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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Inspection For the 2013 calendar year, or tax year beginning JUN 1 2013 and ending MAY 31, 2014 Check if applicable C Name of organization D Employer identification number Address change YOUNG WOMEN'S LEAGUE OF NEW CANAAN 06-6175064 Name change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telephone number Initial return P.O. BOX 981 702-279-4465 Terminated City or town, state or province, country, and ZIP or foreign postal code Amended return F Group Exemption NEW CANAAN, CT 06840 Number > X Cash Accrual Accounting Method: Other (specify) H Check ► X if the organization is not Website: ▶ YWLNEWCANAAN.ORG required to attach Schedule B Tax-exempt status (check only one) — X = 501(c)(3)501(c) () **◄**(insert no.) 4947(a)(1) or (Form 990, 990-EZ, or 990-PF). Corporation Trust Form of organization: X Association Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 4,549. 1 Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts 2 7,064. Membership dues and assessments 3 SEE SCHEDULE O Investment income 4 5a Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such <u>146,306.</u> gross income and contributions exceeds \$15,000) 53,774. c Less: direct expenses from gaming and fundraising events 92,532. Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d 7a Gross sales of inventory, less returns and allowances 7a Less: cost of goods sold 7b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 104,178. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 SEE SCHEDULE O 92,025 10 Grants and similar amounts paid (list in Schedule 0) 10 RECE 11 Benefits paid to or for members 11 Salaries, other compensation, and employee benefits 12 Professional fees and other payments to independent contractor 000. 13 14 Occupancy, rent, utilities, and maintenance Ò 14 15 663. Printing, publications, postage, and shipping 15 OGDENSEETSCHEDULE O Other expenses (describe in Schedule O) 16 11,462. 105,150. 17 Total expenses. Add lines 10 through 16 17 -972. Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 10,867. 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20 21 9.895.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

	n 990-EZ (2013) YOUNG WOMEN'S LEAGUE OF 1	NEW CANAAN		06-6175	064 Page 2
Pa	Balance Sheets (see the instructions for Part II)				
	Check if the organization used Schedule O to re-	spond to any que			
			(A) Beginning of year		End of year
22	Cash, savings, and investments		10,867		9,895.
23	Land and buildings Other coasts (decombs in Sabadula O)			23	
24 25	Other assets (describe in Schedule O) Total assets		10,867	24	9,895.
26	Total liabilities (describe in Schedule 0)		10,867		9,893.
27	the state of the s		10,867		9,895.
$\overline{}$	art III Statement of Program Service Accomplishme	nts (see the insti	ructions for Part III)	• E1	Expenses
	Check if the organization used Schedule O to re-			(Require	d for section
Wha	at is the organization's primary exempt purpose?SEE SCHEDULE (501(0)(3) and 501(c)(4) tions and section
	ribe the organization's program service accomplishments for each of its three largest program ner, describe the services provided, the number of persons benefited, and other relevant inform		xpenses in a clear and concise		1) trusts; optional
28	VARIOUS SOCIAL WELFARE ORGANIZATION	NS WERE SUP	PORTED BY		
	DIRECT CONTRIBUTIONS.				
	(Grants \$ 92,025.) If this amount includes foreign	grants, check here	>	28a	92,025.
29					
	(Grants \$) If this amount includes foreign	grants, check here		29a	
30		 			
	(0-1-0			— la l	
0.4	(Grants \$) If this amount includes foreign	grants, check here	<u> </u>	30a	
31	Other program services (describe in Schedule O)	aranta abank bara	_		
32	(Grants \$) If this amount includes foreign Total program service expenses (add lines 28a through 31a)	grants, check here		□ 31a ► 32	92,025.
				- 1021	
1 6	art IV List of Officers, Directors, Trustees, and Key I	Employees (list each	n one even if not compensated -	see the instructions	for Part IV)
<u> </u>	art IV List of Officers, Directors, Trustees, and Key I			see the instructions	for Part IV)
	Check if the organization used Schedule O to re-	spond to any que	estion in this Part IV	see the instructions / (d) Health benefits	for Part IV)
	art IV List of Officers, Directors, Trustees, and Key I	spond to any que (b) Average hour per week devoted	s (c) Reportable compensation (Forms	(d) Health benefits contributions to employee benefit	(e) Estimated amount of other
	Check if the organization used Schedule O to re-	spond to any que	estion in this Part IV	see the instructions / (d) Health benefits contributions to	s for Part IV) X (e) Estimated amount of other
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33 Did the organization engage in any significant activity not previously reported to the IRS? If Yes, provide a detailed description of each activity in Schedule 0 34 Wise any significant changes made to the organization and comments? If Yes, attach a conformed copy of the amended documents for yellor a change on Schedule 0 (see instructions) 35 Did the organization have institute business gross income of \$1,000 or more derring the year from business activities grow and intensity 6, is and 73 among onlevels. 36 Did the organization have institute business gross income of \$1,000 or more derring the year from business activities grow and requirements for the year? If Yes, complete \$2,000 or more derring the year from business activities grow and requirements for the year? If Yes, complete \$2,000 or more derring the year from business activities grow and year in Yes, complete \$2,000 or more derring the year from business activities grow and year? If Yes, complete \$2,000 or more derring the year from business activities grow and year in Yes, complete \$2,000 or more derring the year from business activities grow and year in Yes, complete \$2,000 or more derring the year from business activities grow and year in Yes, complete \$2,000 or more derring the year from business activities grow and year in Yes, complete \$2,000 or more derring the year from business activities grow and year in Yes, complete \$2,000 or more derring the year from business activities grow and year in Yes, complete \$2,000 or more derring the year from business activities grow and year in Yes, complete \$2,000 or more derring the year from business activities grow and \$2,000 or more derring the year from business activities grow and year in Yes, complete \$2,000 or grow and \$2,000 or grow and year in Yes, complete \$2,000 or year in Yes, complete	Pa	instructions for Part V) Check if the organization used Sch. O to respond to any question in the			X
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34 Were any significant changes made to the organization same (threwse, capital to a conformed copy of the amended documents of the yelled changes in the organization same. Otherwise, capital the change on Schoulde (Gee mistrictions) 35 of the organization have unrielled discress gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 64, and 72, among others)? b) If "Yes 1 bits 35a, has the organization lided a Form 990-T for the year? If "No," provide an explanation in Schoulle 0 c) Was the organization a section 501(c)(4), 50 (c)(6), or 501(c)(6) organization subject to section 903(c)) another, reporting, and proxy tax requirements for unique beyer? If "Yes," complete Septicion (C), Part III 36 Did the organization undergo is liquidation, dissolution, ferrimation, or significant disposition of net assets during the year? If "Yes," and the organization undergo is liquidation, dissolution, ferrimation, or significant disposition of net assets during the year? If "Yes," and the organization before the part of the organization before the part of the organization of the organization before the organization of the structure of the organization before the organization of the structure? b) If "Yes," complete Schoolube, IPart II and enter the total amount involved an explanation of the organization of the organization during the year unders. c) If "Yes," complete Schoolube, IPart II and enter the total amount involved and solid organization. Enter amount of the organization during the year unders. c) Orcess receive, nucleid on the 9, for public use of club facilities. 40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year unders. c) Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax organization during the year unders. c) Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax organization organization organization organization organization and public the organization	33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 3		activity in Schedule O	33		X
35. D of the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6, and 74, among others?)? b If Yes' to line 35a, has the organization filed a Form 990-T for the year? If No, 'provide an explanation in Schedule 0 c Was the organization accidence of (Ic(N), 50 (Ic(S)), or \$51 (Ic(N)) organization subject to section 6030(e) notice, reporting, and proxy tax requirements during the year? If Yes,' complete septicable parts of Schedule N at 11 b Old the organization business of the development of the organization organization explorated the service of the organization the Form 1120-DIC for this year? b D off the organization the Form 1120-DIC for this year? b D off the organization the Form 1120-DIC for this year? b D off the organization the Form 1120-DIC for this year? b D off the organization the Form 1120-DIC for this year? b D off the organization the Form 1120-DIC for this year. b If Yes,' complete Schedule 1, Part II and enter the total amount involved s Section 501(c)(7) organizations. Enter: a linetion fees and capital contributions included on line 9 s Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under: section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization managers or disqualided persons during the year under sections 4912, 4955, and 4958 b Gross recepts, included on line 9, for public uses of club facilities s Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualided persons during the year under sections 4912, 4955, and 4958 b Gross recepts, included on line 9, for public uses of club facilities s Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualided persons during the year and the organization and the properties of the organization and the organization and the organization a	34				
on insex 2. 6s, and 7s, among others)? If If Yes' to line Sas, has the organization field a Form 990-T for the year? If Yo,* provide an explanation in Schedule 0 Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(c) notice, reporting, and proxy tax requirements during the year? If Yes,* complete Schedule C, Part III B Oth the organization undergo a liquidation, dissolution, it is remaind to, or significant disposition of net assets during the year? If Yes,* complete applicable parts of Schedule N 35.6 X 36.8 X 37.1 S Enter amount of portical expendituse, direct or indirect, as described in the instructions b Other organization for Form 1129-POL for this year? B Oth the organization for Form 1129-POL for this year? B Other organization for Form 1129-POL for this year? B Other organization for Form 1129-POL for this year? B Other organization for Form 1129-POL for this year? B Other organization for Form 1129-POL for this year? B Other organization for Form 1129-POL for this year? B Other organization for Form 1129-POL for this year? B Other organization for Form 1129-POL for this year? B Other organization for Form 1129-POL for this year. B Other organizations for the form 1129-POL form		documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions)	34		X
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Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If Yes, complete Schedule (C, Part II) 356		- ,			
requirements during the year? If "Yes," complete Schedule C, Part III 50 Oft the organization undergo a billuration, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 76 Enter amount of political expenditures, direct or indirect, as described in the instructions 80 Did the organization to fire or III 1970-PIL for they year? 81 Did the organization file Fram II 1970-PIL for they year? 828 Did the organization file Fram II 1970-PIL for they year? 839 Did the organization file Fram II 1970-PIL for they year? 830 II "Yes," complete Schedule L, Part II and enter the total amount involved 830 Section 50 ((c)(?) organizations. Enter amount of tax imposed on the organization during the year under: 8 section 501((c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 8 section 501((c)(3) organizations. Did the organization engage in any section 4955 b		· · · · · · · · · · · · · · · · · · ·	35b	N/	<u>A</u>
38 Did the organization undergo a liquidation, discolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schotidule N 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37b Did the organization brown from, or make any loines to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38b If "Yes," complete Schedule L, Part I and ender the total amount involved 38c Parts I and expenditures, or well also amount involved 38c Parts I and expenditures in the second of the corganization device in the second of 10(12) organizations. Enter amount of tax imposed on the organization during the year under: section 501(10(3) organizations. Enter amount of tax imposed on organization during the year under: section 501(10(3) and 501(0)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912. 4955, and 4999 4 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections. 4912. 4955, and 4999 5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections. 4912. 4955, and 4999 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections. 4912. 4955 and 4999 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections. 4912. 4955 and 4999 6 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c rembursed by the organizations. A lary time during the tax year, was the organization and person to a person to a person to a person to a pers	C		!		ا ۔۔
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371 a Inter amount of political expanditures, direct or indirect, as described in the instructions 372 b Id the organization file Form 1120-PQL for this year? 383 b Id the organization berrow from, or make any lonas to, any officer, director, trustee, or key employee or were any such loans made in a pror year and still outstanding at the end of the tax year covered by this return? 384 b If "Yes," complete Schedule I, Part II and enter the total amount involved 385 b If "Section 501(c)(7) organizations. Enter: 386 a Initiation fees and capital contributions included on line 9 387 b If Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year unders: 388 a Initiation fees and capital contributions included on line 9 389 b Initiation fees and capital contributions included on line 9 380 b Initiation fees and capital contributions included on line 9 380 b Initiation fees and capital contributions included on line 9 380 b Initiation fees and capital contributions included on line 9 380 b Initiation fees and capital contributions included on line 9 380 b Initiation fees and capital contributions included on line 9 380 b Initiation fees and capital contributions included on line 9 380 b Initiation fees and capital contributions included on line 9 380 b Initiation fees and capital contributions included on line 9 380 b Initiation fees and capital contributions included on line 9 380 b Initiation fees and capital contributions included on line 9 380 b Initiation fees and capital contributions included on line 9 380 b Initiation fees and capital contributions included on line 9 380 b Initiation fees and capital contributions included on line 9 380 b Initiation fees and capital contributions included on line 9 380 b Initiation fees and capital contributions included on line 9 380 b Initiation fees and capital contributions included fees and capital contributions on the capital fees and capital contributions on the capital fees and capital fees and capital f	36				
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over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country: ▶ 42c			084	U	
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If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d if "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)				103	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 44 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b		\cdot	420		-
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Ves No					
If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 1	c		42c		x
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 1	-				
and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	43			>	
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			N/A		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)					
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b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b	44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
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c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation In Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b	b				
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In Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b			44c		<u> X</u>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45a X	d				1
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b					V
512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b			458		<u> </u>
	45 D		AEL		
		512(0)(15)? IT 165, FUTHI 990 AND SCHEUDIE IT MAY NEED to be completed instead of Futhi 990-EZ (see instructions)		90-F7	/2013\

06-6175064

Page 3

Form 990-EZ (2013) YOUNG WOMEN'S LEAGUE OF NEW CANAAN

-01111	1990-EZ (ZU13) YOUNG WOMEN'S LEAGUE OF I	NEW CANA	AAN		06-6175	064		age 4
40	Did the array and a state of the state of th						Yes	NO
46	Did the organization engage, directly or indirectly, in political campaign activiti	ties on behalf of	or in oppositio	n to candidates for pu	iplic office,	46		X
Pa	If "Yes," complete Schedule C, Part I Int VI Section 501(c)(3) organizations only					46	L	
	All section 501(c)(3) organizations must answer questions 47	7-49h and 52	and complet	e the tables for line	s 50 and 51			
	Check if the organization used Schedule O to respond to an			c the tables for line	3 00 4114 51.			
		., ., ., ., ., ., ., ., ., ., ., ., ., .					Yes	No
17	Did the organization engage in lobbying activities or have a section 501(h) ele	ection in effect di	iring the tax ye	ear? If "Yes," complete	Sch. C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes,"	complete Sched	ule E			48		X
49 a	Did the organization make any transfers to an exempt non-charitable related of	organization?				49a		_X_
b	If "Yes," was the related organization a section 527 organization?					49b		
50	Complete this table for the organization's five highest compensated employee		icers, director	s, trustees and key en	nployees) who e	ach re	ceived r	nore
	than \$100,000 of compensation from the organization. If there is none, enter			1		Τ.		
	(a) Name and title of each employee		ige hours devoted to	(C) Reportable compensation (Forms	(d) Health benefit contributions to	1 200) Estim ount of	
	NONE		ition	W-2/1099-MISC)	employee benefit	. 1	mpens	
	NONE	+		<u> </u>	compensation	+-		
		-						
		1			L	+		
		7				1		
			<u>.</u>	1		1		
				<u> </u>				
		_			-			
				<u> </u>		Ш.,		
f	Total number of other employees paid over \$100,000		<u> </u>					
51	Complete this table for the organization's five highest compensated independ	lent contractors	who each rece	ived more than \$100,	000 of compens	ation t	rom the	ļ
	organization. If there is none, enter "None." NONE (a) Name and business address of each independent contractor		(h)	Type of service	- (0)	Comp	ensatioi	
	(a) Name and business address of each independent contractor		(0)	Type of Service	(6)	Comp	<u> </u>	
	· · · · · · · · · · · · · · · · · · ·							
			7/5//4) = 555/					
52	Did the organization complete Schedule A? Note. All section 501(c)(3) organization trusts must attach a completed Schedule A.	nzauons and 494	7(a)(1) nonex	empi	. [X Y		□No
Unde	charitable trusts must attach a completed Schedule A y penallies of perjury, I declare that I have examined this return, including accompanying sche aration of preparer (other than officer) is based on all information of which preparer has any kn	nedules and stateme	ents, and to the E	est of my knowledge and				
Decia	valion of preparer (outlet man officer) is based on all information of which preparer has any kin	Towledge					•	
Sig	Signature of Officer	<u>a</u>			Date			
Hei		are W	71,01	S- 10/	1/14			
	Type or print name and title	,,	-/ • • • • • • • • • • • • • • • • • • •		7			
	Print/Type preparer's name Preparer's signature	<u> </u>	Date	Check X	f PTIN			
Pai	steven I. RISBRIDGER	ويعلمله		self- emplo	yed			
-	eparer CPA	00	<u> 14 09/26</u>				048	
	e Only Firm's name REYNOLDS & ROWELLA LL	P			<u>▶ 06-11</u>			
	Firm's address > 90 GROVE STREET			Phone no.	203-43	<u>8-0</u>	161	
• • •	RIDGEFIELD, CT 06877					ਦ ੀ		
way	the IRS discuss this return with the preparer shown above? See instructions					X Y		<u>No</u>
						LOUIL !	230.ET	(2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Employer identification number

	· — — —	YOUNG W	VOMEN S LEAGU	E OF	NEW C	<u>ANAAN</u>			U	6-61/5	<u> 064</u>	
Part I	Reason	for Public Char	r ity Status (All organiz	ations mu	st complet	te this par	t) See inst	ructions				
he organ	ization is not a	private foundation	because it is (For lines	1 through ¹	11, check	only one b	ox.)					
1 🖳	A church, cor	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2	A school des	cribed in section 17	70(b)(1)(A)(ii). (Attach Sc	hedule E)								
з 🔲	A hospital or	a cooperative hosp	ital service organization of	described	n section	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pital desci	ribed ın se	ction 170	(b)(1)(A)(ii	ii). Enter	the hospital	i's nan	ne,
	city, and stat	e										
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or or	perated by	a governi	mental uni	t describ	oed in		
	section 170	(b)(1)(A)(ıv), (Compl	ete Part II)									
6 🗀	A federal, sta	te, or local governm	nent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).					
7 🔲	An organizati	on that normally rec	ceives a substantial part	of its supp	ort from a	governme	ental unit c	r from the	general	public desc	ribed	ın
	section 170(b)(1)(A)(vi). (Comple	ete Part II.)									
8 🖳	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II)							
9 X	An organizati	on that normally red	ceives: (1) more than 33 ¹	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	ınd gross re	ceipts	from
	activities rela	ted to its exempt fu	nctions - subject to certa	ın excepti	ons, and (2	2) no more	than 33 1	/3% of its	support	t from gross	invest	tment
	income and u	inrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon	after June 3	30, 197	75
	See section	509(a)(2). (Complete	e Part III)									
10 🖳	An organizati	on organized and o	perated exclusively to te	st for publ	c safety S	See sectic	n 509(a)(4	I).				
11 📖	An organizati	on organized and o	perated exclusively for th	ne benefit (of, to perfo	orm the fui	nctions of,	or to carr	y out the	purposes o	of one	or
	more publicly	supported organization	ations described in secti	on 509(a)(1	l) or section	on 509(a)(2	2). See se c	ction 509(a)(3). Ch	eck the box	that	
		· · · · · · · · · · · · · · · · · · ·	organization and comple		_							
	a L Type i	b T	ype II c T	ype III - Fu	nctionally	ıntegrated	c	і 🔲 Тур	e III - No	n-functional	ly inte	grated
e 🗀	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one or	r more dis	qualified	persons oth	ner tha	ın
	foundation m	anagers and other t	than one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 509	9(a)(1) or	section 509	}(a)(2)	
f	If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check t	his box									
9	_		organization accepted ar			•						. —
	(i) A perso	n who directly or inc	directly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıı) and (iii) below		Yes	No
	-		upported organization?							11g(ı)	1.	1
		•	n described in (i) above?		_					11g(iı)		
		· ·	a person described in (i) o							11g(iii)	Ш	<u> </u>
h	Provide the fo	ollowing information	about the supported or	ganization	(s).							
	-	ı — —	 	l				() (* +ba			
• •	of supported	(ii) EIN	(iii) Type of organization	in col. (i) lis			u notify the ion in col.	organization	on in col.	(vii) Amoun		netary
org	anization		(described on lines 1-9 above or IRC section	governing	-		r support?	(i) organız U.S	ed in the	sup	port	
			(see instructions))	Yes	No	Yes	No	Yes	No	-		
				103	110	103	110	103	140			
				1								
						 				 		
										İ		
									<u> </u>			
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otal			1] .		1		<u> </u>	L	I		

Schedule A (Form 990 or 990-E2	へ ついしょ

Page 2

Pa	(Complete only if you checke fails to qualify under the tests	d the box on line :	5, 7, or 8 of Part I o	or if the organization			•
Se	ction A. Public Support		,	· · · · · · · · · · · · · · · · · · ·			
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	(4)	(0) = 0.0	(0) 2011	(4) 2012	(0) 20.0	(1) 1014.
	membership fees received (Do not					ì	
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to				1		
	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						1
	governmental unit or publicly						
	supported organization) included	1					
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
_	column (f)						
6	Public support. Subtract line 5 from line 4	L		1		<u></u>	
	ction B. Total Support			T	T		
	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
_	Amounts from line 4				1		
8							
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
9						+	
9	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain					 	-
	or loss from the sale of capital		1				
	assets (Explain in Part IV)			}	ł		
11	Total support. Add lines 7 through 10						İ
	Gross receipts from related activities	, etc (see instruct	ions)	•		12	
	First five years. If the Form 990 is fo	•	•	rd, fourth, or fifth t	tax year as a secti		
	organization, check this box and stop	p here			-		▶□
Se	ction C. Computation of Publ	ic Support Pe	ercentage				
14	Public support percentage for 2013 (line 6, column (f) o	divided by line 11,	column (f))		14	9
15	Public support percentage from 2012	Schedule A, Par	t II, line 14			15	9
162	a 33 1/3% support test - 2013. If the	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or	more, check this be	ox and
	stop here. The organization qualifies	as a publicly supp	ported organizatioi	n			▶∟
t	o 33 1/3% support test - 2012. If the	organization did n	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3	% or more, check t	his box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			
178	a 10% -facts-and-circumstances tes	t - 2013, If the or	ganization did not	check a box on lin	ne 13, 16a, or 16b,	, and line 14 is 10%	or more,
	and if the organization meets the "fac			•	· ·	art IV how the orga	nization
	meets the "facts-and-circumstances"						▶ L
t	10% -facts-and-circumstances tes		-				
	more, and if the organization meets t	ne "facts-and-circi	umstances" test, c	heck this box and	l stop here. Expla	in in Part IV how the	9

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

(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

Sec	ction A. Public Support	elow, please comp	olete Part II)				
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Gifts, grants, contributions, and	(a) 2003	(0) 2010	(0) 2011	(u) 2012	(e) 2013	(i) Total
•	membership fees received (Do not						
	include any "unusual grants ")	19,209.	17,655.	16,543.	15,619.	11,162.	80,188.
2	Gross receipts from admissions,	17,207.	11,033.	10,545.	13,019.	11,102.	00,100.
2	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	106,067.	145,560.	134,590.	104,381.	146,756.	637,354.
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-			·			
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge	105 056	162 015	454 433	100 000	155 010	717 540
	Total. Add lines 1 through 5	125,276.	163,215.	151,133.	120,000.	157,918.	717,542.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	: Add lines 7a and 7b						0.
	Public support (Subtract line 7c from line 6)						717,542.
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	125,276.	163,215.	151,133.	120,000.	157,918.	717,542.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	,	13.	28.	32.	33.	106.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	: Add lines 10a and 10b		13.	28.	32.	33.	106.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	125,276.	163,228.	151,161.	120,032.	157,951.	<u>717,648.</u>
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						ightharpoonup
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2013 (line 8, column (f) d	ivided by line 13, o	column (f))		15	99.99 %
16	Public support percentage from 2012	Schedule A, Part	III, line 15			16	99.98 %
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	13 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	.01 %
18	Investment income percentage from:	2012 Schedule A,	Part III, line 17			18	.02 %
192	33 1/3% support tests - 2013. If the			on line 14, and line	15 is more than 3	33 1/3%, and line 1	7 is not
ŀ	more than 33 1/3%, check this box a 33 1/3% support tests - 2012. If the	-	-	• •			▶ X
•	line 18 is not more than 33 1/3%, che	_					▶ 🗀
20	Private foundation. If the organization			•		-	▶ □

Part IV	Supplemental Information. 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)
•	
	

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990

2013

Open To Public Inspection

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

Name of the organization Employer identification number 06-6175064 YOUNG WOMEN'S LEAGUE OF NEW CANAAN Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17, Form 990-EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants Phone solicitations g X Special fundraising events In-person solicitations d 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or ☐ No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid (iii) Did fundraiser (vi) Amount paid (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity to (or retained by) have custody or control of fundraiser or entity (fundraiser) from activity organization listed in col. (i) contributions? Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Sch	edul rt I	e G (Form 990 or 990 EZ) 2013 YOUNG W Fundraising Events. Complete if the	IOMEN'S LEAGU	IE OF NEW CAN I "Yes" to Form 990, Part		6175064 Page 2 more than \$15,000
		of fundraising event contributions and gr				
			(a) Event #1	(b) Event #2	(c) Other events	(D Tatal assault
			HOLIDAY	COUTURE FOR	, ,	(d) Total events
			MARKET	A CAUSE	4	(add col (a) through
			(event type)	(event type)	(total number)	col (c))
ine.			(overlype)	(Great type)	(10141111111111111111111111111111111111	
Revenue	1	Gross receipts	45,438.	86,159.	15,160.	146,757.
	2	Less Contributions			451.	451.
	3	Gross income (line 1 minus line 2)	45,438.	86,159.	14,709.	146,306.
	4	Cash prizes				
Se	5	Noncash prizes				
kbens	6	Rent/facility costs	4,438.	19,343.		23,781.
Direct Expenses	7	Food and beverages	8,020.			8,020.
_	8	Entertainment				
	9	Other direct expenses	382.	9,335.	12,256.	21,973.
	10	Direct expense summary Add lines 4 throug			•	53,774.
	11	Net income summary Subtract line 10 from I			•	92,532.
Pa			answered "Yes" to Form	990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
			4.25	(b) Pull tabs/instant	(-) Other remark	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
eve						
Œ	1	Gross revenue				
	Ť					
"	2	Cash prizes				
še	_	540 p. 155				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	_	Other direct evennes				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No No	L No	
	7	Direct expense summary Add lines 2 throug	h 5 ın column (d)		•	
	_	Not gaming income summer. Subtract line:	7 from line 1 column (d)		.	
_	8	Net gaming income summary Subtract line	7 from line 1, column (a)			
9	En	iter the state(s) in which the organization opera	ates gaming activities			
ē	ls:	the organization licensed to operate gaming a	ctivities in each of these	states?		└─ Yes └─ No
k	lf '	'No," explain				
				<u> </u>		
10a	- W	ere any of the organization's gaming licenses i	revoked, suspended or to	erminated during the tax	year?	Yes No
		"Yes," explain:				
	_					

Sch	nedule G (Form 990 or 990 EZ) 2013 YOUNG WOMEN'S LEAGUE OF NEW CANAAN 06-	6175	<u>064</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?	,	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity operated in:	1 1		
	a The organization's facility	13a		%
	An outside facility	13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
•	and the same and addition of the person the property the organization of garming opposite overthe books and records			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party > \$			
c	of "Yes," enter name and address of the third party.			
	Name			
	Address ►			
16	Gaming manager information			
	Name			
	Gaming manager compensation > \$			
				
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
_	retain the state gaming license?		Yes	☐ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year ▶ \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 9. !	9b. 10	b. 15b.
_	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).		,	, ,
				<u></u>

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public

Inspection

Employer identification number

YOUNG WOMEN'S LEAGUE OF NEW CANAAN 06-6175064 FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME: DESCRIPTION OF PROPERTY: AMOUNT: INTEREST 33. FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS: ACTIVITY CLASSIFICATION: GRANTEE NAME: SEE ATTACHED LIST DATE OF GIFT: VARIOUS AMOUNT GIVEN: 92,025. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: DESCRIPTION OF OTHER EXPENSES: AMOUNT: OTHER FEES 125. INSURANCE 3,957. GENERAL ADMIN SUPPLIES 544. FOOD AND BEVERAGE 4,413. COMPUTER SOFTWARE 1,080. 896. MISCELLANEOUS 75. **PROGRAMS** 202. TAX OTHER ADMIN EXP 170. 11,462. TOTAL TO FORM 990-EZ, LINE 16 FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO PROVIDE ASSISTANCE TO COMMUNITY ORGANIZATIONS.

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ
Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Internal Revenue Service Name of the organization Employer identification number

YOUNG WOMEN'S LEAGUE OF NEW CANAAN	06-6175064
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEF	IT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	NDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	RACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	

Name of the organization

Employer identification number YOUNG WOMEN'S LEAGUE OF NEW CANAAN 06-6175064 Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV) (d) Health benefits, contributions to employee benefit plans, and deferred compensation (b) Average hours (C) Reportable (e) Estimated compensation (Forms W-2/1099-MISC) (If not paid, enter -0-) per week devoted to amount of other (a) Name and title position compensation JILL TOBIN SECRETARY 1.00 0. 0. 0.

YOUNG WOMEN'S LEAGUE OF NEW CANAAN Grants Paid 2013-2014

Organization		Grant
BuildOn	х	37,000
Inspirica	x	10,000
STAR, Inc	х	10,000
Blessings in a Backpack	x	10,000
ABC	x	2,600
DOMUS	х	5,000
Children's Connection	×	1,250
New Canaan Library	х	450
NCHS Scholarship	x	2,000
Person to Person	x	3,000
Starfish Connection	х	3,400
Voices of 9/11	x	3,000
NCHS Service Award	x	115
New Canaan YMCA	x	1,545
Bridgeport Rescue Mission	х	2,400
Other Small Contributions	×	300
Total		\$92,025