

Part III**Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

THE FOUNDATION SERVES AS NEW CANAAN'S LOCAL PARTNER FOR ADVICE, LEADERSHIP, AND FACILITATION OF CHARITABLE GIVING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$ 1,917,324 including grants of \$ 1,596,577) (Revenue \$)
See Additional Data	

4b	(Code:) (Expenses \$ 223,057 including grants of \$ 185,742) (Revenue \$)
See Additional Data	

4c	(Code:) (Expenses \$ 24,618 including grants of \$ 20,500) (Revenue \$ 2,300)
See Additional Data	

	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$)
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4d Other program services (Describe in Schedule O.)

(Expenses \$	including grants of \$	) (Revenue \$	)
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4e	Total program service expenses ▶	2,164,999
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Part 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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6 Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

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Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	21	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	21	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
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	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶
CT

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶LAUREN PATTERSON 111 CHERRY STREET NEW CANAAN, CT 06840 (203) 966-0231

Part VII

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or 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.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAUREN PATTERSON PRESIDENT & CEO	40.00			X				108,824	0	16,293
(2) SHARON STEVENSON CHAIR	5.00	X		X				0	0	0
(3) LAURA DOBBIN VICE CHAIR	5.00	X		X				0	0	0
(4) ROB FRYER TREASURER	5.00	X		X				0	0	0
(5) LAURA WALBERT SECRETARY	5.00	X		X				0	0	0
(6) KATHLEEN ABBOTT DIRECTOR	2.00	X						0	0	0
(7) BARB ACHENBAUM DIRECTOR	2.00	X						0	0	0
(8) EILEEN BOYD DIRECTOR	2.00	X						0	0	0
(9) ELIZABETH CAHILL DIRECTOR	2.00	X						0	0	0
(10) CAROLYN CORCORAN DIRECTOR	2.00	X						0	0	0
(11) TOM CRONIN DIRECTOR	2.00	X						0	0	0
(12) FRANK FETCHET DIRECTOR	2.00	X						0	0	0
(13) KELLY HANRATTY DIRECTOR	2.00	X						0	0	0
(14) JOHN KNIGHT DIRECTOR	2.00	X						0	0	0
(15) TODD LAMPERT DIRECTOR	2.00	X						0	0	0
(16) JANET LANAWAY DIRECTOR	2.00	X						0	0	0
(17) KAY LINNEMAN DIRECTOR	2.00	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHARON MCCLYMONDS DIRECTOR	2.00	X						0	0	0
(19) SHEILA PETTEE DIRECTOR	2.00	X						0	0	0
(20) JOE PRIOR DIRECTOR	2.00	X						0	0	0
(21) DAN RASHIN DIRECTOR	2.00	X						0	0	0
(22) HEATHER ZIEGLER DIRECTOR	2.00	X						0	0	0

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	108,824	0	16,293

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **0**

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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										☐			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .		1a										
	b Membership dues . . .		1b										
	c Fundraising events . . .		1c	18,310									
	d Related organizations		1d										
	e Government grants (contributions)		1e										
	f All other contributions, gifts, grants, and similar amounts not included above		1f	3,439,757									
	g Noncash contributions included in lines 1a - 1f:\$		1g										
	h Total. Add lines 1a-1f		3,458,067										
Program Service Revenue			Business Code										
	2a YPF PROGRAM REVENUE		900099	2,300		2,300							
	b												
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f.		2,300										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			507,416						507,416			
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties												
			(i) Real	(ii) Personal									
	6a Gross rents		6a										
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c										
	d Net rental income or (loss)												
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	2,062,308									
	b Less: cost or other basis and sales expenses		7b	1,898,351									
	c Gain or (loss)		7c	163,957									
	d Net gain or (loss)			163,957						163,957			
	8a Gross income from fundraising events (not including \$ 18,310 of contributions reported on line 1c). See Part IV, line 18		8a	1,440									
	b Less: direct expenses		8b	10,540									
	c Net income or (loss) from fundraising events			-9,100						-9,100			
	9a Gross income from gaming activities. See Part IV, line 19		9a										
	b Less: direct expenses		9b										
	c Net income or (loss) from gaming activities												
	10a Gross sales of inventory, less returns and allowances . . .		10a										
b Less: cost of goods sold . . .		10b											
c Net income or (loss) from sales of inventory													
Miscellaneous Revenue			Business Code										
11a													
b													
c													
d All other revenue													
e Total. Add lines 11a-11d													
12 Total revenue. See instructions			4,122,640		2,300		0		662,273				

Form 990 (2019)

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).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,774,428	1,774,428		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	28,391	28,391		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	136,702	102,731	12,030	21,941
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	129,914	97,629	11,421	20,864
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	16,256	12,216	1,431	2,609
9 Other employee benefits	26,292	19,758	2,312	4,222
10 Payroll taxes	21,034	15,807	1,850	3,377
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,138		15,138	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	174,468		174,468	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	7,254	2,777	325	4,152
12 Advertising and promotion	16,454	12,350	567	3,537
13 Office expenses	12,092	2,373	9,403	316
14 Information technology				
15 Royalties				
16 Occupancy	42,923	32,257	3,777	6,889
17 Travel	908	682	80	146
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,335	2,271		64
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,904	2,182	256	466
23 Insurance	4,142		4,142	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	47,289	44,055	47	3,187
b ANNUAL APPEAL	10,430	2,608		7,822
c FEES & LICENSES	9,809	7,296	912	1,601
d POSTAGE AND SHIPPING	6,365		6,365	
e All other expenses	6,903	5,188	607	1,108
25 Total functional expenses. Add lines 1 through 24e	2,492,431	2,164,999	245,131	82,301
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	844,318	1	227,571
	2 Savings and temporary cash investments	30,148	2	982,380
	3 Pledges and grants receivable, net	12,500	3	0
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,999		
	b Less: accumulated depreciation	10b 20,300	12,878	10c 11,699
	11 Investments—publicly traded securities	13,785,853	11	15,843,962
	12 Investments—other securities. See Part IV, line 11	4,867,515	12	4,833,426
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,006	15	2,006
16 Total assets. Add lines 1 through 15 (must equal line 34)	19,555,218	16	21,901,044	
Liabilities	17 Accounts payable and accrued expenses	30,491	17	69,039
	18 Grants payable	159,575	18	136,250
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	63,000
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	190,066	26	268,289
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	9,063,997	27	9,580,494
	28 Net assets with donor restrictions	10,301,155	28	12,052,261
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	19,365,152	32	21,632,755	
33 Total liabilities and net assets/fund balances	19,555,218	33	21,901,044	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,122,640
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,492,431
3	Revenue less expenses. Subtract line 2 from line 1	3	1,630,209
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	19,365,152
5	Net unrealized gains (losses) on investments	5	637,394
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	21,632,755

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:

Software Version:

EIN: 06-0970466

Name: NEW CANAAN COMMUNITY FOUNDATION INC

Form 990 (2019)

Form 990, Part III, Line 4a:

GRANTS ARE MADE TO SUPPORT CAPITAL, PROGRAM AND OPERATING NEEDS OF LOCAL NONPROFIT ORGANIZATIONS.

Form 990, Part III, Line 4b:

GRANTS ARE MADE TO PROVIDE SCHOLARSHIP ASSISTANCE FOR NEW CANAAN RESIDENTS WITH FINANCIAL NEED. GRANTS ARE ALSO MADE TO NONPROFIT ORGANIZATIONS TO SUPPORT THEIR SCHOLARSHIP EFFORTS.

Form 990, Part III, Line 4c:

THE YOUNG PHILANTHROPISTS PROGRAM WORKS DURING THE SCHOOL YEAR WITH HIGH SCHOOL AGED STUDENTS LIVING OR GOING TO SCHOOL IN NEW CANAAN.
STUDENTS LEARN ABOUT NONPROFIT ORGANIZATIONS, LOCAL ISSUES, AND COMMUNITY PHILANTHROPY, AND AWARD GRANTS TO SELECT NONPROFIT ORGANIZATIONS.

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NEW CANAAN COMMUNITY FOUNDATION INC

Employer identification number
06-0970466

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ 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 (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ 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:
- 5 ☐ 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ 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 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 ☐ 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.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	463,266	2,689,093	1,905,862	1,829,619	3,458,067	10,345,907
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	463,266	2,689,093	1,905,862	1,829,619	3,458,067	10,345,907
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) . . .						1,617,930
6	Public support. Subtract line 5 from line 4.						8,727,977

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	463,266	2,689,093	1,905,862	1,829,619	3,458,067	10,345,907
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	194,435	631,384	1,231,991	688,534	507,416	3,253,760
9	Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11	Total support. Add lines 7 through 10						13,599,667
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	64.180 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	68.660 %
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b	10%-facts-and-circumstances test—2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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

(Complete only if you checked the box on line 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
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						
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						
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.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1		☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II	THE AMOUNTS REPORTED IN THE 2015 COLUMN FOR THE PUBLIC SUPPORT AND TOTAL SUPPORT ARE FOR THE 6 MONTH PERIOD ENDED 6/30/16.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NEW CANAAN COMMUNITY FOUNDATION INC

Employer identification number
06-0970466

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	40	9
2 Aggregate value of contributions to (during year)	1,881,894	159,483
3 Aggregate value of grants from (during year)	551,475	14,126
4 Aggregate value at end of year	6,436,041	515,439

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☒ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☒ Yes ☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,167,493	16,789,002	15,590,388	14,590,965	15,035,110
b Contributions	3,313,427	1,607,519	1,590,310	901,750	368,570
c Net investment earnings, gains, and losses	1,049,679	805,461	1,247,765	1,755,414	269,800
d Grants or scholarships	1,802,819	1,544,495	1,166,630	1,276,755	901,408
e Other expenditures for facilities and programs	486,539	489,994	472,831	380,986	181,107
f Administrative expenses					
g End of year balance	19,241,241	17,167,493	16,789,002	15,590,388	14,590,965

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶ 37.360 %

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶ 62.640 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		31,999	20,300	11,699
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				11,699

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) TIFF MULTI-ASSET FUND	4,833,426	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	4,833,426	

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	4,344,655
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	637,394
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	10,540
e	Add lines 2a through 2d	2e	647,934
3	Subtract line 2e from line 1	3	3,696,721
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	156,017
b	Other (Describe in Part XIII.)	4b	269,902
c	Add lines 4a and 4b	4c	425,919
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	4,122,640

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,270,907
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	10,540
e	Add lines 2a through 2d	2e	10,540
3	Subtract line 2e from line 1	3	2,260,367
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	174,468
b	Other (Describe in Part XIII.)	4b	57,596
c	Add lines 4a and 4b	4c	232,064
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,492,431

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 06-0970466
Name: NEW CANAAN COMMUNITY FOUNDATION INC

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES NETTED AGAINST REVENUE 10,540.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	AGENCY FUND CONTRIBUTIONS 148,380. AGENCY FUND INVESTMENT GAIN/LOSS 121,522.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EXPENSES NETTED AGAINST REVENUE 10,540.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	AGENCY FUND GRANTS 57,596.

Supplemental Information	
Return Reference	Explanation
PART V	THE AMOUNTS REPORTED IN THE FOUR YEARS BACK COLUMN ARE FOR THE 6 MONTH PERIOD ENDED 6/30/16.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NEW CANAAN COMMUNITY FOUNDATION INC

Employer identification number
06-0970466

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		PHILANTHROPY LUNCHEON (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	19,750			19,750
	2 Less: Contributions	18,310			18,310
	3 Gross income (line 1 minus line 2)	1,440			1,440
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	10,540			10,540
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				10,540
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-9,100	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
c	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	☐ Director/officer	☐ Employee	☐ Independent contractor
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
NEW CANAAN COMMUNITY FOUNDATION INC

Employer identification number

06-0970466

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EMERGENCY FINANCIAL ASSISTANCE	29	28,391			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	ALL NOT-FOR-PROFIT ORGANIZATIONS THAT RECEIVE DISCRETIONARY GRANT FUNDS FROM THE NEW CANAAN COMMUNITY FOUNDATION (NCCF) MUST COMPLETE A GRANT FOLLOW-UP REPORT WHEN THE FUNDS ARE SPENT, OR WITHIN ONE YEAR OF RECEIPT OF FUNDS, UNLESS AN EXTENSION IS OTHERWISE REQUESTED AND APPROVED. THE REPORT INCLUDES THE FOLLOWING QUESTIONS: CAPITAL PROJECT UPDATE 1. WAS THE PROJECT COMPLETED ON TIME AND ON BUDGET? 2. WHAT DIFFERENCE HAS IT MADE TO YOUR ORGANIZATION AND THE PEOPLE YOU SERVE? PROGRAM/PROJECT UPDATE 1. DESCRIBE THE TARGET POPULATION AND WHAT CHANGE THIS PROGRAM/PROJECT HAS MADE IN THEIR LIVES. 2. PLEASE CITE NUMBER OF PEOPLE THE PROGRAM/PROJECT SERVED AND HOW FREQUENTLY (MONTHLY, WEEKLY, DAILY). 3. HOW HAS THIS PROGRAM/PROJECT SPECIFICALLY ADDRESSED THE UNDERLYING CONDITIONS CONTRIBUTING TO YOUR CLIENTS' NEEDS? GENERAL OPERATING / CAPACITY BUILDING UPDATE 1. PLEASE EXPLAIN HOW YOUR ORGANIZATION BENEFITTED FROM THIS GRANT? MEASUREMENT UPDATE 1. EXPLAIN HOW YOU MEASURED THE EFFECTIVENESS OF YOUR ACTIVITIES. DESCRIBE THE CRITERIA YOU USED TO ASSESS THE SUCCESS OF YOUR PROGRAM. WERE THE RESULTS WHAT YOU EXPECTED TO ACHIEVE? 2. HOW DID YOU TRACK THE RESULTS? PLEASE SHARE ANY APPLICABLE REPORTS. 3. THROUGHOUT THE COURSE OF THE YEAR WHAT STEPS DID YOU TAKE TO ASSESS THE PROGRESS TOWARD PROGRAM GOALS AND MAKE NECESSARY ADJUSTMENTS? THE REPORT FORM IS AVAILABLE VIA A LINK ON THE NCCF WEBSITE AND EMAILED TO GRANTEES PRIOR TO THAT YEAR'S DEADLINE. THIS REQUIREMENT IS CLEARLY DESCRIBED IN THE DETAILED NCCF GRANT GUIDELINES AS WELL AS IN AWARD LETTERS. GRANT RECIPIENT FILES ARE AUDITED FOR COMPLETENESS WHEN ANY NEW GRANT APPLICATION IS RECEIVED, AS WELL AS ON A PERIODIC BASIS, TO ENSURE COMPLIANCE WITH THIS REQUIREMENT. IN ADDITION, THE PRESIDENT & CEO COMMUNICATES REGULARLY WITH FUNDED ORGANIZATIONS THROUGHOUT THE YEAR TO ENSURE THAT GRANT DOLLARS ARE SPENT AS INTENDED. AS NECESSARY, SHE REPORTS TO THE BOARD OF DIRECTORS IF THERE ARE ANY UNEXPECTED CHANGES IN THE GRANT EXPENDITURES OR PROGRESS WITH THE FUNDED PROGRAM.

Additional Data

Software ID:
Software Version:
EIN: 06-0970466
Name: NEW CANAAN COMMUNITY FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABC OF NEW CANAAN POST OFFICE BOX 355 NEW CANAAN, CT 06840	23-7352164		20,350				SCHOLARSHIP; GRANTS RECOMMENDED BY DAFS
AMERICARES FREE CLINICS 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1422741		7,500				GRANT TO SUPPORT THE BOB MACAULEY AMERICARES FREE CLINIC OF NORWALK

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BRIDGEWATER STATE UNIVERSITY OFFICE OF STUDENT ACCOUNTS BRIDGEWATER, MA 02325	22-2678005		7,000				SCHOLARSHIP
BUCKNELL UNIVERSITY BURSAR SERVICES LEWISBURG, PA 17837	24-0772407		16,000				SCHOLARSHIP; RESTRICTED GRANT RECOMMENED BY DAF

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BUILDING ONE COMMUNITY - THE CENTER FOR IMMIGRANT OPPORTUNITY 75 SELLECK STREET STAMFORD, CT 06902	27-5024317		34,000				GRANT TO SUPPORT WORKFORCE PREPARATION AND PLACEMENT; RESTRICTED GRANT FOR COVID NEEDS
CARRIAGE BARNNEW CANAAN SOCIETY FOR THE ARTS POST OFFICE BOX 1044 NEW CANAAN, CT 06840	06-0965395		5,250				GRANT TO SUPPORT GENERAL OPERATIONS

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CARVER FOUNDATION OF NORWALK 7 ACADEMY STREET NORWALK, CT 06850	06-0862072		30,100				GRANT TO SUPPORT CARVER'S COLLEGE SCHOLARSHIP FUND; GRANT RECOMMENDED BY DAF
CASA OF SW CONNECTICUT 383 MAIN AVENUE SUITE 409 NORWALK, CT 06851	27-2518861		7,000				CASA PROGRAM

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CHILD GUIDANCE CENTER OF MID-FAIRFIELD CT 100 EAST AVENUE NORWALK, CT 06851	06-0725052		12,500				GRANT TO SUPPORT GENERAL OPERATING
CHILD GUIDANCE CENTER OF SOUTHERN CT 103 WEST BROAD STREET STAMFORD, CT 06902	06-0712058		28,000				GRANT RECOMMENDED BY DAF; GRANT TO SUPPORT HIGH-QUALITY MENTAL HEALTH SERVICES

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CHILDREN'S LEARNING CENTERS OF FAIRFIELD COUNTY 64 PALMERS HILL ROAD STAMFORD, CT 06902	06-0665191		7,500				GRANT TO SUPPORT EARLY CHILDHOOD EDUCATION AND SUPPORT SERVICES
CHURCH HILL ACVITIVIES AND TUTORING 601 N 31ST STREET RICHMOND, VA 23223	20-0220263		5,000				GRANT RECOMMENDED BY DAF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COASTAL CAROLINA UNIVERSITY OFFICE OF ADMISSIONS MERIT AWARDS EAST CONWAR, SC 29528	57-0354696		5,000				SCHOLARSHIPS
COMPUTERS4KIDS 945 SECOND STREET SE CHARLOTTESVILLE, VA 22902	54-1996936		5,000				GRANT RECOMMENDED BY DAF

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CONCORDIA CONSERVATORY - STAMFORD 884 NEWFIELD AVENUE STAMFORD, CT 06905	06-1595505		5,320				GRANT RECOMMENDED BY DAF
CONNECTICUT INSTITUTE FOR REFUGEES AND IMMIGRANTS 670 CLINTON AVENUE BRIDGEPORT, CT 06605	06-0669118		30,000				GRANT TO SUPPORT AFFORDABLE, HIGH QUALITY IMMIGRATION LEGAL SVCS; REST GRANT FOR COVID

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CORNELL UNIVERSITY OFFICE OF THE BURSAR ITHACA, NY 14853	15-0532082		5,000				SCHOLARSHIPS
CT COUNCIL FOR PHILANTHROPY 75 CHARTER OAK AVENUE SUIT 1-205 HARTFORD, CT 06106			5,605				2020 SUPPORT

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DOMESTIC VIOLENCE CRISIS CENTER 777 SUMMER STREET SUITE 400 STAMFORD, CT 06901	06-1057356		35,000				GRANT TO SUPPORT COURT, LEGAL, AND SUSTAINABILITYCT SERVICES; RESTRICTED GRANT FOR COVID
DOMUS KIDS 83 LOCKWOOD AVENUE STAMFORD, CT 06902	06-0891998		5,000				GRANT TO SUPPORT GENERAL OPERATING

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EARTHPLACE NATURE DISCOVERY CENTER 10 WOODSIDE LANE WESTPORT, CT 06880	06-0740523		6,000				GRANT TO SUPPORT THE EXPANSION OF WATER QUALITY MONITORING SYSTEM
ELDERHOUSE 7 LEWIS STREET NORWALK, CT 06851	06-0963343		10,000				GRANT TO SUPPORT THE SUBSIDY PROGRAM

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FAIRFIELD COUNTY HOSPICE HOUSE ONE DEN ROAD STAMFORD, CT 06902	45-4166197		5,000				GRANT TO SUPPORT RESIDENT ASSISTANCE FUND
FAMILY AND CHILDREN'S AGENCY 9 MOTT AVENUE NORWALK, CT 06850	06-0970985		12,000				GRANT TO SUPPORT EXPANSION OF THE HOME CARE PROGRAM FOR SENIORS

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FAMILY CENTERS 40 ARCH STREET GREENWICH, CT 06836	06-0646656		12,000				GRANT TO SUPPORT THE DEN FOR GRIEVING KIDS
FILLING IN THE BLANKS 721 NORTH WILTON ROAD NEW CANAAN, CT 06840	46-4980002		29,500				GRANT TO SUPPORT WEEKEND MEAL PROGRAM; RESTRICTED GRANT FOR COVID NEEDS

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FOOD RESCUE US 165 NEW CANAAN AVENUE NORWALK, CT 06850	27-4486556		25,000				GRANT TO SUPPORT GENERAL OPERATING; RESTRICTED GRANT FOR COVID NEEDS
FRIENDS OF BRISTOW BIRD & WILDWOOD PRESERVE C/O NCCF 111 CHERRY STREET NEW CANAAN, CT 06840			20,000				GRANT RECOMMENDED BY DAF

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FUTURE 5 INC 135 ATLANTIC STREET STAMFORD, CT 06901	46-2986201		11,100				GRANT RECOMMENDED BY DAF
GETABOUT INC POST OFFICE BOX 224 NEW CANAAN, CT 06840	06-1042160		22,790				GRANT RECOMMENDED BY DAF

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GRASSROOTS TENNIS & EDUCATION 11 INGALLS AVENUE NORWALK, CT 06854	06-1570097		7,500				GRANT TO SUPPORT THE EXPANSION OF PROGRAMMING AT THE NEW CANAAN RACQUET CLUB
GREENS LEDGE LIGHT PRESERVATION SOCIETY PO BOX 43 ROWAYTON, CT 06853	81-3221399		5,000				GRANT RECOMMENDED BY DAF

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GREENWICH HOSPITAL 5 PERRYRIDGE ROAD GREENWICH, CT 06830			15,000				RESTRICTED GRANT FROM NCCF COVID-19 FUND
HARVARD BUSINESS SCHOOL CLUB OF CT COMMUNITY PARTNERS 107 INWOOD ROAD DARIEN, CT 06820	20-1181444		20,000				UNRESTRICTED GRANT, AS RECOMMENDED BY DONOR

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HORIZONS INC (CAMP HORIZONS) PO BOX 323 SOUTH WINDHAM, CT 06266	06-1013833		5,150				GRANT RECOMMENDED BY DAF
HUMAN SERVICES COUNCIL 1 PARK STREET SUITE 2 NORWALK, CT 06851	06-6102160		5,000				GRANT TO SUPPORT CHILDREN'S CONNECTION

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INSPIRICA 141 FRANKLIN STREET STAMFORD, CT 06901	06-1172535		17,450				GRANT RECOMMENDED BY DAF
INTEMPO 20 FOREST STREET STAMFORD, CT 06901	90-0725572		5,000				GRANT TO SUPPORT THE ORGANIZATION'S MUSIC SCHOOL

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JILL'S HOUSE 9011 LEESBURG PIKE VIENNA, VA 22182	37-1465256		8,000				GRANT RECOMMENDED BY DAF
KIDS IN CRISIS ONE SALEM STREET COS COB, CT 06807	06-1027885		19,000				UNRESTRICTED GRANT RECOMMENDED BY DAF; GRANT TO SUPPORT SAFE HAVEN FOR KIDS

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KNIGHTS OF COLUMBUS CHARITIES PO BOX 382154 PITTSBURGH, PA 15251			5,000				GRANT RECOMMENDED BY DAF
LAUREL HOUSE 1616 WASHINGTON BOULEVARD STAMFORD, CT 06902	22-2511467		10,000				GRANT TO SUPPORT THE SUPPORTED EDUCATION PROGRAM AND PROVIDE FAMILY SUPPORT

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LIBERATION PROGRAMS INC 129 GLOVER AVENUE NORWALK, CT 06850	06-0867006		7,500				GRANT TO SUPPORT GENERAL OPERATING
LIVEGIRL 59 GROVE STREET SUITE 1D NEW CANAAN, CT 06840	81-0872133		10,808				GRANT RECOMMENDED BY DAF

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MEALS-ON-WHEELS OF NEW CANAAN POST OFFICE BOX 231 NEW CANAAN, CT 06840	23-3070686		40,027				GRANT TO SUPPORT AN INCREASE IN MEAL DELIVERY SERVICES FOR NEW CANAAN
MERCY LEARNING CENTER 637 PARK AVENUE BRIDGEPORT, CT 06604	22-2859879		8,000				GRANT RECOMMENDED BY DAF; GRANT TO SUPPORT LITERACY AND LIFE SKILLS TUTORING PROGRAM

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NEW CANAAN ATHLETIC FOUNDATION INC 195 SKYVIEW LANE NEW CANAAN, CT 06840	81-5049857		22,569				GRANT FOR TURF REPLACEMENT/FACILITY ENHANCEMENTS
NEW CANAAN CARES POST OFFICE BOX 178 NEW CANAAN, CT 06840	06-1143088		16,000				GRANT TO SUPPORT GENERAL OPERATING; GRANT FOR ELDER BUDDIES PROGRAM

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NEW CANAAN CHAMBER CHARITABLE FOUNDATION 91 ELM STREET NEW CANAAN, CT 06840	47-2152267		27,486				RESTRICTED GRANT TO SUPPORT GOD'S ACRE AND COVID-19 NEEDS
NEW CANAAN COMMUNITY FOUNDATION 111 CHERRY STREET NEW CANAAN, CT 06840			195,300				GRANT RECOMMENDED BY DAF; RESTRICTED GRANTS FOR COVID-19 NEEDS AND PHILANTHROPY LUNCHEON

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NEW CANAAN FOOD PANTRY 77 MAIN STREET NEW CANAAN, CT 06840			23,500				GRANT RECOMMENDED BY DAF; RESTRICTED GRANTS FOR COVID-19 NEEDS
NEW CANAAN LAND TRUST PO BOX 425 NEW CANAAN, CT 06840	06-6098244		30,275				GRANT RECOMMENDED BY DAF; RESTRICTED GRANT TO SUPPORT THE SUMMER STEWARDS PROGRAM

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NEW CANAAN LIBRARY 151 MAIN STREET NEW CANAAN, CT 06840	06-0646764		15,500				GRANT RECOMMENDED BY DAF
NEW CANAAN MOUNTED TROOP 22 CARTER STREET NEW CANAAN, CT 06840	06-0726610		5,000				GRANT TO SUPPORT THE SUPER TROOPERS AND ADAPTIVE RIDING THERAPEUTIC PROGRAMS

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NEW CANAAN MUSEUM & HISTORICAL SOCIETY 33 OENOKE RIDGE ROAD NEW CANAAN, CT 06840			5,300				GRANT RECOMMENDED BY DAF
NEW CANAAN NATURE CENTER 144 OENOKE RIDGE NEW CANAAN, CT 06840	06-0775150		17,805				GRANT RECOMMENDED BY DAF; RESTRICTED GRANT TO SUPPORT PLANET NEW CANAAN'S REUSABLE BAGS

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NEW CANAAN PARENT SUPPORT GROUP CO NCCF 111 CHERRY STREET NEW CANAAN, CT 06840			7,500				GRANT TO SUPPORT GENERAL OPERATING
NEW CANAAN VOLUNTEER AMBULANCE CORPS 172 SOUTH AVENUE NEW CANAAN, CT 06840	23-7300265		16,250				GRANT RECOMMENDED BY DAF; RESTRICTED GRANT FOR COVID-19 NEEDS

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NEW CANAAN YMCA 564 SOUTH AVENUE NEW CANAAN, CT 06840			8,750				GRANT TO SUPPORT A NURSE FOR THE CAMP Y-KI SUMMER PROGRAM
NEW COVENANT CENTER 174 RICHMOND HILL AVENUE STAMFORD, CT 06902	53-0196617		36,000				GRANT TO SUPPORT GENERAL OPERATING; RESTRICTED GRANT FOR COVID NEEDS

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NEW ENGLAND SCIENCE AND SAILING FOUNDATION (NESS) PO BOX 733 STONINGTON, CT 06378	30-0245251		10,000				UNRESTRICTED GRANT, AS RECOMMENED BY A DONOR
NORWALK COMMUNITY COLLEGE FOUNDATION INC 188 RICHARDS AVENUE NORWALK, CT 06854	06-6080293		6,000				GRANT TO SUPPORT THE SUMMER BRIDGE MATH INTENSIVE PROGRAM; GRANT TO 2020-21 NCC SCHOLARSHIP

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NORWALK HOSPITAL ASSOCIATION 34 MAPLE STREET NORWALK, CT 06856			30,000				RESTRICTED GRANT RECOMMENDED BY DAF; RESTRICTED GRANT FOR COVID NEEDS
NORWALK HOUSING FOUNDATION 24 1/2 MONROE STREET PO BOX 508 NORWALK, CT 06854	06-0962362		10,000				UNRESTRICTED GRANT, AS RECOMMENDED BY DONOR

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NORWALKNAGAROTE SISTER CITY PROJECT INC PO BOX 382 NORWALK, CT 06852	22-2989386		18,400				GRANT RECOMMENDED BY DAF
OPEN DOOR SHELTER 4 MERRITT STREET NORWALK, CT 06854	22-2536909		24,350				GRANT TO SUPPORT CASE MANAGEMENT SERVICES; RESTRICTED GRANT FOR COVID NEEDS

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PACIFIC HOUSE POST OFFICE BOX 1252 STAMFORD, CT 06902	06-1144355		13,350				GRANT TO SUPPORT THE EMERGENCY SHELTER'S MEALS PROGRAM
PERSON-TO-PERSON 1864 POST ROAD DARIEN, CT 06820	06-1422248		59,000				RESTRICTED GRANT FOR COVID-19 NEEDS; GRANT TO SUPPORT THE MOBILE FOOD PANTRY

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PRO BONO PARTNERSHIP 237 MAMARONECK AVENUE SUITE 300 WHITE PLAINS, NY 10605	06-1264823		5,000				GRANT TO SUPPORT FREE LEGAL SERVICES FOR NONPROFITS SERVING FAIRFIELD COUNTY
PROSPECTS OPPORTUNITY AND ENRICHMENT 25 PROSPECT STREET RIDGEFIELD, CT 06877	49-1904997		10,000				GRANT TO SUPPORT PROSPECTOR THEATER, AS RECOMMENED BY A DONOR

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QUINNIPIAC UNIVERSITY BURSARS OFFICE AB-BRS HAMDEN, CT 06518	06-0646701		5,000				SCHOLARSHIP
ROGER WILLIAMS UNIVERSITY 1 OLD FERRY ROAD BRISTOL, RI 02809	05-0277222		6,000				SCHOLARSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRED HEART UNIVERSITY 5151 PARK AVENUE FAIRFIELD, CT 06825	06-0776644		6,000				SCHOLARSHIP
SAINT JOSEPH PARENTING CENTER 90 FAIRFIELD AVENUE STAMFORD, CT 06902	27-0490589		20,000				RESTRICTED GRANT RECOMMENDED BY DAF; RESTRICTED GRANT FOR COVID NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOOLHOUSE APARTMENTS 156 SOUTH AVENUE NEW CANAAN, CT 06840	22-3035438		10,000				GRANT TO SUPPORT HEALTH AND WELLNESS PROGRAMS
SHEPHERDS INC PO BOX 1756 DARIEN, CT 06820	31-1724639		10,000				GRANT RECOMMENDED BY DAF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SILVERMINE GUILD ARTS CENTER 1037 SILVERMINE ROAD NEW CANAAN, CT 06840	06-0674168		6,000				GRANT TO SUPPORT GENERAL OPERATING
SOUTHERN CONNECTICUT STATE UNIVERSITY BURSARS OFFICE NEW HAVEN, CT 06515			5,000				SCHOLARSHIP

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MICHAEL'S LUTHERAN CHURCH 5 OENOKE RIDGE NEW CANAAN, CT 06840			24,000				GRANT RECOMMENDED BY DAF
STAMFORD HOSPITAL PO BOX 120048 STAMFORD, CT 06912	06-0646917		21,000				RESTRICTED GRANT FOR COVID-19 NEEDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STAR INC LIGHTING THE WAY 182 WOLFPIT AVE NORWALK, CT 06851	06-0726489		19,120				GRANT TO SUPPORT THE BIRTH TO THREE EARLY INTERVENTION PROGRAM; GRANT RECOMMENDED BY DAF
STAYING PUT IN NEW CANAAN POST OFFICE BOX 484 NEW CANAAN, CT 06840	20-8465004		5,500				GRANT RECOMMENDED BY DAF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEPPING STONES MUSEUM FOR CHILDREN 303 WEST AVENUE NORWALK, CT 06850	22-3199269		5,000				GRANT RECOMMENDED BY DAF; GRANT TO SUPPORT MUTT-I-GREES PROGRAM IN NC
SUMMER THEATRE OF NEW CANAAN 70 PINE STREET NEW CANAAN, CT 06840	20-0936471		15,000				GRANT TO SUPPORT THE REPLACEMENT OF WIRELESS SOUND EQUIPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNODIA PRAYER COUNSELING (FINDING HOME INSTITUTE) 15 N THOMPSON STREET RICHMOND, VA 23221	27-3629894		5,000				GRANT RECOMMENDED BY DAF
THE CONGREGATIONAL CHURCH OF NEW CANAAN 23 PARK STREET NEW CANAAN, CT 06840			25,500				GRANT RECOMMENDED BY DAF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD ABUSE OF S CT 141 FRANKLIN STREET STAMFORD, CT 06901	06-1398440		10,000				GRANT TO SUPPORT THE HELP FOR KIDS PROGRAM
THE INNER-CITY FOUNDATION 238 JEWETT AVENUE BRIDGEPORT, CT 06606	06-1318337		5,000				GRANT RECOMMENDED BY DAF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE NEW SCHOOL 66 WEST 12TH STREET NEW YORK, NY 10011	13-3297197		7,000				SCHOLARSHIP
THE ROWAN CENTER 733 SUMMER STREET SUITE 503 STAMFORD, CT 06901	06-1037583		7,500				GRANT TO SUPPORT GENERAL OPERATTION OF THE CENTER'S MISSION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THROWN STONE THEATRE COMPANY PO BOX 731 RIDGEFIELD, CT 06877	81-1683094		10,000				UNRESTRICTED GRANT, AS RECOMMENDED BY A DONOR
TOURETTE SYNDROME ASSOCIATION 42-40 BELL BOULEVARD BAYSIDE, NY 11361	23-7191992		20,500				GRANT RECOMMENDED BY DAF

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TREETOPS CHAMBER MUSIC SOCIETY PO BOX 113172 STAMFORD, CT 06911	20-4519702		7,100				GRANT FOR CARRIAGE BARN RENTAL; GRANT TO SUPPORT CONCERTS AT CARRIAGE BARN ART CENTER
UNIVERSITY OF BRIDGEPORT STUDENT FINANCIAL SERVICES BRIDGEPORT, CT 06604	06-0646936		5,000				SCHOLARSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CONNECTICUT OFFICE OF THE BURSAR UNIT 4100 STORRS, CT 06269	06-6070722		26,925				SCHOLARSHIP
URBAN HOPE INC PO BOX 23171 RICHMOND, VA 23223	54-1997025		8,000				GRANT RECOMMENDED BY DAF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA TECH STUDENT SVCS BLDG SUITE 150 BLACKSBURG, VA 24061	54-0721690		5,250				SCHOLARSHIP
VISITING NURSE & HOSPICE OF FAIRFIELD COUNTY 22 DANBURY ROAD WILTON, CT 06897	06-1062903		34,500				GRANT RECOMMENDED BY DAF; RESTRICTED GRANT FROM COVID-19 RESPONSE FUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES OF SEPTEMBER 11TH 80 MAIN STREET NEW CANAAN, CT 06840	16-1639299		8,100				GRANT RECOMMENDED BY DAF; GRANT TO SUPPORT THE INTERNSHIP PROGRAM FOR NCHS STUDENTS
WAKE FOREST UNIVERSITY FINANCIAL AID OFFICE WINSTONSALEM, NC 27199	56-0532138		6,000				SCHOLARSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAVENY LIFECARE NETWORK 3 FARM ROAD NEW CANAAN, CT 06840	06-0859588		56,950				GRANT RECOMMENDED BY DAF; RESTRICTED GRANT FOR COVID-19 NEEDS
WAVENY PARK CONSERVANCY PO BOX 944 NEW CANAAN, CT 06840	47-4280308		5,350				GRANT RECOMMENDED BY DAF; GRANT TO SUPPORT FRONT COURTYARD PROJECT OF WAVENY HOUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST VIRGINIA UNIVERSITY OFFICE OF STUDENT ACCOUNTS MORGANTOWN, WV 26506			5,000				SCHOLARSHIP
WOMEN'S MENTORING NETWORK 141 FRANKLIN STREET STAMFORD, CT 06901	06-1470354		5,000				GRANT TO SUPPORT FIRST GENERATION ACHIEVEMENT PROGRAM AND E TO THE 4TH POWER PROGRAM

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
NEW CANAAN COMMUNITY FOUNDATION INC

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

06-0970466

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE DRAFT 990 IS REVIEWED BY THE PRESIDENT & CEO, BOOKKEEPER, AND THE TREASURER OF THE BOARD OF DIRECTORS, PRIOR TO APPROVAL. THE FINAL 990 IS PRESENTED TO THE AUDIT COMMITTEE BY THE TREASURER. THE 990 IS SUBSEQUENTLY DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS WITH SENSITIVE NAMES REDACTED FROM SCHEDULE B. HIGHLIGHTS OF THE 990 ARE PRESENTED BY THE PRESIDENT & CEO AND TREASURER AT A REGULAR BOARD MEETING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR, THE PRESIDENT & CEO COLLECTS INFORMATION FROM THE CURRENT BOARD OF DIRECTORS AND ALLOCATIONS VOLUNTEERS ABOUT THEIR INVOLVEMENT AND LEADERSHIP IN OTHER LOCAL NOT-FOR-PROFIT ORGANIZATIONS. ANY POTENTIAL CONFLICT OF INTEREST WITH AN ORGANIZATION SEEKING GRANT FUNDS FROM NCCF IS NOTED, AND A BOARD MEMBER OR ALLOCATIONS VOLUNTEER WILL BE ASKED TO EXCUSE THEMSELVES FROM DISCUSSIONS OR DECISIONS ABOUT THE APPLICANT IF THERE IS DETERMINED TO BE A CONFLICT OF INTEREST, SUCH AS SERVING ON THE BOARDS OF BOTH ORGANIZATIONS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ANNUAL PERFORMANCE REVIEW IS CONDUCTED BY SEVERAL MEMBERS OF THE BOARD OF DIRECTORS, UNDER THE DIRECTION OF THE CHAIR OF THE BOARD; INFORMATION IS REVIEWED ABOUT COMPENSATION OF OTHER NON-PROFIT EMPLOYEES IN THE INDUSTRY AND THE REGION; THE ENTIRE BOARD APPROVES THE COMPENSATION EXPENSES IN THE OPERATING BUDGET.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION IN THE FOUNDATION'S OFFICE, AND THIS AVAILABILITY IS MENTIONED IN OUR ANNUAL REPORT AND ON OUR WEBSITE.