	15,831	15,523	308
Total Bank of America Combined	15,831	15,523	308
Total Checking/Savings	15,831	15,523	308
Total Current Assets	15,831	15,523	308
TOTAL ASSETS	15,831	15,523	308
LIABILITIES & EQUITY			
Equity			
Retained Earnings	15,523	18,930	(3,406)
Net Income	308	(3,406)	3,714
Total Equity	15,831	15,523	308
TOTAL LIABILITIES & EQUITY	15,831	15,523	308

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The Exchange Club of New Canaan Foundation, Inc Transaction Detail By Account July 2012 through June 2013

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11/07/13 Cash Basis

2:10 PM

Balance ,	980.00	1,086.63	975 00	975 00	756 00	756.00	1,731.00	2,817.63		2,500.00	5,000.00	7,500.00	10,000.00	10,250 00	11,000 00	11,013.76	11,133.55	11,208 55	73,708 55	77 208 55	80,708.55	83,208 55	86,208.55	88,708.55	92,208 55	95,208.55	99,208 55	107.858 55	111,498 55	113,998 55	113,998 55	114,996.33	120,248.55
Paid Amount	980.00	1,086.63	975.00	975 00	756 00	756.00	1,731 00	2,817 63		2,500.00	2,500.00	2,500.00	2,500.00	250.00	250.00	13.76	119.79	75 00	62,500 00	2,000 00	3,500,00	2,500 00	3,000 00	2,500 00	3,500 00	3,000 00	4,000 00	5.000.00	3,640.00	2,500.00	000	00,000,5	2,250 00
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Мето	Food Goodies Charge wrongly p				Check to CVS SYSTEMS Inc					Kalın Killinger-Freshman	James Arliss Sophmore	Antonina Miller-Junior	Virginia Hornblower-Senior	lee Box-Goir Outing	Ad for golf outing the parent	Homefront-Painting supplie.	HomeFront Expenses Mart	Unsung Hero Award												!	VOID		
Name	Susan Goodman Exchange Club of New Canaan, Inc		Yalesville Sr Ancient Fife & Drum Corps		CVS Flags					Norwich University	University of Vermont	University of Mass @ Amherst	Vanderbilt University	Easton Exchange Club	Lance Koot Exchange Club Center	Michael Gregorio	Marty McLaughlin, Sr	New Canaan All Sports Booster Club	Exch Club Parenting Skills Center	Silvermine Guild Arts Center Bridgebod Decore Mission	Bridgepoir Rescue Mission Ars for Healing	Child Guidance Center of Southern CT	Children's Connection of Fairfield County	Circle of Care	Domestic Violence Crisis Center	Family Reentry	GetAbout, Inc	Kids in Crisis	Meals-on-Wheels of New Canaan Inc	Pivot Ministries, Inc	Veterens of Foreign Wars	Veterens of Foreign Wars	HomeFront, Inc.
Num	online online	<u>≽</u>	1885		1907					1485	1486	1487	1488	1490	1876	1881	1883	1884	1886	288	1890	1891	1892	1893	1894	1895	1896	1898	1899	1900	1901	1902	1904
Date	s & Donations Paid wn of New Canaan Christmas Luncheon - Waveny sck 12/31/2012	Total Christmas Luncheon - Waveny	y im Corps 5/17/2013	Total Fife & Drum Corps	6/13/2013	ø	al Day	w Canaan	Grants & Donations Paid - Other	8/21/2012	8/21/2012	8/21/2012	8/21/2012	9/10/2012	4/19/2013	5/7/2013	5/13/2013	5/13/2013	5/21/2013	5/29/2013	5/29/2013	5/29/2013	5/29/2013	5/29/2013	5/29/2013	5/29/2013	5/29/2013	5/29/2013	5/29/2013	5/29/2013	5/29/2013	5/29/2013	6/4/2013
Туре	Grants & Donations Paid Town of New Canaan Christmas Lunche Check	Total Christma	Memorial Day Fife & Drum Corps Check 5/17	•	Flags Check	Total Flags	Total Memorial Day	Total Town of New Canaan	Grants & Donation	Check	Check	Check	Check	Check	S S S S S S S S S S S S S S S S S S S	Check	Check	Check	Check	Check	C eck	Check	Check	Check	Check	Check	Check	Check	Check	Check	Check	Cleck	Check

The Exchange Club of New Canaan Foundation, Inc **Transaction Detail By Account**

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July 2012 through June 2013

Cash Basis

2:10 PM 11/07/13

1,000.00 1,500.00 206.25 122,954.80 **Paid Amount** 히 Homefront expenses Memo New Canaan Fire Co #1 New Canaan Recreation Dept. Walter Stewart's Market Name E E 1905 1906 online Total Grants & Donations Paid - Other 6/4/2013 6/5/2013 6/25/2013 Date Type Check Check Check

121,248 55 122,748 55 122,954.80

Balance

122,954 80 125,772.43 125,772.43

125,772.43

125,772 43

Total Grants & Donations Paid

TOTAL