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Form 990-EZ

# **Short Form Return of Organization Exempt From Income Tax**

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

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Terminated

Amended return

Application pending

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

For the 2013 calendar year, or tax year beginning and ending Check if applicable C Name of organization D Employer identification number Address change NEW CANAAN HIGH SCHOOL SCHOLARSHIP Name change FOUNDATION, INC. 23-7102732 Initial teturo Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number

> FARM ROAD City or town, state or province, country, and ZIP or foreign postal code

> > NEW CANAAN

F Group Exemption CT 06840-6626 Number >

Accounting Method X Cash Accrual Other (specify) ▶ Check ▶ I if the organization is not Website: ▶ N/A required to attach Schedule B Tax-exempt status (check only one) — X 501(c)(3) 501(c) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF) ¶ (insert no )

X Corporation Association Other Form of organization Trust

Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

126,763

X

203-972-4444

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Check if the organization used Schedule O to respond to any question in this Part I 220 Contributions, gifts, grants, and similar amounts received 191 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 352 4 Investment income 13,000 Gross amount from sale of assets other than inventory 13,044 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than 6a \$15,000) **b** Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 6b sum of such gross income and contributions exceeds \$15,000) 6c Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d

7a

7a Gross sales of inventory, less returns and allowances Less cost of goods sold

Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)

8

Other revenue (describe in Schedule O)

Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8

10 Grants and similar amounts paid (list in Schedule O)

11 Benefits paid to or for members

12 Salaries, other compensation, and employee benefits

13 Professional fees and other payments to independent contractors

Occupancy, rent, utilities, and maintenance 14

15 Printing, publications, postage, and shipping

16 Other expenses (describe in Schedule O)

17 Total expenses. Add lines 10 through 16

Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

end-of-year figure reported on prior year's return) Other changes in net assets or fund balances (explain in Schedule O)

Net assets or fund balances at end of year Combine lines 18 through 20

59,580 Form 990-EZ (201

113,719

110,000

15,850

8,281

134,131

-20,412

79,992

8

9

10

11

12 13

14

15

16

17

18

20

21

For Paperwork Reduction Act Notice, see the separate instructions.

Net Assets

Form 990-EZ (2013) NEW CANAAN HIGH SCHOO		RSHIP 23-71	02732		Page 2
Part # Balance Sheets (see the instructions for Pa	•				
Check if the organization used Schedule O to	respond to any				
		(A) Beg	inning of year		(B) End of year
22 Cash, savings, and investments			79,992	22	59,580
23 Land and buildings			0	23	<del></del>
24 Other assets (describe in Schedule O)			70 000	24	E0
25 Total assets		<del></del>	79,992	25	59,580
26 Total liabilities (describe in Schedule O)	70.002	26	<u> </u>		
27 Net assets or fund balances (line 27 of column (B) must agree			79,992	27	59,580
Part III Statement of Program Service Accomp	•			/D-	Expenses
Check if the organization used Schedule O to	respond to any	question in this Part i	11 21	1	quired for section
What is the organization's primary exempt purpose?					(c)(3) and 501(c)(4) anizations and section
See Schedule 0  Describe the organization's program service accomplishments for 6	ach of the three let	rand program convoc	<del></del>		7(a)(1) trusts, optional
as measured by expenses. In a clear and concise manner, describe					others)
persons benefited, and other relevant information for each program		naca, the namber of		'0' '	others )
28 COLLEGE SCHOLARSHIPS AWARDED TO NEW CANAAN HI GRADUATES BASED ON ACADEMIC ACHIEVEMENT AND F					
REED.	INANCIAL				
(Grants \$ 110,000) If this amount includes f	foreign grants, che	ck here	▶ □	28a	110,000
29	oreign grants, che	CK HOIC		1200	
25					
(Grants \$ ) If this amount includes f	foreign grants, che	ck here	▶ 🗀	29a	
30	oreign grants, ene	CK TICIC			·····
30					
(Grants \$ ) If this amount includes f	foreign grants, che	ck here	▶	30a	
31 Other program services (describe in Schedule O)	on one of the other				<u> </u>
(Grants \$ ) If this amount includes to	foreign grants, che	ck here	▶ □	31a	
32 Total program service expenses (add lines 28a through 31a)			<b></b>	32	110,000
Post N/ List of Officers, Directors, Trustees, and Key Er	mplovees (list eac	h one even if not compe	nsated — see th	e ınstru	ctions for Part IV)
Check if the organization used Schedule O to resp		(c) Reportable	(d) Heath her	nefits	<u> </u>
(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	(d) Heath ber contributions to e benefit plans	employee	
· ·	devoted to position	(if not paid, enter -0-)	deferred compe		other compensation
ALLISON FREEMAN					
COMMITTEE	0.00	0		(	0
Therese Chaisson					
COMMITTEE	0.00	12,850	L		0
Mary DiCosmo					
COMMITTEE	0.00	0			0
Gerrie Musicco					
COMMITTEE	0.00	0			0
ANNE TRINKLEIN					
COMMITTEE	0.00	0			0
Bryan Luizzi					
CHAIRMAN	0.00	0		(	0
Lisa Isherwood					
CO-CHAIR	0.00	0		(	0
FRANCESCA LACERENZA					
COMMITTEE	0.00	0	ļ	(	0
Dianna Paturzo					
Committee	0.00	0		(	0
Lisa Popper	1				
COMMITTEE	0.00	0		_ (	0
Mary Cody			}		1
COMMITTEE	0.00	0			0
Paul Phillips			1		
Co-chair	0.00	0	<u>l</u>	(	0 0
DAA					Form <b>990-EZ</b> (2013)

For	m 990-EZ (2013) NEW CANAAN HIGH SCHO	OL_SCHOLA	RSHIP 23-71	02732_	_	Page	2
Ę	Part II Balance Sheets (see the instructions for P	art II)					_
_	Check if the organization used Schedule O to	o respond to any	question in this Part	II			]
			(A) Beg	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 Schedule O)			0	24		_
	Total assets			0	25		0
26	Total liabilities (describe in Schedule O)			0.	26		ō
	Net assets or fund balances (line 27 of column (B) must agr	ee with line 21)		0	27		ō
_ F	Part III Statement of Program Service Accom Check if the organization used Schedule O to nat is the organization's primary exempt purpose?	plishments (se		Part III)		Expenses quired for section (c)(3) and 501(c)(4)	<u> </u>
as	scribe the organization's program service accomplishments for measured by expenses. In a clear and concise manner, describe the sons benefited, and other relevant information for each program	e the services prov			494	anizations and section 7(a)(1) trusts, optional others)	_
29	(Grants \$ ) If this amount includes	foreign grants, che	ck here	<b>•</b> []	28a		_
30	(Grants \$ ) If this amount includes	foreign grants, che	ck here	<b>&gt;</b>	29a		
	(Grants \$ ) If this amount includes Other program services (describe in Schedule O) (Grants \$ ) If this amount includes	foreign grants, che		<b>▶</b> ∏	30a 31a		_
	Total program service expenses (add lines 28a through 31a Part IV List of Officers, Directors, Trustees, and Key E		h one even if not compe	neated — see the	32	ctions for Part IVA	_
, ‡ 	List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp	ond to any question	n in this Part IV			Alons for Part IV)	]
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Heath ben contributions to e benefit plans, deferred compe	mployee and	(e) Estimated amount of other compensation	ρf
	Wendy Hilbolt COMMITTEE	0.00	0		0		0
	Roberta Peet Committee	0.00	0		0		0
	Cindy Kaufman						
	COMMITTEE Kathy Schulte	0.00	0		0	<u> </u>	0
	Committee	0.00	0		0		0
	Margaret Sherry Committee	0.00	. 0		0	)	0
	Stephen Vehslage COMMITTEE	0.00	0		0		0
		<u> </u>					
							_
							_
_							_
						Form 990-F7 (20)	12

	90-EZ (2013) NEW CANAAN HIGH SCHOOL SCHOLARSHIP 23-7102732			age 3
Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		· · · · · ·	
			Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	33		Х
	detailed description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		
J- <del>4</del>	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34	-	Х
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		_ X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,		1	
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<u> X</u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36	.,,-	<u>X</u>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			:
	Did the organization file Form 1120-POL for this year?	37b		X
38a-	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			į
39	Section 501(c)(7) organizations Enter			ļ
а	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.			į
	section 4911 ▶, section 4912 ▶, section 4955 ▶			ĺ
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit	•		ĺ
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been	40ь		х
_	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	405		
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,			İ
				ĺ
لد	4955, and 4958  Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			ĺ
d	<b>L</b>			
•	reimbursed by the organization  All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
е	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed None			
	The organization's books are in care of ▶ BRYAN LUIZZI  Telephone no ▶ 203	3 - 9 <del>-7</del>		44
720	NEW CANAAN HIGH SCHOOL	59	4-4	600
	Located at ▶ NEW CANAAN CT ZIP + 4 ▶ 06	840		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	ļ.,,	X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	1	1	
C	At any time during the calendar year, did the organization maintain an office outside the U S?	42c	<u>.                                    </u>	X
	If "Yes," enter the name of the foreign country			<b>.</b> [
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
	Offine II Form 000 much be	F	Tes	1.100
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	44a	1	x
	completed instead of Form 990-EZ	440	1	<del>  ^</del>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	44b	1	X
_	completed instead of Form 990-EZ	44c	+	X
C	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	1	†	Ť
d	explanation in Schedule O	44d		$oxed{oxed}$
AE-	5 control 512/b)/12/2	45a		X
45a	t f the control of the contro	1,00		† <u></u>
45b	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			1
	Form 990-EZ (see instructions)	45b	L	X
	TOTH 990-L2 (SEC INSTRUCTION)	orm 99		

Form	990-EZ	(2013)	NEW	CANAAN	HIGH S	CHO	OL SCHOLA	RSHI:	P 23-71	02732				F	age 4
														Yes	No
46							campaign activitie	s on beh	alf of or in oppo	sition					
<del></del> -					complete Sch		C, Part I		<del></del>				46		X
Pa	rt VI	Sect	tion 501	l(c)(3) orga	nizations o	only									
			ection 50 nd 51.	11(c)(3) orga	nizations mus	st ansv	wer questions 47	-49b a	nd 52, and co	mplete the	e tables fo	r lines			
				organization	used Schedu	ıle O tı	o respond to any	auestic	on in this Part	\/I					$\Box$
		0.100	,	organization	usca Concaa	1001	o respond to any	questic	on in this rait	<u> </u>				Yes	
47	Did the	e organiza	ation enga	age in lobbying	g activities or h	ave a s	section 501(h) elec	tion in ef	fect during the t	ax				1 65	No
	year?	lf "Yes," c	complete	Schedule C, F	art II								47	L	X
48	Is the	organizati	ion a schi	ool as describ	ed in section 17	70(b)(1	)(A)(II)? If "Yes," co	omplete	Schedule E				48		X
49a	Did the	e organiza	ation mak	e any transfer	s to an exempt	t non-cl	haritable related or	ganızatio	on?				49a	<u> </u>	X
b	If "Yes	," was the	e related	organization a	section 527 or	ganıza	tion?						49b	<u> </u>	
50	Comp	ete this ta	able for th	ie organizatior	n's five highest	compe	nsated employees	(other th	nan officers, dire	ectors, trus	tees and k	ву			
	emplo	yees) who	each re	ceived more th	nan \$100,000 o	of comp	ensation from the	organiza	ition If there is	none, entei	"None"				
							(b) Average hours per week		Reportable mpensation		Ith benefits,	(e) l	Estimate	ed amou	unt of
		(a) N	ame and to	tle of each emp	loyee		devoted to position		W-2/1099-MISC)	benefit	ns to employ _plans,_and_	_ от	her con	ion	
NI.	one								·	deterred	compensation	on			
140	one											Ì			
				<del></del>			-	<del> </del>		<del> </del>					
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					<del></del> -			<del></del>		<del> </del>					
					<del></del>		<del>                                     </del>	<del> </del> -		<del> </del>					—
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								İ				ŀ			
	Total i	number of	f other en	plovees paid	over \$100,000		<u> </u>	<b>.</b>	<b>&gt;</b>	<u></u>	·				
51							nsated independe	nt contra	ctors who each	received n	— nore than				
	\$100,0	000 of cor	npensatio	n from the or	ganization If th	ere is i	none, enter "None	n							
		(a) Nam	ne and bus	iness address o	of each independ	ent con	tractor		(b) Typ	e of service		(c)	Compe	nsation	1
No	ne														
	_														
					<del> </del>										
								ĺ			ľ				
											{				
					<del></del>										
d				•			ng over \$100,000	•	•						
52	Did th	e organiz	ation com	plete Schedu	le A? Note. All	section	n 501(c)(3) organiz	ations ar	nd 4947(a)(1)					F3	
					h a completed								Yes		No
							ding accompanying s					owledge a	and beli	ef, it is	
true,	Correct,	and compi	Pie Deciai	ation of prepare	er (other than one	cer) is t	pased on all informati	On OI WIN	III preparer nas a	s////	<del></del> -				
Sign	,	V	Dup	Wm '	<del></del>		<del>_</del>			7/2//7 ate					
			ature of offic SDV ΔN	E LUIZZI	-				CHAIRMA						
Here	e	_ <b>_</b>	or print nar						CIMILITATE	<u>``</u>					
		Print/Type	preparer's n	ame		Pre	eparer's signature			Date		$\overline{}$	PTII	<u>,                                      </u>	
Paid	4						. <del>-</del>			"	C	heck [] elf-employe	ıf		
	a Parer			mb +				· <u> </u>			<del></del>		Ц		
•	Only	Firm's nam			ax retui	r.IJ					Firm's EIN				
USE	Ully	Firm's øddi	ress P		ed by a	- w	_								
Mari	the ID	discuss	thic rotur		id prepa		See instructions				Phone no	•	X Y	'es	No
iviay	ule ire	uiscuss	una retur	it with the bie	Parer Silowii du	,0ve. c	oc manachona								(2013)

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.

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

OMB No 1545-0047 **2013** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

NEW CANAAN HIGH SCHOOL SCHOLARSHIP FOUNDATION, INC.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

Employer identification number 23 - 7102732

A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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 ) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 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 Type II c Type III-Functionally integrated d | Type III-Non-functionally integrated Type I By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes 11g(i) (iii) below, the governing body of the supported organization? 11g(li) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (iv) Is the organization (v) Did you notify (vi) is the (vii) Amount of monetary (ii) EIN (iii) Type of organization (i) Name of supported janization in col the organization in organization in col (i) listed in your support (described on lines 1-9 col (i) of your (i) organized in the above or IRC section governing document? US? support? (see instructions)) Yes No Yes No Yes No (A) (B) (C) (D) (E)

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.)

	ion A. Public Support							
Calen	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 201	3	(f) Total
	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							
	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3		ļ		<u> </u>			
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)				<u></u>	<del> </del>		<del></del>
6	Public support. Subtract line 5 from line 4.	<u> </u>	<u></u>	<u> </u>	I	<u> </u>		
	ion B. Total Support	(=) 2000	(5) 2010	(a) 2011	(4) 2012	(e) 201	2	(f) Total
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(6) 201	<del>-</del> +	(I) Total
7	Amounts from line 4		<del>                                     </del>		<del>                                     </del>	<u> </u>		
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				<u> </u>	1	<b>,</b>	
12	Gross receipts from related activities, etc						12	<del></del>
13	First five years. If the Form 990 is for the	organization's firs	st, second, third, fo	ourth, or fifth tax ye	ear as a section 50	)1(c)(3)		
	organization, check this box and stop her			<del></del>				
Sec	ion C. Computation of Public Su			<del></del>	<del> </del>		T I	
14	Public support percentage for 2013 (line 6			nn (f))			14	<u>%</u>
15	Public support percentage from 2012 Sch				4//		15	%
16a	33 1/3% support test—2013. If the organ				33 1/3% or more,	cneck this		▶ [
	box and stop here. The organization qual		• • •		45 - 00 4/00/			
b	33 1/3% support test—2012. If the organ				15 IS 33 1/3% OF F	nore,		▶ □
4	check this box and stop here. The organi				ica as 16h and ir	no 4.4 in		
17a	10%-facts-and-circumstances test—20							
	10% or more, and if the organization mee							
	Part IV how the organization meets the "fa	acts-and-circumsta	ances test the or	gamzation qualine	s as a publicly su	pporteu		▶ □
_	organization 10%-facts-and-circumstances test—20	12 If the ergonize	tion did not shock	n hay an line 13-1	16a 16h or 17a a	ind line		
Ь	15 is 10% or more, and if the organization	-						
		ceis ine (acis-an)	a-circumstances t	ost The Organizat	ion quannes as a	Papiloly		
	Explain in Part IV how the organization m							<b>▶</b> !
18	supported organization  Private foundation. If the organization di			6h 17a or 17h ch	neck this box and	see		▶ [_

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	damy arraor arr		5.6 m, p. 64.6 5	mpioto i di tini		
	dar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	383,657	166,111	105,341	107,553	99,220	861,882
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	14,191	78,941
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	407,155	184,515	113,736	122,006	113,411	940,823
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						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						940,823
	tion B. Total Support				<del></del>		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	407,155	184,515	113,736	122,006	113,411	940,823
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	736	969	826	667	352	3,550
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	736	969	826	667	352	3,550
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,	407.001	105 404	114 562	122,673	113,763	944,373
14	and 12) First five years. If the Form 990 is for the	407, 891	185,484				344,3,3
14	organization, check this box and stop her	_	, second, tima, lot	and, or man tax yea	45 4 5000.00 00 1	(0)(0)	▶ []
Sec	tion C. Computation of Public Su		age				
15	Public support percentage for 2013 (line 8			in (f))		15	99.62%
16	Public support percentage from 2012 Sch					16	99.60%
	tion D. Computation of Investme						
17	Investment income percentage for 2013 (I	ine 10c, column (f)	divided by line 13	, column (f))		17	%
18	Investment income percentage from 2012					18	%_
19a	33 1/3% support tests—2013. If the orga 17 is not more than 33 1/3%, check this b						<b>▶</b> [X
b							_
_	line 18 is not more than 33 1/3%, check th						▶ [

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Schedule A (Form 990 or 990-EZ) 2013 NEW CANAAN HIGH SCHOOL SCHOLARSHIP 23-7102732

Page 4

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12 Also complete this part for any additional information. (See instructions).

SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

► 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.

Employer identification number

23-7102732

Name of the organization NEW CANAAN HIGH SCHOOL SCHOLARSHIP FOUNDATION, INC.

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

\$----\$--0--\$

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

### Expenses

ADMINISTRATIVE EXPENSES	\$	544
BANK CHARGES	\$	105
FUNDRAISING DRIVE	\$	7,582
STATE FEE	\$	50
	Total \$	8,281

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