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Form **990** 

# **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. 1545-0047

Department of the Treasury

Department of the Treasury

Open to Public

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

A	mai Revenue				Inspection					
		2014 calendar year, or tax year beginning July 1 , 2014, and end	ing Jur	ne 30	,20 15					
	Check if a	· · · · · · · · · · · · · · · · · · ·			identification number					
_	Address c				06-1496954					
	Name cha		suite	E Telephone						
님	Initial retu			2	03-912-8985					
$\sqcup$	Final return.	Reminated City or town, state or province, country, and ZIP or foreign postal code		1						
$\sqcup$	Amended		G Gross rece							
Ш	Applicatio	n pending F Name and address of principal officer:	1		ordinates? Yes Vo					
					cluded? Yes No					
<u></u>	Tax-exem	pt status:	If "N	lo," attach a lis	t. (see instructions)					
<u>J</u>	Website:		H(c) Group	exemption nu	mber ▶					
K	Form of or	ganization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L. Year of form	ation:	M State of	legal domicile:					
Р	art I	Summary								
	1 E	Briefly describe the organization's mission or most significant activities: Through	igh fund-raise	rs, provide	support to local					
8	2	harities and others whose primary mission is prevention of child abuse and famili		,						
Activities & Governance										
Že.	2	Check this box $lacktriangle$ if the organization discontinued its operations or disposed	of more than	1 25% of its	net assets.					
ĝ	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	14					
≪ 7	4 1	lumber of independent voting members of the governing body (Part VI, line 1b	)	4						
ijes	5 1	otal number of individuals employed in calendar year 2014 (Part V, line 2a)		5						
Ξ̈́	6 7	otal number of volunteers (estimate if necessary)		6	108					
Ā	1	otal unrelated business revenue from Part VIII, column (C), line 12		7a						
	1	Net unrelated business taxable income from Form 990-T, line 34		7b						
	<del>                                     </del>		Prior Ye	ear	Current Year					
	8 (	Contributions and grants (Part VIII, line 1h)		14,650	16,625					
ž	1	Program service revenue (Part VIII, line 2g)	· · · · · · · · · · · · · · · · · · ·	212,171	223,870					
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0						
Ä	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0						
	1	otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		226,821	240,395					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		125,772	128,642					
	J	Benefits paid to or for members (Part IX, column (A), line 4)	<del>                                     </del>	0	120,042					
		Salaries, other compensation, employee-benefits (Part IX, column (A), lines 5-10)	<del></del>	0	<del></del> ,					
865			<u> </u>	0	<del></del>					
Expenses	loa r	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>							
X	1	otal fundraising expenses (Part IX, column (D), line 25) ►	<u> </u>	100 -00						
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	ļ	103,590	109,302					
	1	otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u> </u>	231,154	237,945					
		Revenue less expenses. Subtract line 18 from line 12	Beginning of Ca	-4,333	2,450 End of Year					
S or		7 1 ( ) (B () () ()	Deguning of C							
Bala	20 1	otal assets (Part X, line 16)		11,498	13,948					
Net Assets Fund Balanc	21 7	otal liabilities (Part X, line 26)								
		let assets or fund balances. Subtract line 21 from line 20	L	11,498/	13,948					
	art II	Signature Block								
		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 prepar			knowledge and belief, it is					
	e, correct,	and complete. Declaration of prepare (other diantomicer) is based on all illionnation of which prepare	er has any know							
۵.										
Sig		Signature of officer		te / //						
He	re	MARK & HAGW		1/15/	<u></u>					
		Type or print name and title		<del></del>						
Pa	id	Print/Type preparer's name Preparer's signature	Date	Check   If PTIN						
	eparer			self-employed						
	e Only	Firm's name ▶	Firr	Firm's EIN ▶						
		Firm's address ▶	Pho	one no.						
Ma	y the IRS	discuss this return with the preparer shown above? (see instructions)			· · 🗌 Yes 🗌 No					
For	Paperwo	ork Reduction Act Notice, see the separate instructions. Cat.	No. 11282Y		Form <b>990</b> (2014)					



	30 (201,4)			Page 2
Part			Port III	
1	Check if Schedule O contains a re Briefly describe the organization's mission		<u>artin</u>	<u> </u>
•	The foundation's mission is to raise funds to		he prevention of child abuse a	nd families in crisis.
2	Did the organization undertake any significant prior Form 990 or 990-EZ?			
	If "Yes," describe these new services on S			· Yes No
3	Did the organization cease conducting, services?		how it conducts, any progr	am · 🔲 Yes 🔲 No
	If "Yes," describe these changes on Sche	edule O.		
4	Describe the organization's program servexpenses. Section 501(c)(3) and 501(c)(4) the total expenses, and revenue, if any, for	organizations are required to repo		
	(Code: ) (Expenses \$			
	Most expenses excluding grants are direct e	expense realted to fund raising events	·	
	Major grants			
	Exchange Club Parenting Skills Center     ASS (SN)			
		4,000		
	<ol> <li>Horizons Student Enrichment Program</li> <li>Kids in Crisis -</li> </ol>	4,000		
	5.College Scholarships (4) -			
			~	
4b	(Code:) (Expenses \$	ıncluding grants of \$	) (Revenue \$	)
			***************************************	
			***************************************	
			~~~~~~~	
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
			<u></u>	
			·	
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
			/	
4d	Other program services (Describe in Sche	edule O.)		
	(Expenses \$ including gra		\$ )	
4e	Total program service expenses			

	90 (201,4)		F	Page 3
Part	Checklist of Required Schedules		V	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2	<b>✓</b>	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	-	1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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		✓
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, VIII, IX, or X as applicable.			j
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
	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		1
	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		<b>✓</b>
	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 11f		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		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>/</b>
ь	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		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		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		<b>√</b>
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
	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		<b>✓</b>
		Forr	n <b>99</b> 0	(2014)

Part	Checklist of Required Schedules (continued)			
•			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	✓	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		<b>√</b>
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		<b>√</b>
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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<b>√</b>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		<b>√</b>
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 "Yes," complete Schedule L, Part II	26		<b>√</b>
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	_	<b>√</b>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 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	29 30		<b>√</b>
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<b>/</b>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	<u></u>	1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	1	
		For	m <b>990</b>	(2014)

	00 (201 <sub>4</sub> )	_		Page \$
Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	· · ·	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4	ļ	
b	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable	4	1	l
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	1		
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)	_	ŀ	١,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<b>/</b>
b 4-	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<b>√</b>
ь	If Was 2 and a the manner of the fension according	44		- <b>-</b>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Ì
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
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			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or qifts 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	1	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	L	<b>✓</b>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<b>✓</b>
h	If the organization received a contribution of cars, boats, arplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	<b>✓</b>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	١.	-	
9	sponsoring organization have excess business holdings at any time during the year?	8	<del> </del>	-
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		l
10	Section 501(c)(7) organizations. Enter:		$\vdash$	<b>†</b>
а	Initiation fees and capital contributions included on Part VIII, line 12		ļ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	]		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u></u>	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	<u> </u>
ь	Note. See the instructions for additional information the organization must report on Schedule O.  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	1		
	Enter the amount of reserves on hand	14-	<del> </del>	-
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<del> </del> -	✓
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		<u> </u>

FEIL								
•	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S		struci	tions.				
Section	Check if Schedule O contains a response or note to any line in this Part VI	<del></del>		<u>. Ц</u>				
3600	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   1a 14			+				
	If there are material differences in voting rights among members of the governing body, or			1				
	if the governing body delegated broad authority to an executive committee or similar							
	committee, explain in Schedule O.							
þ	Enter the number of voting members included in line 1a, above, who are independent . 1b 14			] .				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with							
2	any other officer, director, trustee, or key employee?	2		<del>                                     </del>				
3	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? .							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		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		✓				
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	ļ !		1				
_	stockholders, or persons other than the governing body?	7b	_	<u> </u>				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			1				
а	The governing body?	8a	1					
b	Each committee with authority to act on behalf of the governing body?	8b	1	<del> </del>				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		_	<b>†</b>				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.,	)				
		لـــــا	Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	<b>✓</b>	<b></b>				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	406						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b 11a	1	<del>  •</del>				
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	110	-	<del>                                     </del>				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		\				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b						
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"							
	describe in Schedule O how this was done	12c	<u> </u>	ļ				
13	Did the organization have a written whistleblower policy?	13	<u> </u>	1				
14	Did the organization have a written document retention and destruction policy?	14		<b>/</b>				
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?		}	1				
а	The organization's CEO, Executive Director, or top management official	15a		<b>√</b>				
b	Other officers or key employees of the organization	15b		1				
	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	ļ <sup>'</sup>	_					
	with a taxable entity during the year?	16a		<b>-</b>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	<u> </u>		ł				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	164		-				
Sooti	on C. Disclosure	16b	<u> </u>	<u> </u>				
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	i 501(	c)(3)s	only)				
	available for public inspection. Indicate how you made these available. Check all that apply.	`		• •				
	☐ 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 int	erest	policy	y, and				
	financial statements available to the public during the tax year.							
20								
	Mark Hahn, 475 Silvermine Road, New Canaan, CT 06840 203-912-8985							

Earm	non	(2014)	

Form 990 (2014)

Part VII	Compensation of Officers, Dire	ctors, Trustees, Key Employee	s, Highest Compensated Employees, and
	Independent Contractors		

Check if Schedule	O contains	a respor	nse or note	to any	line in th	ıs Part	VII .	<u>.</u>	<u></u>	<u>.</u>	<u>.                                    </u>	<u>.                                    </u>	<u> </u>			

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 no	or any relate	d org	aniz			ompe	nsa	ited any curren	t officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Robert Clay, President				1				0	0	
(2) Dan McEvoy, President Elect				1				0	0	
(3) Randy Dalia, Immediate Past President				1				0	0	
(4) Michael Gregorio, Secretary				1				0	0	
(5) Mark Hahn, Treasurer	<b>-</b>	_		1				0	0	i
(6) Gus Hedlund, Assistant Treasurer	-			1				0		
(7) Kevin McIntosh, Director		1		Ť				0	0	
(8) Jack Devlin, Director		1						0	0	· · · · · · · · · · · · · · · · · · ·
(9) Hans Dijs, Director		<b>√</b>						0	0	
(10) John Atchue, Director		<b>√</b>						0	0	
(11) Mike Coady, Director	-	<b>∀</b>								
(12) Howard Freeman, Director	-							0	0	
(13) Darryl Glatthron, Director		<b>√</b>						0	0	
(14) Jim Holec, Director		1						0	0	

	(A) Name and title	(B) Average hours per week (list any hours for related	verage loss, unless person is but officer and a director/to						(D)  Reportable compensation from the organization	(E) Reportation compensation related organization (W-2/1099-N	n from ons	Estir amo of compe	(F) mated ount of ther ensation on the	on
			Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			and	nzatior elated ization	
(15)							·						_	
(16)														
(17)														
(18)														<del>-</del>
<u>(19)</u>														
(20)			! 										_	
(21)														·
												<del></del>		<del></del>
(22)														
(23)														
(24)														
(25)						l								
1b	Sub-total	<u> </u>	<u> </u>			L		<b> </b>	0		0			
C	Total from continuation sheets to Part	-						<b>&gt;</b>	0		0	-		0
d 2	Total (add lines 1b and 1c)	not limited						e) w	ho received m		00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5							mp	loyee, or high	est compe	ensated		Yes	
4	For any individual listed on line 1a, is the organization and related organizations	sum of rep	oortal	ole d	com	per	nsatio					3		<b>/</b>
_	individual	·										4		1
5	for services rendered to the organization											5	-	1
Section 1	on B. Independent Contractors  Complete this table for your five highest of		ad inc	1000		ont		2010	om that receive	ad mara the	n \$100	000 of		
•	compensation from the organization. Repyear.													ax
	(A) Name and business add	ress							(B) Description of s	ervices	С	(C) ompens	ation	
											<u> </u>			
		<del></del>							<del> </del>		<u> </u>			
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who				

Form **990** (2014)

	VIII	Check if Schedule C	contains a i	response or note t	o any line in this	Part VIII		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated campaigns	s !	la				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .	🛅	lb	]		ľ	Ì
s, G Am	С	Fundraising events .	🗔	lc 223,780	]			
gift ar,	d	Related organizations	3 [1	ld 16,350	]			
ij, i	е	Government grants (con		le				}
tior s s	f	All other contributions, g						
혈		and similar amounts not inc	luded above	<b>if</b> 275	] [		[	
وغ	g	Noncash contributions include	ded in lines 1a-1f	:\$				
ည် နေ	h	Total. Add lines 1a-1	f	<u>.</u> <b>&gt;</b>	240,395		<u> </u>	
				Business Code				
Program Service Revenue	2a				Ī <u>.</u>			<u> </u>
8	ь			Į.				
Ş.	С							
Ser	d							
E	e	*		!				
g	f	All other program sen						
<u> </u>	g	Total. Add lines 2a-2	f <u>.</u>					
	3	Investment income		•				
		and other similar amo	ounts)	•			<u> </u>	
	4	Income from investment	t of tax-exemp	t bond proceeds ▶				
	5	Royalties						
			(i) Real	(ii) Personal				
	6a	Gross rents	[		<b>j</b> [			<b>{</b>
	b	Less: rental expenses						1
	C	Rental income or (loss)	L		_			
	d	Net rental income or (	`—	<u> ▶</u>	_			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis			ŀ			
		and sales expenses .			[			
	С	Gain or (loss)	L				-	
	d	Net gain or (loss) .		. <u> </u>		<del></del>	ļ	ļ
enue	8a	Gross income from fuevents (not including \$						
Other Reve	; 	of contributions reporte See Part IV, line 18 .						
ğ	ь	Less: direct expenses	s	b				
	С	Net income or (loss) fa						<u> </u>
	9a	Gross income from ga See Part IV, line 19						
,	b	Less: direct expenses		b	] _		1	
	C	Net income or (loss) f						<u> </u>
	10a	Gross sales of in returns and allowance						
	ь	Less: cost of goods s			]		1	
	С	Net income or (loss) fi	rom sales of	inventory 🕨				
		Miscellaneous R	evenue	Business Code				
	11a				]		1	<u></u>
	ь							
	С							
	d	All other revenue .					<u> </u>	<u> </u>
	е	Total. Add lines 11a-	11d					
	12	Total revenue. See in	estructions.	. •	240 305		1	

Part IX	Statement of	Functional	Expenses	
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Section	on 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	ll other organization	s must complete co	olumn (A).
	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .	<u> </u>	· · · · · · ·
	ot 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 domestic organizations				
	and domestic governments See Part IV, line 21	118,642	118,642		
2	Grants and other assistance to domestic				
	ındividuals. See Part IV, line 22	10,000	10,000		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		·-·		
5	Compensation of current officers, directors, trustees, and key employees	}			
_	- · · ·			<del></del>	<u></u>
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		<del></del>			
8	Other salaries and wages			<del></del>	<del></del>
•	section 401(k) and 403(b) employer contributions)				ļ
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):			·	
· ·	Management				
b	Legal				
c	Accounting				
d	Lobbying			<del></del>	
е	Professional fundraising services. See Part IV, line 17	· · · · · · · · · · · · · · · · ·			
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		<u> </u>		
14	Information technology			<u> </u>	
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			<del></del>	<del> </del>
20	Interest	<del></del>			
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization . Insurance				
				····	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Christmas Fund-raiser - goods and svcs	84,340			84,340
b	Golf Fund-raiser - goods and services	22,981		· · · · · · · · · · · · · · · · · · ·	22,981
c	Raffle Fund-raisers - goods	1,050			1,050
ď		.,,530			
e	All other expenses	932			932
25	Total functional expenses. Add lines 1 through 24e	237,945	128,642		109,303
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				ĺ
	fundraising solicitation. Check here 🕨 🔲 if				
	following ŠOP 98-2 (ASC 958-720)	<u> </u>			L

	n 990 (2	i			Page 11
Р	art X				
		Check if Schedule O contains a response or note to any line in this Par	(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	11,498	1	13,948
	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, trustees, key employees, and highest compensated employees.  Complete Part II of Schedule L		5	
ţ	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use		8	
	9 10a	Prepaid expenses and deferred charges		9	
		other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation [10b]		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,498		13,948
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	<del></del>	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Ë	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			
	25	parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	-	0
_		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
68		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets		27	
ale	28	Temporarily restricted net assets		28	<del></del>
9	29	Permanently restricted net assets	<del></del>	29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
S)	30	Capital stock or trust principal, or current funds		30	-
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .	11,498	32	13,948
<u>fet</u>	33	Total net assets or fund balances	11,498		13,948
4	34	Total liabilities and net assets/fund balances	11,498		13,948
					Form <b>990</b> (2014)

Form 99	90 (2014)		Pa	age <b>12</b>
Part	XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>		
1	Total revenue (must equal Part VIII, column (A), line 12)		2	10,395
2	Total expenses (must equal Part IX, column (A), line 25)		2	37,945
3	Revenue less expenses. Subtract line 2 from line 1			2,450
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))			11,498
5	Net unrealized gains (losses) on investments		_	
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain in Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))			13,948
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>		
			Yes	No
1	Accounting method used to prepare the Form 990:		Ī	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	-		'
	Schedule O.			l j
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		✓
	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:	ľ		ĺ
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	ł		
b	Were the organization's financial statements audited by an independent accountant?	2b		✓
	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:		1	1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		_	]
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	İ	1	1
	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			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		1	-
	the Single Audit Act and OMB Circular A-133?	3a	<u> </u>	
b	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.	3b	<u></u>	L
		For	m <b>990</b>	(2014)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

20154

Open to Public Inspection

Name of the organization Employer identification number Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . . Provide the following information about the supported organization(s). (vi) Amount of (i) Name of supported organization (ii) EIN (iv) is the organization (v) Amount of monetary (iii) Type of organization (described on lines 1-9 listed in your governing support (see other support (see document? above (see instructions)) instructions) Instructions) Yes No (A) (B) (C) (D) (E)

	ule A (Form 990 or 990-EZ) 2015			: 470/11/4	VAV:	470(L\(4\\4\\4\\4\\4\\4\\4\\4\\4\\4\\4\\4\\4\	Page 2
Par							
	(Complete only if you checked the						alify under
<u> </u>	Part III. If the organization fails to	quality und	er the tests is	stea below, p	lease compli	ete Part III.)	
	ion A. Public Support ndar year (or fiscal year beginning in)	(-) 2011	<b>6-)</b> 2012	(-) 2012	(4) 2014	(a) 2015	(6) T-4-1
		(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not			İ		}	
	include any "unusual grants.")						
2	Tax revenues levied for the						
	organization's benefit and either paid		1	Ĭ		ľ	}
	to or expended on its behalf						
3	The value of services or facilities			1			
	furnished by a governmental unit to the						
	organization without charge			ļ			
4	Total. Add lines 1 through 3		<u> </u>	ļ	<u> </u>	<u> </u>	
5	The portion of total contributions by			1		1	
	each person (other than a						
	governmental unit or publicly			ļ			
	supported organization) included on						
	line 1 that exceeds 2% of the amount shown on line 11, column (f)			ļ	]		
_					ļ	<del> </del>	
6 Sect	Public support. Subtract line 5 from line 4. ion B. Total Support		<u> </u>	1	<u> </u>	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2011	(h) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	<b>(a)</b> 2011	<b>(b)</b> 2012	(C) 2013	(4) 2014	(e) 2015	(i) iotai
			<del>                                       </del>	<del> </del>	<del></del>	<del> </del>	
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar		1				
	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 VI.)		}	l			
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	i, or fifth tax y	ear as a section	on 501(c)(3)
	organization, check this box and stop he	r <u>e</u>					► _
Sect	ion C. Computation of Public Suppor	t Percentag	je				
14	Public support percentage for 2015 (line		-			14	%
15	Public support percentage from 2014 Sch					15	%
16a	331/3% support test—2015. If the organi						
	box and stop here. The organization qua	-		-			
b	331/3% support test—2014. If the organ					e 15 is 33¹/3%	
	check this box and stop here. The organ	•					· · • 🗀
17a	10%-facts-and-circumstances test-20						
	10% or more, and if the organization me						
	Part VI how the organization meets the "f			st. The organiz	ation qualifies	as a publicly s	
_	organization						. <b>P</b> []
Þ	10%-facts-and-circumstances test – 20	_					

Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

### 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	ander the tes	its listed belo	w, picase ce	inplote raren	-/		
	dar year (or fiscal year beginning in)	(a) 201 D	<b>(b)</b> 201	(c) 2016	(d) 20143	(e) 2	0154	(f) Total
1	Gifts, grants, contributions, and membership fees	(4) 2010	(5) 20 14	(5, 25, 3	(-, ) #7	(0) 2	<del>-                                    </del>	(i) iolai
•	received. (Do not include any "unusual grants.")	17,237	13,263	14,260	14,650		16,625	76,035
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.	190,200	193,852	223,609	212,171		23,770	1,043,602
3	Gross receipts from activities that are not an unrelated trade or business under section 513	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100/002	220,000				
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	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	207,437	207,115	237,869	226,821	2	40,395	1,119,637
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							
8 8	Add lines 7a and 7b							1,119,637
Secti	on B. Total Support							.,,
	dar year (or fiscal year beginning in)	(a) 2011)	(b) 2012 (	(c) 2012 V	(d) 2014 3	(e) 2	015 4	(f) Total
9	Amounts from line 6	207,437	207,115	237,869	226,821	2	40,395	1,195,637
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	o	0	0		0	0
Ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	0	0	0	0		0	0
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 VI.)							
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	207,437	207,115	237,869	226,821		40,395	1,195,637
14	First five years. If the Form 990 is for the organization, check this box and stop her	re		l, third, fourth,	•			
	on C. Computation of Public Suppor							
15	Public support percentage for 2015 (line 8					15		100 %
16	Public support percentage from 2014 Sch			<u> </u>	<u> </u>	16		100 %
	on D. Computation of Investment Inc					T T		
17	Investment income percentage for 2015 (I					17		0 %
18	Investment income percentage from 2014					18		0 %
19a	331/3% support tests—2015. If the organi							
	17 is not more than 331/3%, check this box a		-	•				_
b	331/3% support tests—2014. If the organiz							
	line 18 is not more than 3318%, check this b	-	_	-				
20	Private foundation. If the organization did	d not check a b	ox on line 14,	19a, or 19b, cl	neck this box a	and see	e instruc	tions 🕨 🗌

## Part IV St

**Supporting Organizations** 

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Sect	ion A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		-
ь	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		-
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	-	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	-	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	_	
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
6	Substitutions only. Was the substitution the result of an event beyond the organization's control?  Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	<u>5c</u> 6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI.</b>	9b		-
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9с		
	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	i	[	1

determine whether the organization had excess business holdings.)

scheau	tle A (Form 990 or 990-E2) 2015		•	age J
Part	IV Supporting Organizations (continued)			
44	Line the appropriate property of a risk or a satisfy the form and of the following persons?		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?  A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
u	below, the governing body of a supported organization?	-  11a	-	-
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or	ł		
	controlled the organization's activities. If the organization had more than one supported organization,	ļ		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ł	1 1	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	ļ		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		}	
C+		2		<u> </u>
Secu	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control	}	]	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		1	
		<u></u>	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1	'	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	]	ļ	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		-
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u> </u>	T	_
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		1	1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	<u> </u>	
3	By reason of the relationship described in (2), did the organization's supported organizations have a	[		[
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	1
	supported organizations played in this regard.	3		<u> </u>
Secti	on E. Type III Functionally-Integrated Supporting Organizations	1_3_		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inete	otion	c)·
-	The organization satisfied the Activities Test. Complete line 2 below.	113676		<b>3</b> ).
a b	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	structi	ons).
_				
2	Activities Test. Answer (a) and (b) below.		165	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>		l	
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	1	l	l
	that these activities constituted substantially all of its activities.	2a	<u> </u>	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	1_		1
_	activities but for the organization's involvement.	2b	┼	<del> </del>
3	Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly experient or elect a majority of the officers, directors, or	1	1	1
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<del>~</del>	<del> </del> -	
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b_	<u></u>	

Schedule A (Form 990 or 990-EZ) 2015			Page <b>6</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3)	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
other Type III non-functionally integrated supporting organizations must co	mple	ete Sections A through E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)  8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	10		(B) Current Year
Section B - Minimum Asset Amount		(A) Prior Year	(optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):	<u> </u>		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		_L
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	<u> </u>	<u></u>
7 Check here if the current year is the organization's first as a non-functional instructions).	y-ini	tegrated Type III support	ting organization (see

Schedu	le A (Form 990 or 990-EZ) 2015			Page 7
Part		3) Supporting Organi	zations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers excorganizations, in excess of income from activity	empt purposes of suppo	rted	
3	Administrative expenses paid to accomplish exempt purp	ooses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whice (provide details in <b>Part VI</b> ). See instructions.	h the organization is res	ponsive	
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			<del></del>
s	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
3	(reasonable cause required-see instructions)			
	Excess distributions carryover, if any, to 2015:			
<u>a</u> b			<u> </u>	
			<u> </u>	
<del>c</del>	From 2013			
<u>u</u>	From 2014			
<del>t</del>	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<del>_</del> _h	Applied to 2015 distributable amount		<del></del>	
<u>i</u>	Carryover from 2010 not applied (see instructions)	<del></del>		
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
	Applied to underdistributions of prior years		<del></del>	
<u>u</u>	Applied to 2015 distributable amount			
_ <u>c</u>	Remainder, Subtract lines 4a and 4b from 4.			
-5	Remaining underdistributions for years prior to 2015, if			
J	any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	· · · · · · · · · · · · · · · · · · ·			
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
****	

#### SCHEDULE! (Form 990)

# Grants and Other Assistance to Organizations, Governments, and individuals in the United States Complete if the organization answered "Yes" on Form 980, Part IV, line 21 or 22.

2015

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990

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

<ol> <li>Does the organization mainta</li> </ol>			unt of the grants or	assistance, the o	grantees' eligibility	for the grants or assistar	ice, and
the selection criteria used to a	_					•	· · 🗹 Yes 🗌 No
<ol><li>Describe in Part IV the organi.</li></ol>							
						if the organization and tional space is needed	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant		(f) Method of valuation (book, FMV, appraisal, other)	(a) Description of	(h) Purpose of grant or assistance
(1) Exchange Club Parenet Skills 41 Franklin St. Stamford, CT 06901	06-1398440		60.000		0	0	Support
(2)	00-1330440		40,000				Зарроп
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
10)			<del>                                     </del>	<u></u> _			
11)	·		<u> </u>				<del> </del>
12)				·			<del> </del>
2 Enter total number of section	F04 ( )(0)	L	<u> </u>		<u> </u>	L	. ▶ 60,000

Schedule ( (Form 990) (2015)							
Part III	Grants and Other Assistance to Domestic Individuals, Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed.						
	(a) Type of grant or assistance	(b) Number of recipients	(e) Armount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
_1							
_2							
_4						· · · · · · · · · · · · · · · · · · ·	
5	· · · · · · · · · · · · · · · · · · ·				~		
_6							
7							
Part IV	Supplemental Information. Pro	ovide the information re	equired in Part I, I	ine 2, Part III, colum	n (b), and any other addition	onal information.	
						·	
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
						••,	

Schedule I (Form 990) (2015)

#### 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

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.

Open to Public 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 Clu	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 recrui	t and retain members who volunteer for					
this organization's fund-raising activities. As a result, there is no need for	r consistent/written policies					
regarding fund raising or the distribution of funds to charities, as the Bo	ard 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 Tro	easurer 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 documents,	conflict of interest policy or financial					
statements The New Canaan Exchange Club, Inc. has a website with a page	ge dedicated to our organization's					
activities and includes the names of members on the Board, who are direct	ors for both organizations					
If anyone wishes to inquire about our foundation or club, we will provide such information.						
	·					