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SCANNED MAR 30

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

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2009 Open to Public Inspection

A	For the 20	09 calendar y	ear, or tax year beginning		, and endir	9					
	heck if applica			CA	NAAN HIGH SCHOO	SC	HOLARSH	ΙP		D Emplo	yer identification number
	Address chang	use IRS	1 700	NDA'	TION, INC.						
ñ	Name change	label or print or	n. n		23-	7102732					
\equiv	•	type.	Number and street (or P O box if	nail is r	not delivered to street address)			Room/sur	te	E Teleph	one number
片.	nıtıal return	See Specific	11 FARM ROAD					<u> </u>		203	<u>-972-4444</u>
Η.	Termination	Instruc-		, and	ZIP + 4				L	G Gross rece	ipts \$ 407,891
	Amended retu	m tions.	NEW CANAAN		CT 06840	<u>-66</u>	26				
	Application per	nding F Nam	ne and address of principal officer						- 1	H(a) is this	a group return for
_										affiliate H(b) Are all	affiliates -
		ļ]	include	d? Tes No
			1							If "No,"	' attach a list (see instructions)
	Tax-exempt		[501(c) (3) ◀ (inse	rt no) 4947(a)(1) or	52	27				
	Website:						- 1				exemption number
	Type of organ		orporation Trust Associa	ion	Other >			Year of form	ation 15	972	M State of legal domicile CT
	art i	Summa									
		-	the organization's mission or		<u> </u>	- n m					
ဗ္			CANAAN HIGH SCHOO				•	•			
Activities & Governance			OLLEGE SCHOLARSHI								
19/			S BASED ON ACADEN								
် ဗိ			If the organization disc			ed of	more than 25	% of its ne	t assets	1 . 1	
ଷ			g members of the governing t	-	•					3	
tíes			endent voting members of th	e gov	reming body (Part VI, line 1	b)				4	
ťví			employees (Part V, line 2a)							5	0
Ą			volunteers (estimate if neces	-						6	
			lated business revenue from							7a	
	b Net	unrelated bu	isiness taxable income from F	orm	990-T, line 34				Prior Year	7b	Current Year
	8 Con	tributions an	d grants (Part VIII, line 1h)							,451	383,657
Revenue											23,498
Ver		• • • • • • • • • • • • • • • • • • •								969 969	736
8			Part VIII, column (A), lines 5,		•			 		-3031	
			add lines 8 through 11 (must		•	12\			216	,300	407,891
_			ar amounts paid (Part IX, coli			12)		 		,500	172,750
			or for members (Part IX, colu					 		, 500	<u> </u>
	i		ompensation, employee bene			_10\		-			
enses			draising fees (Part IX, column			-10)					
nec			expenses (Part IX, column (•	Ω	932		************		······································
Exp			(Part IX, column (A), lines 11		•	Ο,	752		1.6	,727	22,981
			Add lines 13–17 (must equal		•				$\frac{130}{131}$		195,731
			penses Subtract line 18 from					<u> </u>		,073	212,160
Net Assets or Fund Balances	10 1.00	511d6 1566 6A	poneco castractune to non		<u> </u>			Beginni	ng of Curre		End of Year
sets	20 Tota	ıl assets (Pa	rt X, line 16)						153	,872	365,754
A B	21 Tota	ıl lıabılıtıes (F	Part X, line 26)								
울	22 Net	assets or fur	nd balances Subtract line 21	from I	line 20				153	,872	365,754
P	art II	Signatu	re Block								
			Ities of perjury, I declare that I hav								
		and belief, if	t is true, correct, and complete De	clarat	tion of preparer (other than office	er) is b	pased on all info	rmation of w	hich prepa		
Şig	n	√			·					1 3/8	/10
Her	·e		ure of officer		RECEIVED					Date	
		TC	NY PAVIA	1	THEOLIVED	10	CHAI	RMAN			
		Type or	r print name and title	0		য়ি					
De:	.	Preparer's	L	34	MAR 1 5 2010	バ	Date	- 1	Check if		Preparer's identifying number (see instructions)
Pai		signature	y		L				self- employe	d ▶	364-70-8046
	parer's	Firm's name	or yours	\mathbf{I}^{-}	OGDEN LIT					EIN ▶	
USE	Only	if self-emplo	, ,	<u> </u>						Phone	
		address, and	d ZIP + 4							no 🕨	
May	the IRS di	scuss this re	turn with the preparer shown	abov	/e? (see instructions)						X Yes No

Form **990** (2009)

		GH SCHOOL SCHOLARSH	IP 23-7102732		Page 2
		Service Accomplishments			
	the organization's missio	n CHOOL SCHOLARSHIP	ד אר איד אור		
		RSHIPS TO NEW CANAL		•	•
		ADEMIC ACHIEVEMENT		ED.	
2 Did the organiza	tion undertake any signif	icant program services during the year	which were not listed on		
the prior Form 9	90 or 990-EZ?				Yes X No
	e these new services on				
-	tion cease conducting, o	r make significant changes in how it co	nducts, any program		Yes X No
services?	a thank ahamma an Cab	adula O			Tes A No
	e these changes on Scho	edule O ents for each of the organization's three	Jamest nrogram services by ex	menses	
		tions and section 4947(a)(1) trusts are			
		and revenue, if any, for each program		•	
	·				
GRADUATES		172,750 including grants AWARDED TO NEW CANA CADEMIC ACHIEVEMENT	AAN HIGH SCHOOL) (Revenue \$)
NEED.					
4b (Code) (Expenses \$	including grants	of \$) (Revenue \$,
					•
			,		
4c (Code) (Expenses \$	including grants	of \$) (Revenue \$	<u> </u>
40 (0000) (Expenses Ψ	moduling grants	Ο Ι Ψ) (November 4	,
4d Other program s	ervices (Describe in Sci	nedule O)			
(Expenses \$	SOOO (DOOGIDE III OO	including grants of \$) (Revenue \$)
4e Total program s	service expenses >	172,750			
					Form 990 (2009

Pé	int IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	•		
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	1		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	İ		
	Schedule C, Part II	4		_X_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	1		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	1		
	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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		١,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"] '	
	complete Schedule D, Part III	8		<u>X</u> _
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		i .	
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"]		
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			٠,
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		<u>X</u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			,,
	VII, VIII, IX, or X as applicable	11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	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			
•	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			
•	Did the organization report an amount for other assets related 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			
	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			
13	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
24		12		<u> </u>
~~	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X.
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	170		
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Χ
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	145		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
-	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
7	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	17		Х
8	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		Х
9	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		Х
0	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Forn	990	(2009)

<u> Рот</u>	1990 (2009) NEW CANAAN HIGH SCHOOL SCHOLARSHIP 23-7102732		P	age 4
þ	art IV Checklist of Required Schedules (continued)	<u>_</u>	 ¬	
0.4	Dillih and a second a second and a second an		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	21	х	
22	In the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22	Did the organization report more than \$5,000 of grants and 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	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated		ł	
	employees? If "Yes," complete Schedule J	23		Х
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 25	24a	ı İ	Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c				
•	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Χ
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
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		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	_33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	ا ا		v
25	III, IV, and V, line 1	34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	25	- 1	v
26	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	20		Χ_
37	organization? If "Yes," complete Schedule R, Part V, line 2	36	\dashv	
.,	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ļ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X_
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	Signal organization complete Obligation of and provide explanations in obligation O for Fart VI, lines 11 and			

Form **990** (2009)

197 Note. All Form 990 filers are required to complete Schedule O

	otatements regarding other most imigs and rax compilation				
10	Enter the number reported in Pay 2 of Form 1006, Applied Summers and Transmitted of			Yes	No
1a	.,	40			
b	U.S. Information Returns. Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1a 1b			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and report				
·	gaming (gambling) winnings to prize winners?	auc	1c	•	х
2a		1 1			
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	L 	2b		Ţ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	V			
	this return?	•	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 auth	nonty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	aal		ĺ	
	account)?		4a		X
þ	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar	ık			
	and Financial Accounts				l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng			
_	Prohibited Tax Shelter Transaction?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				l
	organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	Or			
7	gifts were not tax deductible?		6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).	1.			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	18	7.		Ī
b	and services provided to the payor? If "Yes," did the organization patify the depay of the yelling of the goods are equipped provided?		7a 7b		
c	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		76	_	
Ŭ	required to file Form 8282?		7c		
đ	If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		
8	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person				
	benefit contract?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7e		Ţ
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as				
	required?		7h		<u></u>
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?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter	1		1	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter	1			
a	Gross income from members or shareholders	11a		1	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	445			
2-	amounts due or received from them) Section 4947(a)(4) non-exempt aboritable trusts, le the executation files Form 900 in law of Form 10	11b		1	
2a h	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10 If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12a		
	in 165, Gitter the amount of tax-exempt interest received or accrued during the year	12b	<u>il</u>		(2009)
			. 5111		(=000)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	scriedule O. See instructions.			
<u>Get</u>	COURT A. Governing Body and Management		Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			I
	any other officer, director, trustee, or key employee?	2		X
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 _		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			Į
а	The governing body?	8a_	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	renue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	ĺ	X
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		Х
13	Does the organization have a written whistleblower policy?	13		Х
14	Does the organization have a written document retention and destruction policy?	14		X
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	l '	X
b	Other officers or key employees of the organization	15b		X
	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			l
	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	·	ĺ
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
-	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► TONY PAVIA NEW CANAAN HIGH SCHOOL			
NI	CT 06840	203-97	2-4	444

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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 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 the organization	did not compen	sate	any o	curre								
(A) Name and Title	(B) (C) Average Position (check all that apply)					hat a	ooly)	(D) Reportable	(E) Reportable	(F) Estimated		
	hours per week	Individual trustee or director		Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations		
THERESE CHAISSON												
COMMITTEE		<u> </u>			L.	┞		11,000	0	0		
ALLISON FREEMAN					1		ļ			_		
CO-CHAIR FIN	<u> </u>	↓			Ĺ.,			0	0	0		
MARY DICOSMO		ŀ										
COMMITTEE			ļ	_	_	ļ		0	0	0		
GEANNE GRIFFITH		l				1	İ		_	_		
COMMITTEE		┼	_	_	<u> </u>			0	0	0		
KIM HOGAN		l		l	1					^		
COMMITTEE	 	+-	_		₩			0	0	0		
WENDY HURST		ŀ							^	0		
COMMITTE ELAINE LLOYD		+		├	\vdash	-		0	0			
COMMITTEE		ŀ			l			0	0	0		
FRANCESCA LACEREN	177	┼┈	-	\vdash	⊢	┼	-			 		
CO-CHAIR FIN	L L	1						0	0	0		
LIZ MALLOZZI	 	+	-	-		 				<u>_</u>		
COMMITTEE		1						ol	0	0		
DIANNA PATURZO		1		\vdash	 	H						
COMMITTEE	J		}	,				0	0	0		
LISA POPPER		\vdash	-			<u> </u>						
COMMITTEE		1	1					0	0	0		
MARY CODY		1										
COMMITTEE	ŀ							0	0	0		
ANNETTE TERRY		Г										
COMMITTEE	<u> </u>	ł						0	0	0		
MICHELLE VALLELY							-			-		
COMMITTEE	L	<u> </u>				ļ		0	0	0		
ROBERT GARDNER												
CHAIR GRANTS	L	_		<u></u>	$oxed{oxed}$			0	0	0		
ALLISON FREEMAN	_					}				_		
COMMITTEE		<u></u>	L.,	<u> </u>				0	0	0		
SALLY HALSTEAD				l					_	_		
COMMITTE	<u> </u>	<u></u>	Ĺ	<u> </u>	<u> </u>	<u> </u>		0	0	0		
DAA										Form 990 (2009)		

WENDY HILBOLT COMMITTEE NANCY HUGO COMMITTEE CINDY KAUFMAN COMMITTEE FRANCESCA LACERENZI COMMITTEE ROBERT SCHAFTER COMMITTEE MARGARET SHERRY COMMITTEE STEPHEN VEHSLAGE COMMITTEE STEPHEN VEHSLAGE COMMITTEE Total 2 Total number of individuals (includ reportable compensation from the	hours per week	Individual trustee or director	Institutional trustee	Officer	Key e	emp High	Former	compensation from	compensation from related		ount of other	
COMMITTEE NANCY HUGO COMMITTEE CINDY KAUFMAN COMMITTEE FRANCESCA LACERENZI COMMITTEE ROBERT SCHAFTER COMMITTEE MARGARET SHERRY COMMITTEE STEPHEN VEHSLAGE COMMITTEE STEPHEN VEHSLAGE COMMITTEE Total 1b Total Total			l trustee		Key employee	Highest compensated employee	ner	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fro orga and	pensation om the anization d related inizations	
NANCY HUGO COMMITTEE CINDY KAUFMAN COMMITTEE FRANCESCA LACERENZI COMMITTEE ROBERT SCHAFTER COMMITTEE MARGARET SHERRY COMMITTEE STEPHEN VEHSLAGE COMMITTEE STEPHEN VEHSLAGE COMMITTEE Total 2 Total number of individuals (include)							_	0	0			(
CINDY KAUFMAN COMMITTEE FRANCESCA LACERENZI COMMITTEE ROBERT SCHAFTER COMMITTEE MARGARET SHERRY COMMITTEE STEPHEN VEHSLAGE COMMITTEE Total Total								0	0			(
FRANCESCA LACERENZI COMMITTEE ROBERT SCHAFTER COMMITTEE MARGARET SHERRY COMMITTEE STEPHEN VEHSLAGE COMMITTEE Total Total Total				<u> </u>				0	0	-		
ROBERT SCHAFTER COMMITTEE MARGARET SHERRY COMMITTEE STEPHEN VEHSLAGE COMMITTEE 1b Total Total	 E			-			L					
MARGARET SHERRY COMMITTEE STEPHEN VEHSLAGE COMMITTEE 1b Total 2 Total number of individuals (included)				-				0	0	- 		
STEPHEN VEHSLAGE COMMITTEE 1b Total 2 Total number of individuals (included)				_			-	0	0			
1b Total 2 Total number of individuals (includ			<u> </u>	-	_			0	0		<u></u>	
Total number of individuals (includ							-	0	0	-		C
Total number of individuals (includ				 						_		
Total number of individuals (includ												
Total number of individuals (includ				-	<u>.</u>							
Total number of individuals (includ												
Total number of individuals (includ				_	-							
Total number of individuals (includ				<u> </u>	L		<u> </u>	11,000				
	-		to th	ose	listed	abo	ve)		00,000 in			
											Yes	No
 Did the organization list any forme employee on line 1a? If "Yes," com For any individual listed on line 1a, 	plete Schedu is the sum of	ile Ji repo	for s ortab	uch i ile co	ndiv	idual ensat	ion a	and other compensation from	m		3	X
the organization and related organ individual 5 Did any person listed on line 1a rec									icn	-	•	X
services rendered to the organizate Section B. Independent Contractors	on? If "Yes,"	comp	olete	Sch	edul	e J fo	or su	ch person			5_	X
Complete this table for your five his compensation from the organization		sate	d inc	depe	nder	nt cor	ntrac	tors that received more than	n \$100,000 of			
(A) Name and busi								Descrip	(B) tion of services		(C) Compens	ation_
				_			_					
							_					
							_				<u>. </u>	
			_	_			_					
2 Total number of independent contr												
2 Total number of independent contr more than \$100,000 in compensate	antare (1. 1			! i		4- 4-		linted about tithe		t t		

Pa	ırt V	III Statement of Reve	nue			·		
3					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S S	1a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	, b	Membership dues	1b		1			
₽,6	5	Fundraising events	1c					
if a	٦		1d			`		
9, E		Related organizations			1	1		
Sic	,	Government grants (contributions)	10		1	l		
ŽĚ	ľ	All other contributions, gifts, grants, and similar amounts not included above	1	202 (57				
Ē			15	383,657	1	l		
Son	g		1f \$. [202 657	İ		
	 	Total. Add lines 1a-1f		- · ·	383,657			
Program Service Revenue	_			Busn. Code				
eve	2a	REPAYMENTS FR PREV I	LOAN RECIP	 	23,498	23,498		
ě.	b			 				
Š	C			—				
Se	ď						· · · · · · · · · · · · · · · · · · ·	
ran	₽ •			<u> </u>				
õ	f	F	nue	<u> </u>				
<u>~</u>	9				23,498			
	3	Investment income (including d	ividends, interes	st, and		ľ		
		other similar amounts)		▶	736			736
	4	Income from investment of tax-	exempt bond pr	oceeds 🕨 📙				
	5	Royalties						
	ŀ	(ı) Real	(11)	Personal				
	6a	Gross Rents			1	1		
	b	Less rental exps						
	C	Rental inc or (loss)			1	1		
	_d	Net rental income or (loss)		•				
	l 'a	Gross amount from (i) Securities	3 (11) Other	1			
		other than inventory			1			
	b	Less cost or other		7				
]	basis & sales exps			1	}		
	с	Gain or (loss)			1			
	d	Net gain or (loss)		•				
¢n.	8a	Gross income from fundraising even	ıts					
enue		(not including \$			1			
8	ļ	of contributions reported on line 1c)		1	1	}		
Other Reven		See Part IV, line 18	a					
¥	b	Less direct expenses	ь[1			
9	С	Net income or (loss) from fundr	aising events	•				
,	9a	Gross income from gaming activities	;	ļ				
		See Part IV, line 19	a			j		
	b	Less direct expenses	b					
	С	Net income or (loss) from gamil	ng activities	>				
	10a	Gross sales of inventory, less						
		returns and allowances	a					
	b	Less cost of goods sold	b			J		
	С	Net income or (loss) from sales	of inventory	>				_
		Miscellaneous Revenue		Busn. Code				
	11a	<u> </u>						
	b							
	¢							
	d	All other revenue						
	е	Total. Add lines 11a-11d		•				
	12_	Total Revenue. See instruction	is	▶	407,891	23,498	0	736

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b	8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and			1	
	organizations in the U.S. See Part IV, line 21	58,000	58,000		**************************************
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	114,750	114,750		***************************************
3	Grants and other assistance to governments,			· · · · · · · · · · · · · · · · · · ·	
	organizations, and individuals outside the		į	1	
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified			ļ	
	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 contributions (include section 401(k)				
	and section 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	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
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				<u>. </u>
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
		Ī		I	
24	Other expenses. Itemize expenses not		•	1	
	covered above (Expenses grouped together			1	
	and labeled miscellaneous may not exceed	1		1	
	5% of total expenses shown on line 25 below)				
а	ADMINISTRATIVE EXPENSES	14,000		14,000	
b	FUNDRAISING DRIVE	8,932			8,932
¢	STATE FEE	25		25	
d	BANK CHARGES	24		24	
8					
f	All other expenses		150 ===	14 040	
<u>25</u>	Total functional expenses. Add lines 1 through 24f	195 , 731	172,750	14,049	8,932
26	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs		ĺ	Ì	
	from a combined educational campaign and				
ĀĀ	fundraising solicitation				Form 990 (2009)
~~~					rom <b>33U</b> (7009)

Page 11

P;	art X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			1	
	2	Savings and temporary cash investments		144,490	2	<u>356,650</u>
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, tr	ustees, key			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	}	employees, and highest compensated employees Compl	lete Part II of	1		
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined u	inder section			
		4958(f)(1)) and persons described in section 4958(c)(3)(E				
	1	Part II of Schedule L	,		6	
Assets	7	Notes and loans receivable, net			7	
SS(	8	Inventones for sale or use			8	
4	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or				
		other basis Complete Part VI of Schedule D	10a			
	Ь	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities	[100]	9,382	11	9,104
	12	Investments—other securities See Part IV, line 11		3/302	12	
	13	Investments—program-related See Part IV, line 11		13		
	14	Intangible assets	<del></del>	14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)		153,872	16	365,754
	17	Accounts payable and accrued expenses	<u> </u>	133,672	17	303,734
	18	Grants payable and accided expenses			18	<del></del>
	19	Deferred revenue		<del></del>		
	20	-			19	<del></del>
s	_	Tax-exempt bond liabilities	0-1-4-1- D		20	
Liabilities	21 22	Escrow or custodial account liability Complete Part IV of S			21	
<b>₹</b>	22	Payables to current and former officers, directors, trustees	•			
iat		employees, highest compensated employees, and disqua	litied		. 1	
~		persons Complete Part II of Schedule L		<del></del>	22	<del></del>
	23	Secured mortgages and notes payable to unrelated third i			23	<del></del>
	24	Unsecured notes and loans payable to unrelated third par	ties		24	<del></del>
	25	Other liabilities Complete Part X of Schedule D			25	<del></del>
-	26	Total liabilities. Add lines 17 through 25	7 .		26	
ĕ		Organizations that follow SFAS 117, check here ► X	and     and			
Ĕ		complete lines 27 through 29, and lines 33 and 34.		150 070		265 754
ä	27	Unrestricted net assets		153,872	27	<u>365,754</u>
9	28	Temporanly restricted net assets			28	<del></del>
Ĕ	29	Permanently restricted net assets	. "		29	
Ĭ.		Organizations that do not follow SFAS 117, check her	re ▶ [			
ō		and complete lines 30 through 34.		<u> </u>	<b> </b>	
इ		Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment f			31	
Ä	32	Retained earnings, endowment, accumulated income, or	other funds		32	<del></del>
Net Assets or Fund Balances	33	Total net assets or fund balances	153,872	33	365,754	
<u> </u>	34	Total liabilities and net assets/fund balances		153,872	34	<u>365,754</u>

Form **990** (2009)

Form **990** (2009)

# 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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NEW CANAAN HIGH SCHOOL SCHOLARSHIP FOUNDATION, INC.

Employer identification number 23-7102732

Pi	art I	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	art.) S	ee ins	tructio	ons.		
The	orgar			it is (For lines 1 through 11, che									
1				ciation of churches described in			A)(i).						
2	П	A school des	cribed in section 170(b)(1)(A	(Attach Schedule E.)									
3	П			e organization described in secti	on 170(b)	(1)(A)(ii)							
4	П	•	•	in conjunction with a hospital des				)(A)(iii).	Enter th	e hospi	ıtal's name.		
		city, and state		, <b>.</b>				/(/\/-					
5	$\Box$	-		a college or university owned or	nnerated	hy a nove	mmenta	al unit de	scribed	ın			
·	ىــا		b)(1)(A)(iv). (Complete Part I		орсталов	by a gove		,, G, ,,, GC		•••			
c					4: 470/	LVAVAV.							
6	$\vdash$		•	vernmental unit described in sec	-		-			L1.			
7	Ш	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 )												
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )												
9	X	=	• • • • • • • • • • • • • • • • • • • •	more than 33 1/3 % of its suppo				-		-			
		receipts from	activities related to its exemp	ot functions—subject to certain e	xceptions	, and (2) r	o more	than 33	1/3 % o	f its			
			•	d unrelated business taxable inco	•		11 tax) fr	om busi	nesses				
		-		, 1975 See <b>section 509(a)(2)</b> . (	•	•							
10		An organizati	on organized and operated e	xclusively to test for public safety	See sec	tion 509(	a)(4).						
11		An organization	on organized and operated ex	xclusively for the benefit of, to pe	rform the	functions	of, or to	carry ou	t the				
		purposes of o	ne or more publicly supporte	d organizations described in sect	tion 509(a	)(1) or se	ction 509	9(a)(2) \$	See <b>sec</b>	tion			
	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 that describes the type of supporting organization and complete lines 11e through 11h												
		a Type	l b Type II	c Type III–Functiona	ally integra	ited	d	Тур	e III–Oti	her			
8		By checking t	his box, I certify that the orga	nization is not controlled directly	or indirect	lly by one	or more	dısqualı	fied				
		persons other	than foundation managers a	and other than one or more public	cly suppor	ted organ	ızatıons	describe	d in sec	ction			
		509(a)(1) or s	section 509(a)(2)										
f		If the organiza	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or 1	ype III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from a	ny of the							
		following per	sons?										
		(i) A persor	who directly or indirectly cor	ntrols, either alone or together wil	th persons	s describe	ed in (ii)					Yes	No
		and (III) b	pelow, the governing body of	the supported organization?							11g(i)		
			member of a person describe	, ,							11g(ii)		
			ontrolled entity of a person de								11g(iii		
h			ollowing information about the										
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Did v	ou notify	(vi)	s the	(vii) Am	ount of	
.,		anization	, ,	(described on lines 1-9	1 ' '	sted in your	the organ	nization in	organizat	on in col	sup	oort	
				above or IRC section	governing	document?	col (i)	ot your oort ⁹	(I) organi U	zed in the			
				(see instructions))	Yes	No	Yes	No	Yes	No			
	_												
					<del>                                     </del>		<del></del>		<del></del>				
					ì	1	i	i			l		
_				<del></del>	<del> </del>								
					1			l	1				
		<del></del>	<del></del>		<del> </del>	<del> </del>							
					J	]		]	]				
					<del> </del>	<del></del>		<del></del>	<del> </del>				
					<b> </b>								
	_		]		1	1		l	[				

ich	edule A (Form 990 or 990-EZ) 2009 NEW	CANAAN H	IGH SCHOO	L SCHOLAR	RSHIP 23	-7102732	Page 2
	art II Support Schedule for Or	ganizations D	escribed in S	ections 170(b)	(1)(A)(iv) and '	170(b)(1)(A)(vi)	
	(Complete only if you che	cked the box o	<u>on line 5, 7, or</u>	8 of Part I.)			
	ction A. Public Support	<del></del>		<del></del>	<del></del>	<del></del>	
Ca	alendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")			}			·
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						····
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				<u> </u>		<del></del>
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						
sec	ction B. Total Support						
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4						
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						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
1	Total support. Add lines 7 through 10						
2	Gross receipts from related activities, etc. (s	see instructions)				12	
3	First five years. If the Form 990 is for the o	organization's first, s	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here						
e	ction C. Computation of Public Su	pport Percent	age				
4	Public support percentage for 2009 (line 6,	column (f) divided t	y line 11, column	<b>(f)</b> )		14	%
5	Public support percentage from 2008 Scheo	•				15	%_
6a	33 1/3 % support test—2009. If the organiz	zation did not check	the box on line 13	3, and line 14 is 33	1/3 % or more, che	eck this box	
	and stop here. The organization qualifies a		•				▶∟
b	33 1/3 % support test—2008. If the organic	zation did not check	a hov on line 13 o	or 16a and line 15	is 33 1/3 % or more	e check this	

box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or

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

**b** 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the

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

more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

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Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part 1)

Sec	ction A. Public Support	cked the box o	il line 5 of 1 at	<u> </u>			
	llendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					383,657	935,556
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	86,573	184,131	81,744	199,451	23,498	23,498
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	Total. Add lines 1 through 5	86,573	184,131	81,744	199,451	407,155	959,054
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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	}			}	ł	
	amount on line 13 for the year						
C	Add lines 7a and 7b						<del></del>
8	Public support (Subtract line 7c from line 6)						959,054
	ction B. Total Support		т	<del></del>	<del></del>		
	llendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	86,573	184,131	81,744	199,451	407,155	959,054
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,443	1,468	1,693	969	736	6,309
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b	1,443	1,468	1,693	969	736	6,309
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	3,331	13,885	19,990	15,880		53,086
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	91,347	199,484	103,427	216,300	407,891	1,018,449
14	First five years. If the Form 990 is for the o organization, check this box and stop here			, or fifth tax year as	a section 501(c)(3	3) 	<b>&gt;</b> [
Sec	tion C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2009 (line 8,		•	<b>ስ</b> )		15	94.17 <b>%</b>
16	Public support percentage from 2008 Scheo					16	89.14 <b>%</b>
	tion D. Computation of Investmen	<u>nt Income Perc</u>	entage		· · ·	<del></del>	
17	Investment income percentage for 2009 (lin		' <del>=</del> '	olumn (f))		17	1 %
18	Investment income percentage from 2008 S					18	1 %
19a	33 1/3 % support tests—2009. If the organ 17 is not more than 33 1/3 %, check this bo	x and <b>stop here</b> . Th	ne organization qua	alifies as a publicly s	supported organiza	ition	<b>▶</b> [X
þ	33 1/3 % support tests—2008. If the organ						
_	line 18 is not more than 33 1/3 %, check this					inization	<b>P</b>
<u>20</u>	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19t	o, check this box an	d see instructions		·····

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART III, LINE 12 - OTHER INCOME DETAIL

REFUNDS/LOAN REPAYMENTS

53,086

SCHEDULE I (Form 990)

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

2009 Open to Public Inspection

OMB No 1545-0047

GOVERNMENTS, AND INDIVIDUAIS IN THE UNITED STATES
Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

SCHOOL SCHOLARSHIP

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

INC

FOUNDATION,

NEW CANAAN HIGH

Department of the Treasury Internal Revenue Service

Name of the organization

Parti

the selection criteria used to award the grants or assistance?

Employer identification number

23-7102732

X Yes

**≗** 

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant or assistance SCHOLARSHIP SCHOLARSHIP SCHOLARSHIP SCHOLARSHIP SCHOLARSHIP SCHOLARSHIP SCHOLARSHIP Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to non-cash assistance (g) Description of (d) Amount of cash grant (e) Amount of non-cash (book, FMV appraisa), assistance other) other) 500 7,500 7,000 7,500 7,500 7,000 14,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section if applicable m  $\alpha$ ന m ന  $\sim$ (P) EIN 29528 NH 03461 10012 04009 NY 13244 84112 IL 60204 (a) Name and address of organization RM 201 COASTAL CAROLINA UNIVERSITY FRANKLIN PIERCE UNIVERSITY NY MΕ or government NORTHWESTERN UNIVERSITY 201 PRESIDENTS CIRCLE, 40 UNIVERSITY DRIVE NEW YORK UNIVERSITY SYRACUSE UNIVERSITY 200 ARCHBOLD NORTH 25 WEST 4TH STREET UNIVERSITY OF UTAH BRIDGTON ACADEMY P.O. BOX 261954 SALT LAKE CITY P.O. BOX 3060 ACADEMY LANE NEW YORK BRIDGTON SYRACUSE EVANSTON CONWAY RINDGE Part II

Enter total number of section 501(c)(3) and government organizations
 Enter total number of other organizations

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

Schedule I (Form 990) 2009

23-7102732 Schedule I (Form 990) 2009 NEW CANAAN HIGH SCHOOL SCHOLARSHIP

Schedule (Form 990) 2009 NEW CANAGIN DIGHT SCHOOL SCHOOLD SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL SCHOOL	TIGH SCHOOL SC	AUCHAROILE C.	J 1 1 0 2 1 J 2		
Part # Grants and Other Assistance to Individuals in the U	e to Individuals in the	• United States. Corr	nplete if the organiza	nited States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22	m 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional	1 (Form 990) if addition	nal space is needed.			
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book,   (f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
TUITION ASSISTANCE	43	114,750			•

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. SCHOLARSHIP RECEIPTENTS. COMMUNICATION WITH THE INSTITUTIONS REGARDING FEES AND OTHER SCHOLARSHIP AWARDS TAKES PLACE ANNUALLY TO ENSURE PROPER PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS GRANTS ARE PAID DIRECTLY TO COLLEGES & UNIVERSITIES ON BEHALF OF FUNDING OCCURS. Part IV

Schedule I (Form 990) 2009

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

200

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public inspection

Name of the organization

NEW CANAAN HIGH SCHOOL SCHOLARSHIP FOUNDATION, INC.

Employer identification number 23-7102732

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

COLLEGE SCHOLARSHIPS AWARDED TO NEW CANAAN HIGH SCHOOL

GRADUATES BASED ON ACADEMIC ACHIEVEMENT AND FINANCIAL

NEED.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC