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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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)

of the Internal Revenue Code

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

OMB No 1545-1150

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

Α	For the	2012 caleng	dar year, o <u>r tax</u> year beginning , and ending		_		
В	Check if a	applicable	C Name of organization		D Employ	er identification number	
	Address o	change	NEW CANAAN HIGH SCHOOL SCHOLARSHIP				
	Name cha	ange	FOUNDATION, INC.	23-7102732			
	Initial retu	ım	Number and street (or P O box, if mail is not delivered to street address) Room/suit	E Telepho	one number		
	Terminate	ed	203	-972-4444			
	Amended	l return	City or town, state or country, and ZIP + 4	- 1	F Group	Exemption	
	Applicatio	on pending	NEW CANAAN CT 06840-6626		Numbe	er 🕨	
G	Accoun	nting Method	X Cash Accrual Other (specify) ▶	I Checl	k ▶ lf	the organization is not	
1	Websit	te: ▶ <u>N/A</u>		requir	ed to attac	ch Schedule B	
J	Tax-exe	empt status (c	heck only one) — X 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or 527	(Form	n 990, 990-	EZ, or 990-PF)	
ĸ	Check	▶ If the	e organization is not a section 509(a)(3) supporting organization or a section 527 organizati				
	not mo	ore than \$50,0	000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) ma	ay be req	uired (see	instructions) But if	
			oses to file a return, be sure to file a complete return		,	·	
L	Add line	es 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part	II,			
	line 25,	column (B) bel	ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ \$	122,673	
F	art I	Reven	ue, Expenses, and Changes in Net Assets or Fund Balances (see the	instruct	tions for F		
		Check	if the organization used Schedule O to respond to any question in this Part I			Ž	
	1		gifts, grants, and similar amounts received		1	107,553	
	2		rvice revenue including government fees and contracts		2	14,453	
	3	Membership	dues and assessments		3		
	4	Investment	income		4	667	
	5a	Gross amou	int from sale of assets other than inventory 5a				
	b		or other basis and sales expenses 5b		7 1		
	c	Gain or (loss)	5c				
	6	Gaming and					
ë	a	Gross incom	ne from gaming (attach Schedule G if greater than				
Revenue		\$15,000)	6a				
Re.	b	Gross incom	ne from fundraising events (not including \$ of contributions				
-		from fundrai	ising events reported on line 1) (attach Schedule G if the				
000	<u> </u>	sum of such	gross income and contributions exceeds \$15,000) 6b		_		
Š	C	Less direct	expenses from gaming and fundraising events 6c				
ţ÷	, u	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract				
ଟ	1	line 6c)			6d		
Au	7a	Gross sales	of inventory, less returns and allowances 7a		_		
9	b	Less cost o	f goods sold 7b		_		
1	, c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		
ı!	′ 8	Other reven	ue (describe in Schedule O)		8		
- 15	- 9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	122,673	
100	₹ 10	Grants and	similar amounts paid (list in Schedule O)		10	205,000	
100	ૂર્ 11	Benefits pair	d to or for members PECEIVED RECEIVED	1	11		
Se	12	Salaries, oth	[/]	1	12	12,850	
Expenses	13	Professiona	I fees and other payments to independent contractors rent, utilities, and maintenance MAR 1 2 2013	1	13		
×pe	14	Occupancy,	I fees and other payments to independent contractors rent, utilities, and maintenance MAR 1 2 2013	1	14		
Ш	15			1	15		
	16		ises (describe in Schedule O)	1	16	15,070	
	17	Total expen	ises. Add lines 10 through 16	<u> </u>	17	232,920	
ά	18		deficit) for the year (Subtract line 17 from line 9)		18	-110,247	
set	19	Net assets of	or fund balances at beginning of year (from line 27, column (A)) (must agree with				
AS			figure reported on prior year's return)		19	186,973	
Net Assets	20		les in net assets or fund balances (explain in Schedule O)		20	3,266	
_	21	Net assets of	or fund balances at end of year. Combine lines 18 through 20		21	79,992	

Form 990-EZ (2012) NEW CANAAN HIGH		<u>RSHIP 23-71</u>	<u>02732 </u>		Page 2
Part II Balance Sheets (see the instruction					
Check if the organization used Sche	edule O to respond to any				
•		(A) Beg	inning of year		(B) End of year
22 Cash, savings, and investments			<u> 186,973</u>	22	79,992
23 Land and buildings		- ,	0	23	
24 Other assets (describe in Schedule O) 25 Total assets			186,973	24	70 002
26 Total liabilities (describe in Schedule O)			100,973	25 26	79 , 992
27 Net assets or fund balances (line 27 of column (B)	must saree with line 21)		186,973	27	79,992
Part III Statement of Program Service		e the instructions for		21	Expenses
Check if the organization used Sche	•		′ 🖼	(Re	quired for section
What is the organization's primary exempt purpose?		quotion in the react	<u></u>		(c)(3) and 501(c)(4)
_ See Schedule O					anizations and section
Describe the organization's program service accomplishing	ments for each of its three la	rgest program services,		_	7(a)(1) trusts, optional
as measured by expenses. In a clear and concise manner	er, describe the services pro	vided, the number of		for o	others)
persons benefited, and other relevant information for each	ch program title				•
28 COLLEGE SCHOLARSHIPS AWARDED TO NEW C	ANAAN HIGH SCHOOL				
GRADUATES BASED ON ACADEMIC ACHIEVEME	NT AND FINANCIAL				
NEED.					
(Grants \$ 205,000) If this amount	t includes foreign grants, che	eck here	<u> </u>	28a	205 , 000
29					
(O					
	t includes foreign grants, che	eck here		29a	· - · · <u>-</u> · · · · · ·
30					
(Grants\$) If this amount	t maludaa faraiga graata jaha	al hara	▶ □	200	
31 Other program services (describe in Schedule O)	t includes foreign grants, che	eck nere		30a	
	t includes foreign grants, che	ack here	▶ □	31a	
32 Total program service expenses (add lines 28a thi			<u> </u>	32	205,000
Part IV List of Officers, Directors, Trustees, a	ind Key Employees List ead	ch one even if not compe	nsated (see the	ınstructı	
Check if the organization used Schedule	(b) Average	on in this Part IV (c) Reportable	(d) Heath ben	ofite	<u> </u>
(a) Name and title	hours per week	compensation (Forms W. 2/1099 MISC)	contributions to e	mployee	(e) Estimated amount of other compensation
	devoted to position	(If not paid, enter -0-)	deferred compe		other compensation
ALLISON FREEMAN		}			
COMMITTEE	0.00	0		0	0
Therese Chaisson					
COMMITTEE	0.00	12,850		0	0
Mary DiCosmo		_		_	_
COMMITTEE	0.00	0		0	0
Gerrie Musicco	0.00	_		0	
COMMITTEE	0.00	0		0	0
ANNE TRINKLEIN COMMITTEE	0.00	0		0	
Bryan Luizzi	0.00	0			0
CHAIRMAN	0.00	0		0	o
Lisa Isherwood		<u> </u>			
CO-CHAIR	0.00	0		0	0
FRANCESCA LACERENZA					İ
COMMITTEE	0.00	0		0	0
Dianna Paturzo					<u> </u>
Committee	0.00	0.		0	0
Lisa Popper				_	
COMMITTEE	0.00	0		0	0
Mary Cody					
COMMITTEE	0.00	0		0	0
Annette Terry					·
Co-chair To-chair	0.00	0		0	0
DAA					Form 990-EZ (2012)

	S (see the instructions for P		RSHIF ZS-/I	02/32		Page 2
	nization used Schedule O to	•	question in this Part	!!		
			7 **	ginning of year		(B) End of year
22 Cash, savings, and investments	;			0	22	
23 Land and buildings				0	23	
24 Other assets (describe in Sched	dule O)			0	24	
25 Total assets 26 Total liabilities (decembe in Se	hodula (O)			0	25	<u>C</u>
26 Total liabilities (describe in Sc 27 Net assets or fund balances (•	ee with line 21)	-	0	26 27	
······································	Program Service Accom		ee the instructions for		21	Expenses
	nization used Schedule O to			· —	(Re	quired for section
What is the organization's primary e	exempt purpose?	-			1	(c)(3) and 501(c)(4)
						anizations and section
Describe the organization's program	-					7(a)(1) trusts, optional
as measured by expenses. In a clear		•	vided, the number of		for o	others)
persons benefited, and other releva	il information for each program	n ude			h	
20						
(Grants \$) If this amount includes	foreign grants, che	eck here	▶ □	28a	
29						
		-		. —		
(Grants \$) If this amount includes	foreign grants, che	eck here		29a	
30						
(Grants \$) If this amount includes	foreign grants, che	eck here	▶ □	30a	
31 Other program services (descril		roroign granto, one	JOK HOTO			
(Grants \$) If this amount includes	foreign grants, che	eck here	▶ □	31a	
32 Total program service expens			····	>	32	
Part IV List of Officers, Di	irectors, Trustees, and Key E zation used Schedule O to resp	mployees List eac	ch one even if not compe on in this Part IV	nsated (see the	ınstructı	ons for Part IV)
	-	(b) Average	(c) Reportable compensation	(d) Heath ben	efits,	(e) Estimated amount of
(a) Name a	na title	hours per week devoted to position	1 /Earme \\\/ 2/1000 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	benefit plans, deferred compe	and	other compensation
Wendy Hilbolt			(it not paid, enter -0-)	deletted compe	nsation	
COMMITTEE		0.00	0		0	
Nancy Hugo						
Committee		0.00	0		0	(
Cindy Kaufman						
COMMITTEE		0.00	0		0	(
Robert Schafter			_		_]
Committee Change		0.00	0		0	(
Margaret Sherry Committee		0.00	0		0	
Stephen Vehslage	····	0.00	 			
COMMITTEE		0.00	0	1	0	
Liz Mallozzi		<u> </u>		-		
Co-chair		0.00	0		0	(
						ļ
				 		
	 					
DAA	 		·	· · · · · · · · · · · · · · · · · · ·		Form 990-EZ (2012

	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	1	
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on		
	organization managers or disqualified persons during the year under sections 4912,		
	4955, and 4958		į
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c		ĺ
	reimbursed by the organization		
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		ĺ
	transaction? If "Yes," complete Form 8886-T	40e	2

	Located at ▶ NEW CANAAN	CT	ZIP + 4	▶
b	At any time during the calendar year, did the organization have an interest in or a signature or other	r authority	over	
	a financial account in a foreign country (such as a bank account, securities account, or other financial	cial account	t)?	
	If "Yes," enter the name of the foreign country ▶	_		
	Con the materiations for expentions and files requirements for Form TD F 00 22.4. Benefit of Form	ion Donk		

Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside the U.S.?

If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Did the organization receive any payments for indoor tanning services during the year?

List the states with which a copy of this return is filed None

The organization's books are in care of ▶ BRYAN LUIZZI

NEW CANAAN HIGH SCHOOL

If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

Yes Νo 42b 42c

Ye<u>s</u>

44a

44b

44c

44d 45a

45b

203-972-4444

06840

Telephone no ▶

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Form **990-EZ** (2012)

FOIIII	990-EZ	(2012) NEW CANAAN RIGH SCHOOL	OF SCHOPY	копт.	23-11	02/32	<u>. </u>				age 4
46		e organization engage, directly or indirectly, in political		s on beh	nalf of or in oppos	sition				Yes	No
		didates for public office? If "Yes," complete Schedule C	C, Part I						46		X
Pa	rt VI	Section 501(c)(3) organizations only All section 501(c)(3) organizations must answ 50 and 51	wer questions 47	′–49b a	nd 52, and con	nplete th	e tables fo	or lines			
		Check if the organization used Schedule O to	o respond to any	questic	on in this Part \	√ I					
47	Did th	e organization engage in lobbying activities or have a s	nation E01(h) alaa	tion in of	foot during the t					Yes	No
7,		If "Yes," complete Schedule C, Part II	section 30 I(II) elec	don in ei	nect during the t	ax			47		Х
48	•	organization a school as described in section 170(b)(1)(A)(u)? If "Yes." c	omplete	Schedule E				48		X
49a		e organization make any transfers to an exempt non-cl		•					49a		X
b		s," was the related organization a section 527 organization		3					49b		
50		lete this table for the organization's five highest compe		(other t	han officers, dire	ctors, trus	stees and k	ey			
	emplo	yees) who each received more than \$100,000 of comp	ensation from the	organiza	ation If there is r	one, ente	er "None."				
		(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position) čó	Reportable impensation W-2/1099-MISC)	contribute benef	alth benefits, ons to emplo it plans, and compensation	yee (e) c		d amoi	
No	one										
										-	
	Tatal										
f 51		number of other employees paid over \$100,000 lete this table for the organization's five highest compe	anastad indonenda	nt aantra		rassuradi	—				
31		1000 of compensation from the organization. If there is r			ictors who each	received	noie man				
	(a) N	ame and address of each independent contractor paid more if	than \$100,000		(b) Typ	e of service	e	(c)	Compe	nsatior)
No	ne		- ···		, , , , ,				•		
					!						
					<u> </u>						
-									_		
	Total	number of other independent contractors each receiving	over \$100,000								
52		e organization complete Schedule A? Note All section		ations ar	nd 4947(a)(1)						
	nonex	empt charitable trusts must attach a completed Sched	ule A					<u>▶</u> X	Yes		No
		es of perjury, I declare that I have examined this return, include and complete Declaration of preparer (other than officer) is b						owledge a	nd belie	ef, it is	
uue,	T	R R R R R R R R R R R R R R R R R R R		OH OI WHI	ar preparer rias ar	1/		0/.7			
Sigr	n	Signature of offiger Date					· w/ c	<i>9</i> . J			—
Here		BRYAN LUIZZI			CHAIRMAN						
		Type or print name and title									
		Print/Type preparer's name Pre	parer's signature			Date		heck	PTIN		
Paid	ı							elf-employed	i i		
Prep	oarer	Firm's name This tax return					Firm's EIN				
Use	Only	Firm's address prepared by a									
		non-paid prepare				 	Phone no				-
May	the IRS	discuss this return with the preparer shown above? S	ee instructions							es	No
								Fο	m 99	0-EZ	(2012)

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

2012
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 23-7.102732

P	art l	Reas	on for Public Charity	Status (All organizations	must co	mplete	this pa	art.) Se	e inst	ructio	ns.			
The	orga			e it is (For lines 1 through 11, o										
1				ociation of churches described										
2	П			bed in section 170(b)(1)(A)(ii). (Attach Schedule E)										
3				cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	П		arch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
	ш		(70(b)(1)(A)(iv). (Complete Part II)											
6		•												
7	H		tate, or local government or governmental unit described in section 170(b)(1)(A)(v). Ition that normally receives a substantial part of its support from a governmental unit or from the general public											
•	ш	_	section 170(b)(1)(A)(vi). (C	• • • • • • • • • • • • • • • • • • • •	om a gove	ziiiiiieiita	i unik oi	nom me	genera	ii pubiic	•			
8				170(b)(1)(A)(vi). (Complete Part	F 11 A									
9	X			1) more than 33 1/3% of its sup		contributi	one mo	mborobi	n foon	and are	200			
3	[23]										J55			
		•		npt functions—subject to certain		•	•							
			=	nd unrelated business taxable in 0, 1975 See section 509(a)(2)	•			k) Holli L	usines	565				
10	\Box	-	=				•							
11	H	-	~ · · · · · · · · · · · · · · · · · · ·	exclusively to test for public safe exclusively for the benefit of, to	•					_				
''	Ш			exclusively for the benefit of, to led organizations described in s										
				he type of supporting organizati					•	Section	•			
											tionally int		لممة	
_			<u></u> ,.	c Type III–Function ganization is not controlled direc	-		d				•	egra	lea	
-	Ш			er than one or more publicly sup										
		or section 50		si than one or more publicly sup	ported or	garrizatioi	is desci	ibeu iii s	SECTION	509(a)(.17			
f			` , ` ,	ermination from the IRS that it is	a Type I	Type II	or Type	III supp	ortina					
•		=	check this box	similation from the fixe that it is	a Type I,	Type II,	or Type	iii suppi	July					
~				tion accepted any gift or contrib	ution from	any of th	20							لــا
g		following per		tion accepted any gift of contrib	ullon non	i ally Of th	10							
		٠.		ontrols, either alone or together	with norm	ana daaa	ubod in ('u\ aad					Yes	No
			•	<u>-</u>	with betat	JIIS UESCI	ibeu iii (ii) aliu			4	1~(.)	163	140
			 w, the governing body of the member of a person descrit 	• • •								1g(i) 1g(ii)		 .
		• •	•	described in (i) or (ii) above?										
h			• •	(, , ,							יַ	1g(III)	l	L
<u>n</u>	\ Nom	e of supported	(ii) EIN	he supported organization(s)	(hr) le the r	organization	(A) Dal	ou notify	(iv)	s the	(mi) Am		£ mana	
,	-	anization	(II) EIN	(iii) Type of organization (described on lines 1–9	1	sted in your		nization in		s vie ion in col	(vii) Am	supp		ary
				above or IRC section		document?		of your port?		zed in the S ?	į			
				(see instructions))	Yes	No	Yes	No	Yes	No				
(A)			<u></u>		1.65	140	148	"	103	110				
\ ~ ,														
(B)														
(D)														
(C)					 	-	-	 	-		-		-	
(C)					Ĭ		İ							
(D)	_				+			-						
נט							ļ		1					
(E)				<u>-</u> .	 	 								
-)														
					<u> </u>									
							l		1					

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			. ,				
Caler	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20°	12	(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 5	Total. Add lines 1 through 3 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					,		
$\overline{}$	tion B. Total Support	· ··		_				
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 20	12	(f) Total
7	Amounts from line 4						\longrightarrow	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc	(see instructions)					12	<u></u>
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)		
	organization, check this box and stop her							•
Sec	tion C. Computation of Public Su	upport Percen	tage					
14	Public support percentage for 2012 (line 6	, column (f) dıvıde	d by line 11, colun	nn (f))			14	<u></u>
15	Public support percentage from 2011 Sch						15	<u></u> %_
16a	33 1/3% support test—2012. If the organ				33 1/3% or more,	check this		
	box and stop here. The organization qual							▶ [_]
b	33 1/3% support test—2011. If the organ				15 is 33 1/3% or m	iore,		▶ □
	check this box and stop here. The organization			=		4.4		
17a	10%-facts-and-circumstances test—201	=						
	10% or more, and if the organization meet							
	Part IV how the organization meets the "fa organization							▶ [
b	10%-facts-and-circumstances test—201	-						
	15 is 10% or more, and if the organization							
	Explain in Part IV how the organization me	eets the "facts-and	-cırcumstances" to	est The organizati	on qualifies as a p	ublicly		▶ □
40	supported organization			NL 472 - 474 - 1	a ali dhia k			
18	Private foundation. If the organization dis	not check a box	on line 13, 16a, 16	od, 17a, or 17b, ch	eck this box and s	ee		> [

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.)

Sec	tion A. Public Support	quality affact the	e teata nated be	picase oo	inpicte raitin.		
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	199,451	383,657	166,111	105,341	107,553	962,113
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		23,498	18,404	8,395	14,453	64,750
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	199,451	407,155	184,515	113,736	122,006	1,026,863
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 amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
_	line 6)						1,026,863
_	tion B. Total Support		#1 T	1			
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	199,451	407,155	184,515	113,736	122,006	1,026,863
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	969	736	969	826	667	4,167
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	969	736	969	826	667	4,167
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	200,420	407,891	185,484	114,562	122,673	1,031,030
14	First five years. If the Form 990 is for the	-	second, third, fou	rth, or fifth tax yea	r as a section 501	(c)(3)	▶ □
	organization, check this box and stop here						
	tion C. Computation of Public Su			(5)	*100*	15	00.60%
15 16	Public support percentage for 2012 (line 8 Public support percentage from 2011 Scho		=	1 (1))		16	99.60 % 99.48 %
_	tion D. Computation of Investme						99.46 70
17	Investment income percentage for 2012 (li			column (f))	•	17	%
18	Investment income percentage from 2011		•	-3.w (1//		18	1 %
19a	33 1/3% support tests—2012. If the organ			14, and line 15 is i	more than 33 1/3%		
	17 is not more than 33 1/3%, check this bo						► X
b	33 1/3% support tests—2011. If the organ						
	line 18 is not more than 33 1/3%, check th	•	_			•	▶ 🔲
20	Private foundation. If the organization did	d not check a box o	n line 14, 19a, or 1	9b, check this box	and see instruction	ons	. ▶□

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Schedule A (Form 990 or 990-EZ) 2012 NEW CANAAN HIGH SCHOOL SCHOLARSHIP 23-7102732

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 Also complete this part for any additional information. (See instructions).

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NEW CANAAN HIGH SCHOOL SCHOLARSHIP FOUNDATION, INC.

Employer Identification number 23-7102732

Form 990-EZ, Part I, Line 10 - Grants/Similar Amts Paid to Individuals

Relationship to Org Class of Activity Date of Gift Desc. of Property

Cash Contrib. Noncash Contrib. Book Value BV Expl. FMV Expl.

FINANCIAL NEED

\$ 205,000 \$

0 \$

0

15,070

Form 990-EZ, Part I, Line 16 - Other Expenses

Description Amount

Expenses

ADMINISTRATIVE EXPENSES \$ 3,000

BANK CHARGES \$ 443

FUNDRAISING DRIVE \$ 11,577

STATE FEE \$ 50

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description

Amount

UNREALIZED INCREASE IN FMV OF STOCK

\$ 3,266

Total \$

Form 990-EZ, Part III - Primary Exempt Purpose

THE NEW CANAAN HIGH SCHOOL SCHOLARSHIP FOUNDATION, INC.

AWARDS COLLEGE SCHOLARSHIPS TO NEW CANAAN HIGH SCHOOL

GRADUATES BASED ON ACADEMIC ACHIEVEMENT & FINANCIAL NEED.

Form 990-EZ, Part III, Line 31 - All Other Accomplishment

Schedule O (Form 990 or 990-EZ) (2012)

Page 2

Name of the organization

NEW CANAAN HIGH SCHOOL SCHOLARSHIP

Employer Identification number 23-7102732

COLLEGE SCHOLARSHIPS AWARDED TO NEW CANAAN HIGH SCHOOL GRADUATES BASED ON ACADEMIC ACHIEVEMENT AND FINANCIAL NEED.