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Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

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▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf

OMB No 1545-0052

2013

Open to Public Inspection

For calendar year 2013 or tax year beginning , 2013, and ending , 20

Name of foundation KIRK ELIZABETH - YMCA ET AL		A Employer identification number 06-6024917
Number and street (or P O box number if mail is not delivered to street address) P O BOX 1802		B Telephone number (see instructions) 888-866-3275
City or town, state or province, country, and ZIP or foreign postal code PROVIDENCE, RI 02901-1802		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input type="checkbox"/> Section 501(c)(3) exempt private foundation <input checked="" type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 1,509,290.		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)				
2	Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments				
4	Dividends and interest from securities	30,886.	30,287.		STMT 1
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10	-23,651.			
b	Gross sales price for all assets on line 6a	473,957.			
7	Capital gain net income (from Part IV, line 2)				
8	Net short-term capital gain				
9	Income modifications				
10a	Gross sales less returns and allowances				
b	Less: Cost of goods sold				
c	Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)		12.		STMT 2
12	Total. Add lines 1 through 11	7,235.	30,299.		
13	Compensation of officers, directors, trustees, etc.	18,490.	11,094.		7,396.
14	Other employee salaries and wages		NONE	NONE	
15	Pension plans, employee benefits		NONE	NONE	
16a	Legal fees (attach schedule) STMT 3	1,484.	NONE	NONE	1,484.
b	Accounting fees (attach schedule) STMT 4	1,250.	NONE	NONE	1,250.
c	Other professional fees (attach schedule)				
17	Interest				
18	Taxes (attach schedule) (see instructions) STMT 5	2,573.	786.		
19	Depreciation (attach schedule) and depletion				
20	Occupancy				
21	Travel, conferences, and meetings		NONE	NONE	
22	Printing and publications		NONE	NONE	
23	Other expenses (attach schedule) STMT 6		310.		
24	Total operating and administrative expenses. Add lines 13 through 23	23,797.	12,190.	NONE	10,130.
25	Contributions, gifts, grants paid	78,975.			78,975.
26	Total expenses and disbursements. Add lines 24 and 25	102,772.	12,190.	NONE	89,105.
27	Subtract line 26 from line 12				
a	Excess of revenue over expenses and disbursements	-95,537.			
b	Net investment income (if negative, enter -0-)		18,109.		
c	Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	124,473.	41,137.	41,137.
	3	Accounts receivable ▶ Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶ Less: allowance for doubtful accounts ▶			NONE
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10 a	Investments - U S and state government obligations (attach schedule) .			
	b	Investments - corporate stock (attach schedule) . STMT 7	1,312,452.	1,211,119.	1,381,166.
	c	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis Less: accumulated depreciation (attach schedule) ▶			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule) STMT 8		87,499.	86,987.
	14	Land, buildings, and equipment basis Less: accumulated depreciation (attach schedule) ▶			
15	Other assets (describe ▶)				
16	Total assets (to be completed by all filers - see the instructions Also, see page 1, item I)	1,436,925.	1,339,755.	1,509,290.	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons .			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
23	Total liabilities (add lines 17 through 22)		NONE		
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here . <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, . . . <input checked="" type="checkbox"/> check here and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds	1,436,925.	1,339,755.	
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds . .			
30	Total net assets or fund balances (see instructions)	1,436,925.	1,339,755.		
31	Total liabilities and net assets/fund balances (see instructions)	1,436,925.	1,339,755.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,436,925.
2	Enter amount from Part I, line 27a	2	-95,537.
3	Other increases not included in line 2 (itemize) ▶ PARTNERSHIP ADJUSTMENT	3	939.
4	Add lines 1, 2, and 3	4	1,342,327.
5	Decreases not included in line 2 (itemize) ▶ SEE STATEMENT 9	5	2,572.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,339,755.

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs MLC Co.)			(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED SECURITIES					
b OTHER GAINS AND LOSSES					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a 472,667.		497,608.	-24,941.		
b 1,290.			1,290.		
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col. (k), but not less than -0-) or Losses (from col (h))		
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any			
a			-24,941.		
b			1,290.		
c					
d					
e					
2 Capital gain net income or (net capital loss)			2	-23,651.	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):			3		
If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8					

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2012	61,701.	1,389,339.	0.044410
2011	69,307.	1,412,839.	0.049055
2010	65,777.	1,333,929.	0.049311
2009	48,291.	1,183,895.	0.040790
2008	66,065.	1,389,093.	0.047560
2 Total of line 1, column (d)			2 0.231126
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 0.046225
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5			4 1,441,351.
5 Multiply line 4 by line 3			5 66,626.
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 181.
7 Add lines 5 and 6			7 66,807.
8 Enter qualifying distributions from Part XII, line 4			8 89,105.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 . . .		1	181.
Date of ruling or determination letter _____ (attach copy of letter if necessary - see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . .		2	
3 Add lines 1 and 2		3	181.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . . .		4	NONE
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	181.
6 Credits/Payments			
a 2013 estimated tax payments and 2012 overpayment credited to 2013	6a	1,186.	
b Exempt foreign organizations - tax withheld at source	6b	NONE	
c Tax paid with application for extension of time to file (Form 8868)	6c	NONE	
d Backup withholding erroneously withheld	6d		
7 Total credits and payments Add lines 6a through 6d	7	1,186.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	1,005.	
11 Enter the amount of line 10 to be Credited to 2014 estimated tax <input checked="" type="checkbox"/> 184. Refunded <input type="checkbox"/> 821.	11		

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input checked="" type="checkbox"/> \$ _____ (2) On foundation managers <input checked="" type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input checked="" type="checkbox"/> CT		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation.	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete Part XIV.		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions).	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
Website address <u>N/A</u>				
14	The books are in care of <u>US TRUST FIDUCIARY TAX SERVICES</u> Telephone no <u>(888) 866-3275</u> Located at <u>P.O. BOX 1802, PROVIDENCE, RI</u> ZIP+4 <u>02901-1802</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input checked="" type="checkbox"/> 15 and enter the amount of tax-exempt interest received or accrued during the year.			
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 If "Yes," enter the name of the foreign country.				

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly)		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days).	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		X
Organizations relying on a current notice regarding disaster assistance check here <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013?		X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions)		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2013 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2013)		
3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?		X
4b		

Form 990-PF (2013)

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**5a** During the year did the foundation pay or incur any amount to:(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☒ Yes ☐ No(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No**b** If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? ☐ Yes ☒ NoOrganizations relying on a current notice regarding disaster assistance check here ☐**c** If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? ☒ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No**b** Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? ☐ Yes ☒ No**b** If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? ☐ Yes ☒ No**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors****1** List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(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, other allowances
SEE STATEMENT 12		18,490.		

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE		-0-	-0-	-0-

Total number of other employees paid over \$50,000 ☐ **NONE**

Form 990-PF (2013)

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)**3 Five highest-paid independent contractors for professional services** (see instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		NONE

Total number of others receiving over \$50,000 for professional services **NONE**

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

Expenses

1 NONE	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

Amount

1 NONE	
2	
All other program-related investments See instructions	
3 NONE	

Total. Add lines 1 through 3

Form **990-PF** (2013)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1,383,852.
b	Average of monthly cash balances	1b	79,449.
c	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	1,463,301.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	1,463,301.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	21,950.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,441,351.
6	Minimum investment return. Enter 5% of line 5	6	72,068.

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6	1	72,068.
2a	Tax on investment income for 2013 from Part VI, line 5	2a	181.
b	Income tax for 2013. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	181.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	71,887.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	71,887.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	71,887.

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	89,105.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	89,105.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	181.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	88,924.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				71,887.
2 Undistributed income, if any, as of the end of 2013				
a Enter amount for 2012 only			20,068.	
b Total for prior years 20 <u>11</u> , 20____, 20____		NONE		
3 Excess distributions carryover, if any, to 2013				
a From 2008	NONE			
b From 2009	NONE			
c From 2010	NONE			
d From 2011	NONE			
e From 2012	NONE			
f Total of lines 3a through e	NONE			
4 Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ <u>89,105.</u>				
a Applied to 2012, but not more than line 2a . . .			20,068.	
b Applied to undistributed income of prior years (Election required - see instructions)		NONE		
c Treated as distributions out of corpus (Election required - see instructions)	NONE			
d Applied to 2013 distributable amount	NONE			69,037.
e Remaining amount distributed out of corpus . .	NONE			
5 Excess distributions carryover applied to 2013 . (If an amount appears in column (d), the same amount must be shown in column (a))	NONE			NONE
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	NONE			
b Prior years' undistributed income Subtract line 4b from line 2b		NONE		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		NONE		
d Subtract line 6c from line 6b. Taxable amount - see instructions		NONE		
e Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount - see instructions				
f Undistributed income for 2013 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				2,850.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) . . .	NONE			
8 Excess distributions carryover from 2008 not applied on line 5 or line 7 (see instructions) . . .	NONE			
9 Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a	NONE			
10 Analysis of line 9.				
a Excess from 2009 . . .	NONE			
b Excess from 2010 . . .	NONE			
c Excess from 2011 . . .	NONE			
d Excess from 2012 . . .	NONE			
e Excess from 2013 . . .	NONE			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

NOT APPLICABLE

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2013, enter the date of the ruling

b Check box to indicate whether the foundation is a private operating foundation described in section

4942(j)(3) or

4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year				(e) Total
	(a) 2013	(b) 2012	(c) 2011	(d) 2010	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i).					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties).					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization.					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)**1 Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

NONE

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XV Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
CONNECTICUT NURSES ASSOCIATION ATTN CAROLE BE 377 RESEARCH PKWY STE 2D MERIDEN CT 06450-71	N/A	NC	UNRESTRICTED GENERAL SUPPORT	8,775.
WATERBURY WOMENS CLUB C/O JESSIE GWISDALA TRE 365 MOUNT TOBE RD PLYMOUTH CT 06782-2808	N/A	NC	UNRESTRICTED GENERAL SUPPORT	8,775.
VISITING NURSE & HOME CARE INC MS. ELLEN ROTHEBERG - PRESIDENT WETHERSFIELD	N/A	PC	UNRESTRICTED GENERAL SUPPORT	8,775.
YOUNG MEN'S CHRISTIAN ASSOC. SUSAN TALBOTT WATERBURY CT 06702-2005	N/A	PC	UNRESTRICTED GENERAL SUPPORT	8,775.
FIRST CONG. CHURCH OF WATERBURY TREASURER-GAR 222 W MAIN ST WATERBURY CT 06702-1220	N/A	PC	UNRESTRICTED GENERAL SUPPORT	26,325.
CONNECTICUT JUNIOR REPUBLIC HEDY BARTON DIR OF DEV LITCHFIELD CT 06759-0	N/A	PC	UNRESTRICTED GENERAL SUPPORT	8,775.
CONG BOARD PILGRIM MEM FUND C/O UNITED CHURCH 475 RIVERSIDE DR STE 1020 NEW YORK NY 10115-	N/A	PC	UNRESTRICTED GENERAL SUPPORT	8,775.
Total			3a	78,975.
b Approved for future payment				
Total			3b	

[illegible]

13 Total. Add line 12, columns (b), (d), and (e)		13	<u>7,235.</u>
(See worksheet in line 13 instructions to verify calculations)			

Part XVI-B	Relationship of Activities to the Accomplishment of Exempt Purposes
------------	---

▼

Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)

NOT APPLICABLE

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
d	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received		

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
USGI REPORTED AS NONQUALIFIED DIVIDENDS	1,045.	1,045.
FOREIGN DIVIDENDS	5,410.	5,410.
NONDIVIDEND DISTRIBUTIONS	599.	
DOMESTIC DIVIDENDS	8,720.	8,720.
OTHER INTEREST	745.	745.
FOREIGN INTEREST	22.	22.
U.S. GOVERNMENT INTEREST(FEDERAL TAXABLE	61.	61.
US GOVERNMENT INTEREST REPORTED AS QUALI	196.	196.
NONQUALIFIED FOREIGN DIVIDENDS	566.	566.
NONQUALIFIED DOMESTIC DIVIDENDS	13,522.	13,522.
TOTAL	30,886.	30,287.

FORM 990PF, PART I - OTHER INCOME
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
PARTNERSHIP INCOME		12.
	-----	-----
TOTALS	=====	=====
		12.
		=====

FORM 990PF, PART I - LEGAL FEES
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----	ADJUSTED NET INCOME -----	CHARITABLE PURPOSES -----
LEGAL FEES - CHARITABLE	1,484.			1,484.
TOTALS	1,484.	NONE	NONE	1,484.
	=====	=====	=====	=====

FORM 990PF, PART I - ACCOUNTING FEES

=====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
-----	-----	-----	-----	-----
TAX PREPARATION FEE - BOA	1,250.			1,250.
	-----	-----	-----	-----
TOTALS	1,250.	NONE	NONE	1,250.
	=====	=====	=====	=====

FORM 990PF, PART I - TAXES

=====

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
-----	-----	-----
FOREIGN TAXES	46.	46.
EXCISE TAX - PRIOR YEAR	601.	
EXCISE TAX ESTIMATES	1,186.	
FOREIGN TAXES ON QUALIFIED FOR	669.	669.
FOREIGN TAXES ON NONQUALIFIED	71.	71.
	-----	-----
TOTALS	2,573.	786.
	=====	=====

KIRK ELIZABETH - YMCA ET AL

06-6024917

FORM 990PF, PART I - OTHER EXPENSES
=====

DESCRIPTION -----	REVENUE AND EXPENSES PER BOOKS -----	NET INVESTMENT INCOME -----
PARTNERSHIP EXPENSES		310.
TOTALS	----- =====	----- 310. =====

KIRK ELIZABETH - YMCA ET AL

06-6024917

FORM 990PF, PART II - CORPORATE STOCK
=====

DESCRIPTION -----	ENDING BOOK VALUE -----	ENDING FMV ----
464287614 ISHARES RUSSELL 1000	142,825.	184,793.
269858304 EAGLE SM CAP GROWTH	54,649.	78,377.
277905642 EATON VANCE LARGE-CA	171,408.	222,342.
197199409 COLUMBIA ACORN FUND	61,183.	86,288.
19765N567 COLUMBIA SMALL CAP V	51,787.	57,714.
693390700 PIMCO TOTAL RETURN F		
722005667 PIMCO COMMODITY REAL		
008882532 INVESCO INTL GROWTH	34,432.	48,394.
411511306 HARBOR INTERNATIONAL	42,418.	48,802.
52106N889 LAZARD EMERGING MKTS	152,816.	144,777.
197199813 COLUMBIA ACORN INTER	16,994.	19,453.
72201F409 PIMCO EMERGING MKT C		
99Z466163 HIGH QUALITY CORE CO	88,821.	103,672.
922908553 VANGUARD REIT ETF	87,238.	79,409.
466001864 IVY ASSET STRATEGY F	51,153.	58,019.
693390841 PIMCO HIGH YIELD FD	29,230.	29,414.
714199106 PERMANENT PORTFOLIO	36,538.	33,755.
72200Q182 PIMCO ALL ASSET ALL	102,306.	98,620.
202671913 AGGREGATE BOND CTF	87,321.	87,337.
	-----	-----
TOTALS	1,211,119.	1,381,166.
	=====	=====

KIRK ELIZABETH - YMCA ET AL

06-6024917

FORM 990PF, PART II - OTHER INVESTMENTS
=====

DESCRIPTION -----	COST/ FMV C OR F -----	ENDING BOOK VALUE -----	ENDING FMV ---
73935S105 POWERSHARES DB COMMO	C	87,499.	86,987.
		-----	-----
TOTALS		87,499.	86,987.
		=====	=====

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
TYE INCOME ADJ	2,535.
ROUNDING	1.
CTF ADJUSTMENT	36.

TOTAL	2,572.
	=====

GAINS AND LOSSES FROM PASS-THRU ENTITIES

=====

NET SHORT-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS
AND OTHER FIDUCIARIES

COMMON TRUST FUNDS	1,597.00	

TOTAL NET SHORT-TERM GAIN OR LOSS (ROUNDED)		1,597.00
		=====

NET LONG-TERM GAIN (LOSS) FROM PARTNERSHIPS, S CORPORATIONS
AND OTHER FIDUCIARIES

COMMON TRUST FUNDS	632.00	
PARTNERSHIPS, TRUSTS, S CORPORATIONS	-939.00	

TOTAL NET LONG-TERM GAIN OR LOSS (ROUNDED)		-307.00
		=====

KIRK ELIZABETH - YMCA ET AL

06-6024917

FORM 990PF, PART VII-B, LN 5(c) EXPENDITURE RESPONSIBILITY STATEMENT

=====

NAME:

SEE ATTACHED STATEMENT

STATEMENT 11

Statement Attached to Form 990-PF, Return of Private Foundation
Substantiation of Exercise of Expenditure Responsibility
Form 990-PF, Part VII-B, Line 5c

Name of Foundation: Elizabeth Kirk Trust fbo Waterbury YMCA et al
 EIN: 06-6024917
 Tax Year: 12/31/2013

The following information is provided in accordance with IRC § 4945(h)(3) and Reg. § 53.4945-5(d) to demonstrate that the foundation exercised expenditure responsibility with regard to its grants:

Name and Address of Grantee	Date of Grant	Amount of Grant	Purpose of Grant(s)	Amounts Expended by Grantee (based on Grantee Report)	To Grantor's Knowledge, has Grantee Diverted any Portion of the Funds from the Purpose of the Grant?	Dates of any Reports Received from Grantee	Results (and date) of any Verification of the Grantee's Reports (if Required)
Connecticut Nurses Assoc'n Carole Bergeron, Exec. Dir. 377 Research Pky, Suite 2D Meriden, CT 06450-7160	1/1/2013 - 12/31/13	\$8,775.92	Charitable	\$8,774.92			
Waterbury Women's Club, Inc 365 Mount Tobe Rd. Plymouth, CT 06782	1/1/2013 - 12/31/13	\$ 8,775	Charitable	\$ 8,775			

Expenditure Report

Waterbury Women's Club
365 Mount Tobe Road
Plymouth, CT 06782

RECEIVED
MAY 20 2014

NAME OF TRUST: Elizabeth Kirk Trust fbo Waterbury YMCA et al

ACCOUNT #: _____

To Bank of America, N.A., in its capacity as Trustee:

The following constitutes the expenditure report for Waterbury Women's Club for the period of January 1, 2013 through December 31, 2013 for a distribution totaling \$8,774.91 ("distributed funds") received by Waterbury Women's Club. We certify that the funds have been used exclusively for the charitable purposes set forth in the trust distribution agreement letter.

Attached is a report showing expenditures of the distributed funds during the fiscal year by amount and purpose.

No part of the distributed funds or interest earned on the funds were used for any of the following purposes:

- (i) carrying on propaganda or attempting to influence legislation,
- (ii) influencing the outcome of any election for public office or carrying on directly or indirectly any voter registration drive,
- (iii) making grants to individuals or organizations that do not comply with sections 4945(d)(3) or (d)(4) of the Code, or
- (iv) for any non-charitable purpose, that is, any purpose not described in section 170(c)(2)(B) of the Code.

I further certify that Waterbury Women's **Club** has not diverted any portion of the distributed funds from the purpose of the grant, that this organization has complied with the terms of the grant. I am authorized to sign this report on behalf of the trust beneficiary. I have examined the foregoing statements, including the attached Expenditure Responsibility Report, and they are true, correct and complete, to the best of my knowledge.

By: Jessie Turudala
Its Treasurer

Telephone Number: 203-756-8580

Date 5.20.14

Amendment Replacing 4/28/14 Report

EXPENDITURE RESPONSIBILITY REPORT

Date of report: 5.20.14

Report period: January 1, 2013 through December 31, 2013

Name and address of organization:

Waterbury Womens Club, Inc
365 Mount Tobe Rd.
Plymouth, CT 06782

Amounts and dates of distributions received during the period of 1/1/2013 through 12/31/2013:

Date	Amount	
1/13/13	1,398.54	10/21/13 1,401.34
1/30/13	945.37	
4/19/13	1,398.54	
7/19/13	1,401.34	
8/21/13	2,229.78	
		Total 8,774.91

Describe the uses of the distributed funds. Attach additional pages, if needed):

6/15	(5) scholarships	1,000 ea	5,000
8/15	1 scholarship	1,000	1,000
12/13	Police Activity League		2,000
12/16	St Vincent DePaul Mission		1,500

Itemize all amounts spent from the distributed funds including salaries, travel and supplies (attach additional pages, if needed):

Date	Amount	Purpose
8/17	76.00	P.O. Box
10/9	67.00	Cartridges

By: Jessie Thursdale

Its Treasurer

Date 5/20/14

Expenditure Report

**Connecticut Nurses Association
377 Research Pkwy, Ste 2D
Meriden, CT 06450-7155**

NAME OF TRUST: Elizabeth Kirk Trust fbo Waterbury YMCA et al

ACCOUNT #. _____

To Bank of America, N.A., in its capacity as Trustee:

The following constitutes the expenditure report for Connecticut Nurses Association

for the period of January 1, 2013 through December 31, 2013 for a distribution totaling \$8,774.92
("distributed funds") received by Connecticut Nurses Association

We certify that the funds have been used exclusively for the charitable purposes set forth in the trust distribution agreement letter.

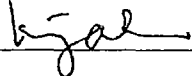
Attached is a report showing expenditures of the distributed funds during the fiscal year by amount and purpose.

No part of the distributed funds or interest earned on the funds were used for any of the following purposes:

- (i) carrying on propaganda or attempting to influence legislation,
- (ii) influencing the outcome of any election for public office or carrying on directly or indirectly any voter registration drive,
- (iii) making grants to individuals or organizations that do not comply with sections 4945(d)(3) or (d)(4) of the Code, or
- (iv) for any non-charitable purpose, that is, any purpose not described in section 170(c)(2)(B) of the Code.

I further certify that Connecticut Nurses **Association**

has not diverted any portion of the distributed funds from the purpose of the grant, that this organization has complied with the terms of the grant. I am authorized to sign this report on behalf of the trust beneficiary. I have examined the foregoing statements, including the attached Expenditure Responsibility Report, and they are true, correct and complete, to the best of my knowledge.

By: Kimberly Sandor 

Its Executive Director

Telephone Number: 203-238-1207 x 11

Date 2/26/14

EXPENDITURE RESPONSIBILITY REPORT

Date of report: February 7, 2014

Report period: January 1, 2013 through December 31, 2013

Name and address of organization:

Connecticut Nurses' Association
377 Research Parkway, Suite 2D
Meriden, CT 06450

Amounts and dates of distributions received during the period of 1/1/2013 through 12/31/2013:

<u>Date</u>	<u>Amount</u>
-------------	---------------

See attached report of funds received for distribution
See attached accounting report of claims distributed for requested period.

Describe the uses of the distributed funds. Attach additional pages, if needed):

Funds are used to pay requests of medical claim refunds in excess of insurance payments for our members. All claims are reviewed initially by the executive director and bookkeeper and reported for approval to the Finance Committee and recorded in the monthly minutes. Claim criteria is attached

Itemize all amounts spent from the distributed funds including salaries, travel and supplies (attach additional pages, if needed):

<u>Date</u>	<u>Amount</u>	<u>Purpose</u>
-------------	---------------	----------------

\$

See attached accounting report of fees covering administrative time for reporting period

By: Kimberly Sandor



Its Executive Director

Date

2/25/14

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02/04/14

Accrual Basis

E Kirk Fund

Transaction Detail by Account

January through December 2013

Type	Date	Num	Memo	Amount	Balance
BankBoston Charities					
Sales Receipt	1/22/2013	224	Bank of America	1,398.54	1,398.54
Sales Receipt	2/4/2013	225	BOA	945.37	2,343.91
Sales Receipt	4/22/2013	226	bank of America	1,400.41	3,744.32
Sales Receipt	7/23/2013	228	BOA	1,400.41	5,144.73
Sales Receipt	8/27/2013	229	Bank of America	2,229.78	7,374.51
Sales Receipt	10/25/2013	230	Bank of America	1,400.41	8,774.92
Total BankBoston Charities				8,774.92	8,774.92
TOTAL				8,774.92	8,774.92

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02/04/14

Accrual Basis

E Kirk Fund

Transaction Detail by Account

January through December 2013

Type	Date	Num	Memo	Amount	Balance
Awarded Amounts					
Bill	6/4/2013	Claim 13-01	Claim 13-01	1,000.00	1,000.00
Bill	7/23/2013	Claim 13-02	Claim 13-02	839.40	1,839.40
Bill	7/23/2013	claim 13-03	claim 13-03	340.00	2,179.40
Bill	8/23/2013	Claim 13-04	Claim 13-04	167.41	2,346.81
Bill	11/14/2013	claim 13-06	claim 13-06	1,500.00	3,846.81
Bill	11/14/2013	Claim07-02 additiona	Claim07-02 Yr End review additional funding	223.10	4,069.91
Bill	11/14/2013	Claim07-01 additiona	Claim07-01 Yr End review additional funding	277.69	4,347.60
Bill	11/14/2013	Claim07-05 additiona	Claim07-05 Yr End review additional funding	233.75	4,581.35
Bill	11/14/2013	Claim 07-06 addition	Claim 07-06 Yr End review additional funding	206.25	4,787.60
Bill	11/14/2013	Claim 07-08 Yr End r	Claim 07-08 Yr End review additional funding	393.50	5,181.10
Bill	11/14/2013	Claim08-02 Yr End re	Claim08-02 Yr End review additional funding	237.06	5,418.16
Bill	11/14/2013	Claim08-03 Yr End re	Claim08-03 Yr End review additional funding	336.75	5,754.91
Bill	11/14/2013	Claim08-03 Yr End re	08-04 Yr End review additional funding	260.50	6,015.41
Bill	11/14/2013	Claim 08-06 Yr End r	Claim 08-06 Yr End review additional funding	205.56	6,220.97
Bill	11/14/2013	Claim09-02 Yr End re	Claim09-02 Yr End review additional funding	201.29	6,422.26
Bill	11/14/2013	claim 09-03Yr End re	claim 09-03Yr End review additional funding	464.00	6,886.26
Bill	11/14/2013	Claim09-04 Yr End re	Claim09-04 Yr End review additional funding	296.50	7,182.76
Bill	11/14/2013	Claim09-05 Yr End re	Claim09-05 Yr End review additional funding	592.29	7,775.05
Bill	11/14/2013	Claim 09-06 Yr End	Claim 09-06 Yr End review additional funding	473.25	8,248.30
Bill	11/14/2013	claim 09-08 Yr End r	claim 09-08 Yr End review additional funding	342.46	8,590.76
Bill	11/14/2013	Claim10-02 Yr End re	Claim10-02 Yr End review additional funding	213.77	8,804.53
Bill	11/14/2013	Claim10-05 Yr End re	Claim10-05 Yr End review additional funding	605.96	9,410.49
Bill	11/14/2013	Claim10-06 Yr End re	Claim10-06 Yr End review additional funding	500.64	9,911.13
Bill	11/14/2013	claim 11-01 Yr End r	claim 11-01 Yr End review additional funding	327.55	10,238.68
Bill	11/14/2013	Claim11-03 Yr End re	Claim11-03 Yr End review additional funding	432.93	10,671.61
Bill	11/14/2013	Claim12-02 Yr End re	Claim12-02 Yr End review additional funding	460.86	11,132.47
Bill	11/14/2013	Claim12-03 Yr End re	Claim12-03 Yr End review additional funding	342.35	11,474.82
Bill	11/14/2013	Claim 12-04 Yr End	Claim 12-04 Yr End review additional funding	485.25	11,960.07
Total Awarded Amounts				11,960.07	11,960.07
TOTAL				11,960.07	11,960.07

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02/04/14

Accrual Basis

E Kirk Fund
Transaction Detail by Account
January through December 2013

Type	Date	Num	Name	Memo	Amount	Balance
Administration Fee						
Bill	6/4/2013					
Bill	7/23/2013	Fee for claim 13-01	Connecticut Nurses' ..	Fee for claim 13-01	150 00	150 00
Bill	8/23/2013	claim 13-02 and 03	Connecticut Nurses' ..	Fee for claim 13-02 and 03	200 00	350 00
Bill	11/14/2013	Fee for claim 13-04	Connecticut Nurses' ..	Fee for claim 13-04	100 00	450 00
Bill	11/14/2013	30@@50 1@100	Connecticut Nurses'...	Fee for claim 23 year end clai .	1,150 00	1,600 00
Bill	11/14/2013	30@@50 1@100	Connecticut Nurses' ..	Fee for claim 13-06	100 00	1,700 00
Total Administration Fee					1,700 00	1,700 00
TOTAL					1,700.00	1,700.00

CONNECTICUT NURSES' ASSOCIATION

Elizabeth Kirk Fund

To be completed by applicant:

Confidential

1. Date of application: _____
2. Name of applicant _____
3. Social Security Number _____
4. Address _____
5. Telephone (h) _____ (w) _____ email _____
6. Place of Employment: _____

7. Assistance is requested for the medical and/or dental expenses, listed below, which are not covered by the applicant's insurance or other third party provisions:

Enclose a copy of the invoice(s), any existing insurance claims, or other relevant information.

8. Total amount requested _____ (must total at least \$200.00)
 9. Please provide a brief statement of your reasons for needing assistance with meeting these expenses.

- Signature of applicant/appointee _____
-

FOR OFFICE USE ONLY:

1. Date received
 2. Membership status
 3. Previous grants awarded
 4. Amount to be granted
 5. Date approved by Finance Committee
- Reviewed by CNA: 3/10/98
Revised by CNA 7/10/03

h users/finance/ekirkfiles

CONNECTICUT NURSES' ASSOCIATION
CRITERIA FOR DISBURSEMENT OF ELIZABETH KIRK FUND

The intent of the Elizabeth Kirk Fund is to assist CNA members who have out-of-pocket medical expenses. Cosmetic work shall only be considered when related to extensive surgery and/ or disfiguring injury

1. Applications for assistance may be made by any current member of CNA (including reduced and special categories), who have been a member of CNA for at least one year.
2. A request for a member may be made on her/his behalf.
- 3 Assistance shall only be provided for medical expenses of the member, as family members are not included in the terms of this benefit
4. All requests shall be processed by the CNA Finance Committee.
5. Requests shall be considered in chronological order. The maximum amount of assistance per member per year is determined by the Finance Committee.
- 6 Funds shall be disbursed for actual out-of-pocket expenses. The member is expected to collect from all insurance plans prior to submission of bills to the Elizabeth Kirk Fund.
7. Fifty percent of remaining medical and dental bills, which must total at least \$200.00, shall be paid by the Fund if sufficient funds are available. The maximum amount of assistance per member per year shall be \$1000.00 If after a year-end review and funds are available, additional monies may be distributed in accordance with CNA Financial Policies. The Fund may reimburse up to \$150.00 for one (1) pair of prescription eyeglasses per year.
8. Bills outstanding beyond one year from receipt of application shall not be considered, exceptions shall be made only in unusual and extenuating circumstances.
9. The applicant is expected to provide the Finance Committee with information needed to process the request on the application form
10. Monies shall be awarded on monthly basis to extend over the full fiscal year. Additional monies over and above the \$1000.00 may be granted to a member at the discretion of the Finance Committee, if during the fourth quarter sufficient monies are available.
- 11 If any decisions are challenged, the case shall be presented to the Executive Committee of the Board of Directors.
12. All information regarding applications for assistance shall be kept in a confidential file All applicants must complete an application form for the E Kirk Fund with official documentation

4/89 Revised and Approved by CNA Finance Committee 4/26/89 Approved by CNA Board of Directors 1/4/96 Revised and approved by CNA Finance Committee Rev 1/5/96 vmm 7/10/03 Revised and approved by CNA Finance Committee 3/09/06
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KIRK ELIZABETH - YMCA ET AL

06-6024917

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

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OFFICER NAME:

BANK OF AMERICA

ADDRESS:

777 MAIN STREET

HARTFORD, SEE ATTACHED

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION 18,490.

COMPENSATION EXPLANATION:

FOOTNOTE

TOTAL COMPENSATION: 18,490.

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FEDERAL FOOTNOTES

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THE COMPENSATION SHOWN ON THE RETURN THAT IS PAID TO BANK OF AMERICA, N.A. AS CORPORATE TRUSTEE IS NOT CALCULATED BASED UPON AN HOURLY RATE FOR TIME SPENT BY THE TRUSTEE; RATHER, BANK OF AMERICA'S COMPENSATION AS CORPORATE TRUSTEE IS CALCULATED USING A MARKET VALUE FEE SCHEDULE. THE TRUST OFFICER'S TIME SPENT PERFORMING ADMINISTRATIVE RESPONSIBILITIES FOR THIS FOUNDATION AVERAGES ONE HOUR PER WEEK. IN ADDITION, TIME IS SPENT BY OTHER STAFF MEMBERS FOR RECORDKEEPING, INVESTMENT MANAGEMENT, INCOME COLLECTION, RENDERING STATEMENTS AND ACCOUNTINGS, REGULATORY REPORTING, REGULATORY COMPLIANCE, AND TAX SERVICES.

Form **8868**

(Rev. January 2014)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

**Type or
print**File by the
due date for
filing your
return. See
instructions

Name of exempt organization or other filer, see instructions

Employer identification number (EIN) or

KIRK ELIZABETH - YMCA ET AL

06-6024917

Number, street, and room or suite no. If a P O box, see instructions

Social security number (SSN)

P O BOX 1802

City, town or post office, state, and ZIP code. For a foreign address, see instructions

PROVIDENCE, RI 02901-1802

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☐ 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► US TRUST FIDUCIARY TAX SERVICES

Telephone No. ► (888) 866-3275

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 2013 or
- ☐ tax year beginning _____, 20____, and ending _____, 20____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	181.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	1,186.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2014)

JSA

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