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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	For the	2013 calendar year, or tax year beginning July 1 , 2013, and endi	na lu	ne 30	, 20 14		
В	Check if a		ng ja		er identification i	umber	
ň	Address			06-1496954			
H	Name cha		uite	E Telepho	ne number		
H			_ relepine				
H	Initial retu				203-912-8985		
片	Terminate						
片	Amended			G Gross re		226,821	
Ш	Application	n pending F Name and address of principal officer	1	•	subordinates? Ye		
					s included? TYe		
<u> </u>	Tax-exem	· · · · · · · · · · · · · · · · · · ·			a list. (see instructi	onsj	
<u>J</u>	Website:	· · · · · · · · · · · · · · · · · · ·			number >		
		ganization:	ation 1950	M State	of legal domicile.	СТ	
Ľ	art I	Summary					
	1 1	Briefly describe the organization's mission or most significant activities: Through	gh fund-raise	rs, provid	e support to lo	cal	
Governance	1 9	charities and others whose primary mission is prevention of child abuse and familie	es in crisis				
ца		19 <i>07-</i>					
Š		Check this box $ ightharpoonup \square$ if the organization discontinued its operations or disposed	of more that	1 25,% of	its net assets.		
Ĝ	1	Number of voting members of the governing body (Part VI, line 1a)		3		15	
95 10	4	Number of independent voting members of the governing body (Part VI, line 1b)	4		0	
Activities &	5	otal number of individuals employed in calendar year 2013 (Part V, line 2a)		5		0	
₹	6	otal number of volunteers (estimate if necessary)		6		103	
Ą	7a -	otal unrelated business revenue from Part VIII, column (C), line 12		7a		0	
	b	Net unrelated business taxable income from Form 990-T, line 34		7b		0	
			Prior Y	ar	Current \	'ear	
Revenue	8 (Contributions and grants (Part VIII, line 1h)		14,260		14,650	
	9	Program service revenue (Part VIII, line 2g)	223,609		212,171		
9	1	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	0		0		
Œ	•	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0		0		
		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		237,869		226,821	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		125,772		125,772	
		Benefits paid to or for members (Part IX, column (A), line 4)		0		0	
"	4	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0		0	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0			
Sen		otal fundraising expenses (Part IX, column (D), line 25) ▶			···	0	
ă		Other expenses (Part IX-column (A), lines 11a-11d, 11f-24e)		444 700		400 500	
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		111,789		103,590	
	19	Revenue less expenses. Subtract line 18 from line 12		237,561		231,154	
- 6			Beginning of Cu	308	End of Y	-4333	
5 5 등 5 등	20 1	Otal assets (Part X, line 16)	Dogamaig or or		2110 01 1		
Page Bal	21 7	otal liabilities (Part X, line 26), (This is a constant of the		15,831		11,498	
Net Asse Fund Bal	22	let assets or fund balances. Subtract line 21 from line 20		0		0	
	rt	Signature Block		15,831		11,498	
						46.00.6.1	
true	e, correct,	es of perjury, I declare that I have examined this return, including accompanying schedules and state and complete. Declaration of preparer (other than officer) is based on all information of which prepare	ements, and to t er has anv knowl	ne best of r edae.	ny knowledge an	Dellet, It is	
							
Sig	. I	Signature of officer	<u>L</u>	40			
He		, ,	Da	¹⁰ , , , ,	עואוי		
nel	-	MARK & HAHN TREASURER		" ///	7//7		
		Type or print name and title	-4-		15***		
Pa	id	Print/Type preparer's name Preparer's signature D	ate	Check [
Pre	eparer			self-emp	oloyed		
Us	e Only	Firm's name ▶	Fim	n's EIN ▶			
		Firm's address ▶	Pho	ne no.	·		
May	the IRS	discuss this return with the preparer shown above? (see instructions)			🔲 Ye	s 🔲 No	

rart	to Checklist of nequired scriedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
2	complete Schedule A	2	✓	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			_
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		✓
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		✓

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		7
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a 25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b		1
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36		/
31	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	

Part	V Statements Regarding Other IRS Filings and Tax Compliance			age J
	Check if Schedule O contains a response or note to any line in this Part V			
			Yea	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			İ
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	ء ا		,
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c		✓
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	. :	1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		✓
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	40		1
ь	If "Yes," enter the name of the foreign country: ▶	4a		<u> </u>
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			,
ь	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		V
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			-
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			,
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		✓
8	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7ê	-	7
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		√
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		√
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		-	,
9	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]		ŀ	
''a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	ł	1	
b	Gross income from other sources (Do not net amounts due or paid to other sources	į		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	}		
C	Enter the amount of reserves on hand	}		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	965	
		Form	990	(2013)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🗆
Secti	on A. Governing Body and Management			
•			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14	1 1		
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			i
	committee, explain in Schedule O.			ļ
Ъ	Enter the number of voting members included in line 1a, above, who are independent . 1b 14			1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6		1
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	✓	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	
b 122	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	-	,
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		✓
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		 -
•	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		1
þ	Other officers or key employees of the organization	15b		✓
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	i I		
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	501(c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of intefinancial statements available to the public during the tax year.	erest p	oolicy	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	ı	
	organization: Mark Habn, 475 Sulvermine Boad, New Canage, CT 06940 203-012-8085			

Page	7
· aye	

Form 990 (2013)

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	or any relate	d org	aniz			ompe	nsa	ated any currer	t officer, directo	r, or trustee.
(A) Name and Trtle	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unles er an	Pos neck	rson lirect	than the both or trust Highest compensated	n an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Randy Dalia, President				/				0	. 0	0
(2) Robert Clay, President-Elect				1				0	0	0
(3) Ian Duplock, Immediate Past President			ļ	1				,	0	0
(4) Mark Markiewicz, Secretary			-	1				0	0	0
(5) Gus Hedlund, Treasurer				1				,	0	0
(6) Mike Coady, Assistant Treasurer				1				0	0	0
(7) Kevin McIntosh, Director		1						0	0	0
(8) Jack Devlin, Director		1						0	0	0
(9) Kevin Moynihan, Director		1						0	0	0
(10) John Atchue, Director		1						0	0	0
(11) Hans Dijs, Director		/						0	0	0
(12) Dan McEvoy, Director		<i>'</i>						0	0	0
(13) Richard Cole, Director		· ✓							0	0
(14) John Doherty, Director		√						0	0	0

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
	(A) Name and title		box,	unles	Pos neck ss pe	rson	e than on the than of the than the than the than the than the the than the	an lee)	(D) Reportable compensation from	(E) Reportab compensation related		Esti amo	(F) mated ount of ther	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizatic (W-2/1099-N		comp fro orgai and	ensatro m the nization related nizations	1
(15) J	ohn Stancık, Director		,											
(16)			✓					_	0		0			
(17)														
(18)												·		
(19)														
(20)											+	· · · · · ·		
(21)														
(22)	(22)						_							
(23)														
(24)														
(25)														
1b	Sub-total			•	•		•	•	0		0			0
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			٠	•		•	\	0		0			<u>0</u>
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	·	ore than \$1		of		0
		•		-									Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5											3	,	1
4	For any individual listed on line 1a, is the organization and related organizations													 ,
	individual	• • •					٠,٠					4		✓
5	Did any person listed on line 1a receive of for services rendered to the organization?											5	,	1
	on B. Independent Contractors													
1	1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.						1X							
	(A) Name and business add	ress							(B) Description of se	ervices		(C) Compens	ation	
														
	······································	· · · · · ·												
													-	
2	Total number of independent contractor received more than \$100,000 of compens	rs (includin	g bu the or	t no	ot i	imite ion	ed to	th	ose listed abo	ove) who				

Form **990** (2013)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII						, , , , , , , , , , , , , , , , , , ,			
		Check it Schedule O contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) All other contributions, gifts, grants,	212,171		-				
ontribul	g	and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$	1,520						
	h	Total. Add lines 1a-1f		226,821					
Program Service Revenue	2a b c		Business Gode			-			
뜵) ө								
Progr	f g	All other program service revenue. Total. Add lines 2a–2f	▶						
Other Revenue	3 4 5 6a b c d 7a b	Income from investment of tax-exempt be Royalties	ond proceeds (ii) Personal (ii) Other						
Other	c 9a b	See Part IV, line 18 a Less: direct expenses b Net income or (loss) from fundraising gross income from gaming activities See Part IV, line 19 a Less: direct expenses b Net income or (loss) from gaming activities	events . ►	-					
	b	Gross sales of inventory, less returns and allowances	entory ►						
	11a b c	All other revenue	Business Code						
l	_					****	 		
	e 12	Total. Add lines 11a-11d		226 021					

Part IX	Statement of Func	tional Expenses
---------	-------------------	-----------------

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).							
Check if Schedule O contains a response or note to any line in this Part IX							
	nt include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to governments and						
	organizations in the United States. See Part IV, line 21	117,564	117,564				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	10,000	10.000				
3	Grants and other assistance to governments,	10,000	10,000	· · · · · · · · · · · · · · · · · · ·			
	organizations, and individuals outside the United States. See Part IV, lines 15 and 16						
4	Benefits paid to or for members	<u> </u>					
5	Compensation of current officers, directors, trustees, and key employees						
6	Compensation not included above, to disqualified						
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)						
7	Other salaries and wages						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				\		
9	Other employee benefits						
10	Payroll taxes						
11	Fees for services (non-employees):						
а	Management						
b	Legal			·			
C	Accounting						
d	Lobbying			· · · · · · · · · · · · · · · · · · ·			
e f	Investment management fees						
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)		'				
12	Advertising and promotion						
13	Office expenses						
14	Information technology		r				
15	Royalties						
16	Occupancy						
17	Travel		~ · · · · · · · · · · · · · · · · · · ·				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings .						
20	Interest						
21 22	Payments to affiliates						
23	Depreciation, depletion, and amortization . Insurance				· · · · · · · · · · · · · · · · · · ·		
24	Other expenses, Itemize expenses not covered						
24	above (List miscellaneous expenses in line 24e. If						
	line 24e amount exceeds 10% of line 25, column						
	(A) amount, list line 24e expenses on Schedule O.)						
а	Christmas Fund-raiser - goods and svcs	78,508			78,508		
b	Golf Fund-raiser - goods and services	22,607			22,607		
C	Raffle Fund-raisers - goods	950			950		
ď	Wine Tasting Fund-raiser - goods and svc	1,423			1,423		
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	102			102		
<u>25</u> 26	Joint costs. Complete this line only if the	231,154	127,564	 	103,590		
۷	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here						
	following SOP 98-2 (ASC 958-720)						

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Par	rt X		<u></u> . 🗆
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	15,831	1	11,498
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	· · · · · · · · · · · · · · · · · · ·	3	
	4	Accounts receivable, net		4	· · · · · · · · · · · · · · · · · · ·
	5	Loans and other receivables from current and former officers, directors,			
	1	trustees, key employees, and highest compensated employees.		1 1	
		Complete Part II of Schedule L	-	5	
	6	Loans and other receivables from other disqualified persons (as defined under section	*		
	•	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
œ	-	organizations (see instructions). Complete Part II of Schedule L		6	
Assets	-	Notes and loans receivable, net		7	
Ş	8	Inventories for sale or use	·	8	
•	9	Prepaid expenses and deferred charges		9	····································
	10a	Land, buildings, and equipment: cost or			
	100	other basis. Complete Part VI of Schedule D			
	ь	Less: accumulated depreciation 10b	•	10c	
	11	Investments—publicly traded securities		11	
	12	Investments—publicly traded securities		12	
	13	Investments—program-related. See Part IV, line 11		13	
		, ,		14	
	14	Intangible assets		15	·
	15 16	Other assets. See Part IV, line 11	15.021	16	44.400
	17	Total assets. Add lines 1 through 15 (must equal line 34)	15 831	17	44,498
	1	· ·		18	
	18	Grants payable		19	
	19	Deferred revenue		20	·-····································
	20	Tax-exempt bond liabilities		21	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	·	21	,
ĕ	22	Loans and other payables to current and former officers, directors,	,		
寰]	trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	· · ·	22	
Liabilities	000	in the state of the			
_	23	Secured mortgages and notes payable to unrelated third parties		23	·
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	000			26	
	26	Total liabilities. Add lines 17 through 25		20	
တ္ဆ		complete lines 27 through 29, and lines 33 and 34.			
ĕ		- '		27	
쿒	27	Unrestricted net assets		28	
m	28	Temporarily restricted net assets		29	
Net Assets or Fund Balances	29	Permanently restricted net assets		29	
Ĭ		complete lines 30 through 34.			
õ	200	· · · · · · · · · · · · · · · · · · ·		20	-
et s	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	44.00
et/	32	Retained earnings, endowment, accumulated income, or other funds .	15,831		11,498
ž	33	Total net assets or fund balances	15,831		11,498
	34	Total liabilities and net assets/fund balances	15,831	34	11,498

		Pa	ıge 12
_		22	26,821
			1,154
-			-4,333
_			
_			
		Yes	No
ı			
	2 a		√ _
	2 a		V

Form 990 (2013) **Reconciliation of Net Assets** Part XI Check if Schedule O contains a response or note to any line in this Part XI . . . 1 Total expenses (must equal Part IX, column (A), line 25) 2 3 Revenue less expenses. Subtract line 2 from line 1 3 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . 4 5 Donated services and use of facilities 6 7 8 9 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 10 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Accounting method used to prepare the Form 990:
☐ Cash ☐ Accrual If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c

If the organization changed either its oversight process or selection process during the tax year, explain in

As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

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

Schedule O.

Form 990 (2013)

За

SCHEDULE A (Form 990 or 990-EZ)

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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► 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.

Open to Public Inspection

Name	of the organization							Employer i	dentificatio	n number
	xchange Club of N				· ·		1	+\\C		496954
Par			rity Status (All orga						nstructi	ons.
1	A church, con	vention of churc	ation because it is: (Fo	churche	s describ		-	-	i).	
2			170(b)(1)(A)(ii). (Attac							
3 4	A medical rese		spital service organiza on operated in conjuna e						0(b)(1)(A)	(iii). Enter the
5	☐ An organization	•	the benefit of a colle	ge or un	iversity o	wned or	operated	by a go	vemmen	tal unit described i
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
8	A community	trust described i	n section 170(b)(1)(A)(vi). (Co	mplete Pa	art II.)				
9	receipts from support from	activities related gross investme	receives: (1) more that d to its exempt funct ent income and unre lifter June 30, 1975. Se	tions—su lated bu	bject to o siness ta	certain e xable ind	xceptions come (les	s, and (2) ss sectio) no mor	e than 331/3% of it
10	☐ An organizatio	n organized and	l operated exclusively	to test fo	or public :	safety. Se	ee sectio	n 509(a)	(4).	
11	purposes of c	one or more pub	nd operated exclusive plicly supported organ describes the type of	nizations	describe	d in sect	ion 509(a	a)(1) or so	ection 50	9(a)(2). See section
	a 🗌 Typel	b 🗌 Type	II c ☐ Type II	I-Functio	nally inte	grated	d 🔲	Type III~I	Non-func	tionally integrated
e	other than fou	indation manage	that the organization ers and other than one							
f	or section 509		. written determinatio	on from	the IDC t	hat it ia	a Tima	I Type	ll or Tim	as III supporting
	organization, o		a written determination		ine ins i	mai ii is	a type	i, Type	ii, Oriy	se in supporting
g	•		he organization accep			ontributio	n from a	ny of the	•	_
Ť	following pers			, ,	•			•		
			ndirectly controls, eitlody of the supported o							
	(ii) A family me	ember of a perso	on described in (i) abo	ove?						11g(ii)
			a person described in							119(iii)
h	Provide the fo	llowing informati	on about the support	ed organ	ization(s).					
(i) i	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(v) Is the organization in col. (i) listed in your governing document? (v) Did you notify the organization in col (i) of your support?		nızatıon İn of your	(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support	
				Yes	No	Yes	No	Yes	No	<u> </u>
(A)										
(B)										
(C)										
(D)										
(E)						_				
			1					1	1	

Total

18

Par	(Complete only if you checked the	he box on lin	e 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
Sect	Part III. If the organization fails to ion A. Public Support	y quality und	er the tests is	sted below, p	lease comple	ete Part III.)	
	ndar year (or fiscal year beginning in)	(a) 2009	(h) 2010	(*) 0014	(4) 2012	(0) 0012	/O Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	ion B. Total Support		,				
	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4			ļ			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc.					12	
13	First five years. If the Form 990 is for the organization, check this box and stop her	re				ear as a section	
	on C. Computation of Public Suppor						
14	Public support percentage for 2013 (line 6					14	%
15 16a	Public support percentage from 2012 Sch 331/2% support test - 2013. If the organiz					15	<u>%</u>
iva	box and stop here. The organization quali				1 IINO 14 IS 33 '	•	
b	331/2% support test—2012. If the organicheck this box and stop here. The organic	ization did no	t check a box	on line 13 or	16a, and line		. ► □ or more, . ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization mee Part IV how the organization meets the "fa organization	ets the "facts-	and-circumsta ımstances" tes	nces" test, che	ck this box ar	d stop here. E	ine 14 is xplain in apported
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizati Explain in Part IV how the organization me supported organization	112. If the orga ion meets the eets the "facts	anization did no "facts-and-ci s-and-circumst	rcumstances"	test, check th	is box and sto	p here.

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

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

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	17,125	17,237	13,263	14,260	14,650	76,535
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	195,128	190,200	193,852	223,609	212,171	1,014,960
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						·
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	212,253	207,437	207,115	237,869	226,821	1,091,495
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						
с 8	Add lines 7a and 7b Public support (Subtract line 7c from					,	
	line 6.)						1,091,495
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	212,253	207,437	207,115	237,869	226,821	1,091,495
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	302	o	o	o	o	302
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	302	0	0	0	0	302
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.)	212,555	207,437	207,115	237,869	226,821	1,091,797
14	First five years. If the Form 990 is for the organization, check this box and stop her	-		d, third, fourth,	=		
	on C. Computation of Public Suppor					· · · · · · · · · · · · · · · · · · ·	
15	Public support percentage for 2013 (line 8					15	100 %
16	Public support percentage from 2012 Sch					16	99 %
	on D. Computation of Investment Inc				· · · · · · · · · · · · · · · · · · ·		
17	Investment income percentage for 2013 (I					17	0 %
18 19a	Investment income percentage from 2012 331/3% support tests—2013. If the organi					18 ore than 331/39/	1 % 5, and line
	17 is not more than 331/3%, check this box						
b	331a% support tests—2012. If the organiz line 18 is not more than 331a%, check this b	ation did not ch	eck a box on i	ine 14 or line 19	9a, and line 16	is more than 33	3¹∕3%, and
20	Private foundation. If the organization did		_				

Schedule A (F	orm 990 or 990-EZ) 20	ทร	Page 4
Part IV	Supplemental Part III, line 12	Il Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 1. 2. Also complete this part for any additional information. (See instructions).	7b; and
			,

		,,	

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No 1545-0047
2013
Open to Public Inspection

Schedule I (Form 990) (2013)

Department of the Treasury Internal Revenue Service

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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

Name of the organization The Exchange Club of New Canaan Foundation, Inc.

Part I General Information on Grants and Assistance 06-1496954 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and ☑ Yes □ No Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (e) Amount of non-cash assistance (book, FMV, appraisal, other) (c) IRC section if applicable (g) Description of non-cash assistance (h) Purpose of grant or assistance 1 (a) Name and address of organization (b) EIN (d) Amount of cash or government (1) Exchange Club Parenting Skills 141 Franklin St., Stamford, CT 06901 06-1398440 61,750 support (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) 61,750 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

Cat. No 50055P

	tional space is needed			ration answered "Yes" to	
(a) Type of grant or assistance	(b) Number of reciplents	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assista
		· · · · · ·			
		· · · · · · · · · · · · · · · · · · ·			
Supplemental Information. Pro	vide the information re	curred in Part I. I	ine 2. Part III. colum	n (b), and any other addition	onal information.
Supplemental Information. Pro	VIII O WII O	squada III i air II .		, , , , , , , , , , , , , , , , , , ,	
					
	***************************************	-2		**************	

Schedule I (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

► 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.

Inspection Employer identification number

The Exchange Club of New Canaan Foundation, Inc	06-1496954
Part VI - Section B Line 10b - The organization has an affiliate, namely, the New Canaan Exchange Clul	b, Inc. ("Club") The Club's EIN is
06-6045353 The Club has approximately 103 members, which pays due	s to cover general Club expenses
The Club is not a fund-raising organization; its main purpose is to recruit	and retain members who volunteer for
this organization's fund-raising acitivities. As a result, there is no need	for consistent/written policies
regarding fund raising or the distribution of funds to charities, as the Bo	pard members represent each
organization	
Part VI Section B Line 11b - The Treasurer/Preparer emails the form to the Board of Directors prior to	filing the return The Board Meeting
prior to the filing of the return there is a motion put forth to enable the Ti	reasurer to file the return as prepared
Part VI Section B Lines 15a/b - All officers/directors are unpaid volunteers	
Part VI Section C Line 19 - We have never been requested by the public for any governing document	s, conflict of interest policy or financial
statements The New Canaan Exchange Club, Inc. has a website with a p	page dedicated to our organization's
activities and includes the names of members on the Board, who are dir	ectors for both organizations
If anyone wishes to inquire about our foundation or club, we will provide	such information
	,