

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A For the 2018 calendar year, or tax year beginning** JUL 1, 2018 **and ending** JUN 30, 2019

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> NEW CANAAN COMMUNITY FOUNDATION, INC <b>Doing business as</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite 111 CHERRY STREET City or town, state or province, country, and ZIP or foreign postal code NEW CANAAN, CT 06840 <b>F Name and address of principal officer:</b> LAUREN PATTERSON SAME AS C ABOVE	<b>D Employer identification number</b> 06-0970466 <b>E Telephone number</b> (203)966-0231 <b>G Gross receipts \$</b> 2,857,450. <b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.NEWCANAANCF.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L Year of formation:</b> 1977		<b>M State of legal domicile:</b> CT

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO PROMOTE COMMUNITY PHILANTHROPY AND TO HELP DONORS ACHIEVE THEIR CHARITABLE GOALS. <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 22 <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 22 <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a) ..... <b>5</b> 5 <b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> 175 <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 0. <b>b</b> Net unrelated business taxable income from Form 990-T, line 38 ..... <b>7b</b> 0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>Prior Year</b> 1,905,862. <b>Current Year</b> 1,829,619. <b>9</b> Program service revenue (Part VIII, line 2g) ..... 1,900. 2,100. <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 1,550,864. 586,969. <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... -7,951. -18,946. <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 3,450,675. 2,399,742.	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 1,346,630. 1,544,495. <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... 0. 0. <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... 250,713. 303,135. <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... 0. 0. <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 77,386. <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... 360,097. 375,749. <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... 1,957,440. 2,223,379. <b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... 1,493,235. 176,363.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>Beginning of Current Year</b> 18,950,459. <b>End of Year</b> 19,555,218. <b>21</b> Total liabilities (Part X, line 26) ..... 203,595. 190,066. <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... 18,746,864. 19,365,152.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer LAUREN PATTERSON, PRESIDENT & CEO Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARY KAY CURTISS Preparer's signature Date 10/14/19 Check if self-employed <input type="checkbox"/> PTIN P01551484 Firm's name ▶ BLUM, SHAPIRO & COMPANY, P.C., CPA'S Firm's EIN ▶ 06-1009205 Firm's address ▶ 29 S. MAIN STREET, P.O. BOX 272000 WEST HARTFORD, CT 06127-2000 Phone no. 860 561-4000	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

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: NEW CANAAN COMMUNITY 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? No

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

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 \$ 1,648,784. including grants of \$ 1,350,001. ) (Revenue \$ ) GRANTS ARE MADE TO SUPPORT CAPITAL, PROGRAM AND OPERATING NEEDS OF LOCAL NONPROFIT ORGANIZATIONS.

4b (Code: ) (Expenses \$ 217,998. including grants of \$ 178,494. ) (Revenue \$ ) 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.

4c (Code: ) (Expenses \$ 19,541. including grants of \$ 16,000. ) (Revenue \$ 2,100. ) 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.

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

4e Total program service expenses 1,886,323.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and Schedule O completion.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, description, and Yes/No checkboxes. Rows include questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

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 Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [ ] Another's website [X] 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 - (203)966-0231
111 CHERRY STREET, NEW CANAAN, CT 06840

**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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization 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 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) SHARON STEVENSON CHAIR	5.00	X		X			0.	0.	0.	
(2) LAURA WALBERT SECRETARY	5.00	X		X			0.	0.	0.	
(3) ROB FRYER TREASURER	5.00	X		X			0.	0.	0.	
(4) JOHN KNIGHT VICE CHAIRMAN	5.00	X		X			0.	0.	0.	
(5) KATHLEEN ABBOTT DIRECTOR	2.00	X					0.	0.	0.	
(6) BARB ACHENBAUM DIRECTOR	2.00	X					0.	0.	0.	
(7) ELIZABETH CAHILL DIRECTOR	2.00	X					0.	0.	0.	
(8) CAROLYN CORCORAN DIRECTOR	2.00	X					0.	0.	0.	
(9) TOM CRONIN DIRECTOR	2.00	X					0.	0.	0.	
(10) LAURA DOBBIN DIRECTOR	2.00	X					0.	0.	0.	
(11) FRANK FETCHET DIRECTOR	2.00	X					0.	0.	0.	
(12) TOM GNUSE DIRECTOR	2.00	X					0.	0.	0.	
(13) ELISABETH GOLDEN DIRECTOR	2.00	X					0.	0.	0.	
(14) ALAN HAAS DIRECTOR	2.00	X					0.	0.	0.	
(15) LEO KARL 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 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) PHIL SHEIBLEY DIRECTOR	2.00	X						0.	0.	0.
(22) HEATHER ZIEGLER DIRECTOR	2.00	X						0.	0.	0.
(23) KELLY HANRATTY DIRECTOR	2.00	X						0.	0.	0.
(24) LAUREN PATTERSON PRESIDENT & CEO	40.00			X				101,107.	0.	15,838.
<b>1b Sub-total</b>								101,107.	0.	15,838.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								101,107.	0.	15,838.

**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
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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>		X
<b>5</b> 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>		X

**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
NONE		

**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



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	108,475.				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,721,144.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		10,740.				
	<b>h Total.</b> Add lines 1a-1f		1,829,619.				
<b>Program Service Revenue</b>	<b>2 a</b> YPF PROGRAM REVENUE	<b>Business Code</b>					
		900099	2,100.	2,100.			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f		2,100.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		688,534.			688,534.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses					
		<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				321,997.			
		<b>b</b> Less: cost or other basis and sales expenses		423,562.			
		<b>c</b> Gain or (loss)		-101,565.			
	<b>d</b> Net gain or (loss)			-101,565.		-101,565.	
	<b>8 a</b> Gross income from fundraising events (not including \$ 108,475. of contributions reported on line 1c). See Part IV, line 18	<b>a</b>		15,200.			
		<b>b</b> Less: direct expenses	<b>b</b>	34,146.			
<b>c</b> Net income or (loss) from fundraising events				-18,946.		-18,946.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
	<b>b</b> Less: direct expenses	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities						
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
	<b>b</b> Less: cost of goods sold	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b>							
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			2,399,742.	2,100.	0.	568,023.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	1,543,212.	1,543,212.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	1,283.	1,283.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	127,382.	95,817.	11,655.	19,910.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	115,784.	87,092.	10,597.	18,095.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	14,069.	10,583.	1,287.	2,199.
<b>9</b> Other employee benefits .....	26,173.	19,687.	2,395.	4,091.
<b>10</b> Payroll taxes .....	19,727.	14,839.	1,805.	3,083.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	36,153.		36,153.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....				
<b>f</b> Investment management fees .....	159,729.		159,729.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) .....	15,020.	10,041.	918.	4,061.
<b>12</b> Advertising and promotion .....	19,245.	14,455.	844.	3,946.
<b>13</b> Office expenses .....	10,101.	1,721.	8,137.	243.
<b>14</b> Information technology .....				
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	35,414.	26,639.	3,241.	5,534.
<b>17</b> Travel .....	1,422.	1,070.	130.	222.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	3,105.	2,889.		216.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	1,660.	1,249.	152.	259.
<b>23</b> Insurance .....	3,615.		3,615.	
<b>24</b> 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.)				
<b>a</b> MISCELLANEOUS .....	47,095.	33,159.	9,866.	4,070.
<b>b</b> FEES & LICENSES .....	19,761.	14,624.	1,959.	3,178.
<b>c</b> ANNUAL APPEAL .....	9,491.	2,373.	0.	7,118.
<b>d</b> POSTAGE AND SHIPPING .....	6,507.	0.	6,507.	0.
<b>e</b> All other expenses .....	7,431.	5,590.	680.	1,161.
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,223,379.	1,886,323.	259,670.	77,386.
<b>26</b> 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 Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	941,146.	<b>1</b>	844,318.
	<b>2</b> Savings and temporary cash investments .....	30,149.	<b>2</b>	30,148.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	12,500.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 63,493.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 50,615.	3,825.	<b>10c</b> 12,878.
	<b>11</b> Investments - publicly traded securities .....	12,848,312.	<b>11</b>	13,785,853.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	5,125,021.	<b>12</b>	4,867,515.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,006.	<b>15</b>	2,006.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	18,950,459.	<b>16</b>	19,555,218.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	16,945.	<b>17</b>	30,491.
	<b>18</b> Grants payable .....	186,650.	<b>18</b>	159,575.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	203,595.	<b>26</b>	190,066.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	8,756,260.	<b>27</b>	9,063,997.
	<b>28</b> Temporarily restricted net assets .....	9,990,604.	<b>28</b>	10,301,155.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	18,746,864.	<b>33</b>	19,365,152.	
<b>34</b> Total liabilities and net assets/fund balances .....	18,950,459.	<b>34</b>	19,555,218.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,399,742.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,223,379.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	176,363.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	18,746,864.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	441,925.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	19,365,152.

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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.	X	
<b>3a</b> 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? _____		X
<b>b</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 _____		

Form 990 (2018)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2018

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). 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). 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). 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). 8 [X] A community trust described in section 170(b)(1)(A)(vi). 9 An agricultural research organization described in section 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). 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). 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). 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. 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). c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. 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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,560,422.	463,266.	2,689,093.	1,905,862.	1,829,619.	8,448,262.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	1,560,422.	463,266.	2,689,093.	1,905,862.	1,829,619.	8,448,262.
<b>5</b> 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) .....						404,556.
<b>6 Public support.</b> Subtract line 5 from line 4.						8,043,706.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	1,560,422.	463,266.	2,689,093.	1,905,862.	1,829,619.	8,448,262.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	521,039.	194,435.	631,384.	1,231,991.	688,534.	3,267,383.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						11,715,645.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	68.66 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	70.89 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

**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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 in line 12 on 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
<b>8</b> 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>		
<b>9a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 10b below.</i>		
<b>b</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>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? 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).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.		Yes	No
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in 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.			
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<b>a</b> 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? Provide details in Part VI.			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013			
<b>b</b> From 2014			
<b>c</b> From 2015			
<b>d</b> From 2016			
<b>e</b> From 2017			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2018 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2014			
<b>b</b> Excess from 2015			
<b>c</b> Excess from 2016			
<b>d</b> Excess from 2017			
<b>e</b> Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

**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.)

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.

Multiple horizontal lines for supplemental information.

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**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 .....	39	12
2 Aggregate value of contributions to (during year) .....	511,029.	99,143.
3 Aggregate value of grants from (during year) .....	452,800.	171,369.
4 Aggregate value at end of year .....	4,842,369.	400,200.
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? .....	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
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? .....	<input checked="" type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	

**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 a 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 Tax 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? .....

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)? .....

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 .....

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

Schedule D (Form 990) 2018

**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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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 on 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	16,789,002.	15,590,388.	14,590,965.	15,035,110.	15,730,140.
b Contributions	1,607,519.	1,590,310.	901,750.	368,570.	748,861.
c Net investment earnings, gains, and losses	805,461.	1,247,765.	1,755,414.	269,800.	-95,933.
d Grants or scholarships	1,544,495.	1,166,630.	1,276,755.	901,408.	997,593.
e Other expenditures for facilities and programs	489,994.	472,831.	380,986.	181,107.	350,365.
f Administrative expenses					
g End of year balance	17,167,493.	16,789,002.	15,590,388.	14,590,965.	15,035,110.

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

- a Board designated or quasi-endowment  40.00 %
- b Permanent endowment  %
- c Temporarily restricted endowment  60.00 %

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

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

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

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		63,493.	50,615.	12,878.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  12,878.

**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	4,867,515.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	4,867,515.	

**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)		
<b>Total.</b> (Col. (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)	
<b>Total.</b> (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	2,396,399.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	441,925.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	34,146.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	476,071.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,920,328.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	159,729.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	319,685.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	479,414.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,399,742.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	2,017,908.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	34,146.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	34,146.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	1,983,762.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	159,729.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	79,888.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	239,617.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	2,223,379.

**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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED AGAINST REVENUE 34,146.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND CONTRIBUTIONS 239,400.

AGENCY FUND INVESTMENT GAIN/LOSS 80,285.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 319,685.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED AGAINST REVENUE 34,146.



**Part XIII** Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND GRANTS 79,888.

PART V

THE AMOUNTS REPORTED IN THE THREE YEARS BACK COLUMN ARE FOR THE 6 MONTH

PERIOD ENDED 6/30/16.



**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 (add col. (a) through col. (c))
		PHILANTHROPY LUNCHEON (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	123,675.		123,675.
	2	Less: Contributions	108,475.		108,475.
	3	Gross income (line 1 minus line 2)	15,200.		15,200.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	16,050.		16,050.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	18,096.		18,096.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-18,946.

**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			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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 to be 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.

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**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
A.B.C. OF NEW CANAAN POST OFFICE BOX 355 NEW CANAAN, CT 06840	23-7352164		5,300.	0.			GRANT RECOMMENDED BY DAF
ABILIS INC. 50 GLENVILLE STREET GREENWICH, CT 06831	06-6009327		5,135.	0.			ANNUAL DISTRIBUTION RECOMMENDED BY DAF
AMERICARES FREE CLINICS 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1422741		15,000.	0.			GRANT RECOMMENDED BY DAF
ARTS FOR HEALING 24 GROVE STREET NEW CANAAN, CT 06840	06-1595505		11,135.	0.			ANNUAL DISTRIBUTION RECOMMENDED BY DAF
BOSTON COLLEGE OFFICE OF STUDENT SERVICES BOSTON, MA 02241-0560	04-2103545		5,000.	0.			GRANT RECOMMENDED BY DAF
BRIDGEWATER STATE UNIVERSITY OFFICE OF STUDENT ACCOUNTS BRIDGEWATER, MA 02325	22-2678005		5,000.	0.			SCHOLARSHIP

- 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 **▶** \_\_\_\_\_

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

Schedule I (Form 990) (2018)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
BRIGHAM YOUNG UNIVERSITY BYU OFF-CAMPUS SCHOLARSHIPS PROVO, UT 84602	87-0217280		5,650.	0.			SCHOLARSHIP
BUCKNELL UNIVERSITY BURSAR SERVICES LEWISBURG, PA 17837	24-0772407		7,500.	0.			GRANT RECOMMENDED BY DAF
BUILDING ONE COMMUNITY - THE CENTER FOR IMMIGRANT OPPORTUNITY - 75 SELLECK STREET - STAMFORD, CT 06902	27-5024317		10,000.	0.			GRANT TO PROVIDE CHILDCARE FOR IMMIGRANT ESL LEARNERS
CARVER FOUNDATION OF NORWALK 7 ACADEMY STREET NORWALK, CT 06850	06-0862072		34,600.	0.			GRANT RECOMMENDED BY DAF
CASA OF SW CONNECTICUT 383 MAIN AVENUE, SUITE 409 NORWALK, CT 06851	27-2518861		7,000.	0.			GRANT TO EXPAND VOLUNTEER ADVOCACY SERVICES
CHILD GUIDANCE CENTER OF MID-FAIRFIELD CT - 100 EAST AVENUE - NORWALK, CT 06851	06-0725052		10,000.	0.			GRANT TO SUPPORT THE OUTPATIENT CHILDREN'S CLINIC
CHILD GUIDANCE CENTER OF SOUTHERN CT - 103 WEST BROAD STREET - STAMFORD, CT 06902	06-0712058		22,000.	0.			GRANT RECOMMENDED BY DAF
CHILDREN'S CENTER - STANFORD COMMUNITY - 685 PAMPAS LANE - STANFORD, CA 94305	94-1704824		5,000.	0.			GRANT RECOMMENDED BY DAF
CHILDREN'S LEARNING CENTERS OF FAIRFIELD COUNTY - 64 PALMER'S HILL ROAD - STAMFORD, CT 06902	06-0665191		7,500.	0.			GRANT TO SUPPORT GENERAL OPERATING

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CHRISTIAN HEALING MINISTRIES 438 W. 67TH STREET JACKSONVILLE, FL 32208	59-2144931		25,000.	0.			GRANT RECOMMENDED BY DAF
CIRCLE OF CARE FOR FAMILIES OF CHILDREN WITH CANCER - PO BOX 32 - WILTON, CT 06897	26-2224475		6,000.	0.			GRANT TO SUPPORT THE LIFELINE EMERGENCY FUND
COLUMBIA UNIVERSITY OFFICE OF STUDENT ACCOUNTS NEW YORK, NY 10027-6696	13-5598093		10,000.	0.			RESTRICTED GRANT-PARENTS FUND FOR ENGINEERING
CONNECTICUT INSTITUTE FOR REFUGEES AND IMMIGRANTS - 670 CLINTON AVENUE - BRIDGEPORT, CT 06605	06-0669118		5,000.	0.			GRANT TO SUPPORT AFFORDABLE, HIGH QUALITY IMMIGRATION LEGAL SERVICES
CONNECTICUT ZOOLOGICAL SOCIETY, INC. - 1875 NOBLE AVENUE - BRIDGEPORT, CT 06610	23-7068821		10,000.	0.			ANONYMOUS UNRESTRICTED PASS-THROUGH GRANT
CT COUNCIL FOR PHILANTHROPY 221 MAIN STREET HARTFORD, CT 06106			5,550.	0.			MEMBERSHIP SUPPORT & LEADERSHIP FUND GIFT
DOMESTIC VIOLENCE CRISIS CENTER 777 SUMMER STREET, SUITE 400 STAMFORD, CT 06901	06-1057356		25,000.	0.			GRANT TO SUPPORT COURT, LEGAL, AND SUSTAINABILITYCT SERVICES
DOMUS KIDS 83 LOCKWOOD AVENUE STAMFORD, CT 06902	06-0891998		8,500.	0.			GRANT TO SUPPORT THE FAMILY ADVOCATE PROGRAM
DREXEL UNIVERSITY P.O. BOX 8196 PHILADELPHIA, PA 19101	23-1352630		5,250.	0.			SCHOLARSHIP

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
EARTHPLACE, NATURE DISCOVERY CENTER - 10 WOODSIDE LANE - WESTPORT, CT 06880	06-0740523		6,000.	0.			GRANT TO SUPPORT THE EXPANSION OF HARBOR WATCH'S WATER QUALITY MONITORING SYSTEM
ELDERHOUSE 7 LEWIS STREET NORWALK, CT 06851	06-0963343		5,000.	0.			GRANT TO SUPPORT THE SUBSIDY PROGRAM
EVERYTOWN FOR GUN SAFETY SUPPORT FUND - P.O. BOX 3886 - NEW YORK, NY 10163	26-1598353		5,000.	0.			GRANT RECOMMENDED BY DAF
EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD ABUSE OF S CT - 141 FRANKLIN STREET - STAMFORD, CT 06901	06-1398440		12,000.	0.			GRANT TO SUPPORT THE HELP FOR KIDS PROGRAM
FAIRFIELD COUNTY HOSPICE HOUSE ONE DEN ROAD STAMFORD, CT 06902	45-4166197		5,000.	0.			GRANT TO SUPPORT THE VOLUNTEER PROGRAM
FAMILY AND CHILDREN'S AGENCY 9 MOTT AVENUE NORWALK, CT 06850	06-0970985		10,500.	0.			GRANT TO SUPPORT HOME CARE PROGRAM FOR SENIORS
FAMILY CENTERS 40 ARCH STREET GREENWICH, CT 06836	06-0646656		15,000.	0.			GRANT TO SUPPORT THE DEN FOR GRIEVING KIDS
FILLING IN THE BLANKS 721 NORTH WILTON ROAD NEW CANAAN, CT 06840	46-4980002		5,000.	0.			GRANT TO SUPPORT THE WEEKEND MEAL PROGRAM
FORDHAM UNIVERSITY FINANCIAL AID OFFICE BRONX, NY 10458	13-1740451		10,000.	0.			SCHOLARSHIP

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
FUTURE 5 INC. 135 ATLANTIC STREET STAMFORD, CT 06901	46-2986201		10,150.	0.			GRANT RECOMMENDED BY DAF
GETABOUT, INC. POST OFFICE BOX 224 NEW CANAAN, CT 06840	06-1042160		22,550.	0.			ANNUAL DISTRIBUTION RECOMMENDED BY DAF
GREENS LEDGE LIGHT PRESERVATION SOCIETY - P.O. BOX 43 - ROWAYTON, CT 06853	81-3221399		5,000.	0.			GRANT RECOMMENDED BY DAF
HARVARD BUSINESS SCHOOL CLUB OF CT COMMUNITY PARTNERS - 107 INWOOD ROAD - DARIEN, CT 06820	20-1181444		10,000.	0.			ANONYMOUS UNRESTRICTED PASS-THROUGH GRANT
HORIZONS AT NEW CANAAN COUNTRY SCHOOL - POST OFFICE BOX 997 - NEW CANAAN, CT 06840	06-1468129		6,300.	0.			GRANT RECOMMENDED BY DAF
HORIZONS, INC. (CAMP HORIZONS) PO BOX 323 SOUTH WINDHAM, CT 06266	06-1013833		5,170.	0.			ANNUAL DISTRIBUTION RECOMMENDED BY DAF
HOWARD UNIVERSITY STUDENT ACCOUNTS WASHINGTON, DC 20059	53-0204707		6,000.	0.			GRANT RECOMMENDED BY DAF
IECA FOUNDATION 3251 OLD LEE HIGHWAY FAIRFAX, VA 22030	54-1804705		5,000.	0.			GRANT RECOMMENDED BY DAF
INSPIRICA 141 FRANKLIN STREET STAMFORD, CT 06901	06-1172535		12,350.	0.			GRANT RECOMMENDED BY DAF

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
KIDS IN CRISIS ONE SALEM STREET COS COB, CT 06807	06-1027885		15,750.	0.			GRANT RECOMMENDED BY DAF
LAUREL HOUSE 1616 WASHINGTON BOULEVARD STAMFORD, CT 06902	22-2511467		10,000.	0.			GRANT TO SUPPORT A YOUTH RESOURCE SPECIALIST
LIBERATION PROGRAMS, INC. 129 GLOVER AVENUE NORWALK, CT 06850	06-0867006		5,000.	0.			GRANT TO SUPPORT BEHAVIORAL HEALTH SERVICES
LIVEGIRL 59 GROVE STREET, SUITE 1D NEW CANAAN, CT 06840	81-0872133		12,000.	0.			GRANT RECOMMENDED BY DAF
MERCY LEARNING CENTER 637 PARK AVENUE BRIDGEPORT, CT 06604	22-2859879		5,500.	0.			GRANT TO SUPPORT THE LITERACY AND LIFE SKILLS TUTORING PROGRAM
MOUNT SAINT JOSEPH HIGH SCHOOL 4403 FREDERICK AVENUE BALTIMORE, MD 21229	52-1169308		10,000.	0.			GRANT RECOMMENDED BY DAF
NEW CANAAN ATHLETIC FOUNDATION INC. - 195 SKYVIEW LANE - NEW CANAAN, CT 06840	81-5049857		50,000.	0.			GRANT TO SUPPORT NEW BLEACHERS FOR WATER TOWER 2 FIELD
NEW CANAAN CARES POST OFFICE BOX 178 NEW CANAAN, CT 06840	06-1143088		14,500.	0.			SILVER HILL TO ELDER BUDDIES PROGRAM
NEW CANAAN COMMUNITY FOUNDATION 111 CHERRY STREET NEW CANAAN, CT 06840			52,200.	0.			GRANT RECOMMENDED BY DAF

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
NEW CANAAN HIGH SCHOOL SCHOLARSHIP FOUNDATION - 11 FARM ROAD - NEW CANAAN, CT 06840	23-7102732		6,000.	0.			GRANT RECOMMENDED BY DAF
NEW CANAAN HISTORICAL SOCIETY 33 OENOKE RIDGE ROAD NEW CANAAN, CT 06840			10,100.	0.			GRANT RECOMMENDED BY DAF
NEW CANAAN LAND TRUST PO BOX 425 NEW CANAAN, CT 06840	06-6098244		16,900.	0.			GRANT RECOMMENDED BY DAF
NEW CANAAN LIBRARY 151 MAIN STREET NEW CANAAN, CT 06840	06-0646764		26,200.	0.			GRANT RECOMMENDED BY DAF
NEW CANAAN MOUNTED TROOP 22 CARTER STREET NEW CANAAN, CT 06840	06-0726610		5,000.	0.			GRANT TO SUPPORT THE SUPER TROOPERS AND ADAPTIVE RIDING THERAPEUTIC PROGRAMS
NEW CANAAN NATURE CENTER 144 OENOKE RIDGE NEW CANAAN, CT 06840	06-0775150		11,350.	0.			GRANT RECOMMENDED BY DAF
NEW CANAAN PARENT SUPPORT GROUP C/O NCCF - 111 CHERRY STREET - NEW CANAAN, CT 06840			8,000.	0.			GRANT TO PROVIDE SUPPORT, AWARENESS & EDUCATION FOR ADDICTION
NEW CANAAN POLICE DEPARTMENT 174 SOUTH AVENUE NEW CANAAN, CT 06840			6,000.	0.			GRANT RECOMMENDED BY DAF
NEW CANAAN YMCA 564 SOUTH AVENUE NEW CANAAN, CT 06840			9,342.	0.			TOUCH A LIFE FUND - EMERGENCY FINANCIAL ASSISTANCE

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
NEW CANAAN YOUTH FOOTBALL P.O. BOX 537 NEW CANAAN, CT 06840			30,000.	0.			FUNDS TO SUPPORT NEW CANAAN ATHLETIC FOUNDATION
NEW COVENANT CENTER 174 RICHMOND HILL AVENUE STAMFORD, CT 06902	53-0196617		6,000.	0.			GRANT TO SUPPORT GENERAL OPERATING
NEW ENGLAND SCIENCE AND SAILING FOUNDATION (NESS) - P.O. BOX 733 - STONINGTON, CT 06378	30-0245251		10,000.	0.			ANONYMOUS UNRESTRICTED PASS-THROUGH GRANT
NICHOLS COLLEGE STUDENT FINANCIAL SERVICES DUDLEY, MA 01571	04-2104778		5,000.	0.			SCHOLARSHIP
NORWALK COMMUNITY COLLEGE FOUNDATION, INC. - 188 RICHARDS AVENUE - NORWALK, CT 06854	06-6080293		5,500.	0.			GRANT RECOMMENDED BY DAF
NORWALK COMMUNITY HEALTH CENTER 120 CONNECTICUT AVENUE NORWALK, CT 06854			6,000.	0.			GRANT FOR TEACHING PARENTS & K5 CHILDREN HEALTHY EATING HABITS
NORWALK GRASSROOTS TENNIS & EDUCATION - 11 INGALLS AVENUE - NORWALK, CT 06854	06-1570097		6,000.	0.			GRANT TO SUPPORT GIRLS CLUB PROGRAMMING
NORWALK HOUSING FOUNDATION 24 1/2 MONROE STREET, P.O. BOX 50 NORWALK, CT 06854	06-0962362		10,000.	0.			ANONYMOUS UNRESTRICTED PASS-THROUGH GRANT
OPEN DOOR SHELTER 4 MERRITT STREET NORWALK, CT 06854	22-2536909		17,500.	0.			GRANT TO PURCHASE COMPUTERS FOR CHILDREN'S RESOURCE CENTER

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
PACIFIC HOUSE POST OFFICE BOX 1252 STAMFORD, CT 06902	06-1144355		12,000.	0.			GRANT TO SUPPORT GENERAL OPERATING
PERSON-TO-PERSON 1864 POST ROAD DARIEN, CT 06820	06-1422248		27,000.	0.			GRANT RECOMMENDED BY DAF
SACRED HEART UNIVERSITY 5151 PARK AVENUE FAIRFIELD, CT 06825	06-0776644		6,500.	0.			SCHOLARSHIP
SAINT CATHERINE CENTER FOR SPECIAL NEEDS - 760 TAHMORE DRIVE - FAIRFIELD, CT 06825	53-0196617		12,966.	0.			GRANT RECOMMENDED BY DAF
SAINT JOSEPH PARENTING CENTER 90 FAIRFIELD AVENUE STAMFORD, CT 06902	27-0490589		13,000.	0.			GRANT RECOMMENDED BY DAF
SAINT LUKE'S PARISH 1864 POST ROAD DARIEN, CT 06820	06-1071804		6,000.	0.			GRANT RECOMMENDED BY DAF
SHEPHERDS INC. P.O. BOX 1756 DARIEN, CT 06820	31-1724639		10,000.	0.			GRANT RECOMMENDED BY DAF
SILVER HILL HOSPITAL 208 VALLEY ROAD NEW CANAAN, CT 06840	06-0655139		7,530.	0.			GRANT TO SUPPORT "MENTAL HEALTH FIRST AID" COURSES
SILVERMINE GUILD ARTS CENTER 1037 SILVERMINE ROAD NEW CANAAN, CT 06840	06-0674168		7,500.	0.			GRANT TO SUPPORT THE HEART & MIND EXHIBITION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
SIMMONS UNIVERSITY ADVANCEMENT SERVICES, ALUMNAE OFF BOSTON, MA 02115	04-2103629		5,000.	0.			GRANT RECOMMENDED BY DAF
SPRUCE PEAK PERFORMING ARTS CENTER 122 HOURGLASS DRIVE STOWE, VT 05672	90-0146728		6,250.	0.			GRANT RECOMMENDED BY DAF
ST. MICHAEL'S LUTHERAN CHURCH 5 OENOKE RIDGE NEW CANAAN, CT 06840			20,000.	0.			GRANT RECOMMENDED BY DAF
STAR, INC., LIGHTING THE WAY... 182 WOLFPIT AVE NORWALK, CT 06851	06-0726489		24,135.	0.			ANNUAL DISTRIBUTION RECOMMENDED BY DAF
STAYING PUT IN NEW CANAAN POST OFFICE BOX 484 NEW CANAAN, CT 06840	20-8465004		5,500.	0.			GRANT RECOMMENDED BY DAF
STEPPING STONES MUSEUM FOR CHILDREN - 303 WEST AVENUE - NORWALK, CT 06850	22-3199269		5,000.	0.			GRANT RECOMMENDED BY DAF
SUMMER THEATRE OF NEW CANAAN 70 PINE STREET NEW CANAAN, CT 06840	20-0936471		25,000.	0.			GRANT TO SUPPORT AN OPERATIONAL FEASIBILITY STUDY FOR BUILDING A NEW FACILITY
SUNODIA PRAYER COUNSELING (FINDING HOME INSTITUTE) - 15 N. THOMPSON STREET - RICHMOND, VA 23221	27-3629894		25,000.	0.			GRANT RECOMMENDED BY DAF
TEMPLE UNIVERSITY P.O. BOX 828799 PHILADELPHIA, PA 19182-8799	23-1365971		5,000.	0.			SCHOLARSHIP

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 INNER-CITY FOUNDATION 238 JEWETT AVENUE BRIDGEPORT, CT 06606	06-1318337		5,000.	0.			GRANT RECOMMENDED BY DAF
THE ROWAN CENTER 733 SUMMER STREET, SUITE 503 STAMFORD, CT 06901	06-1037583		7,500.	0.			GRANT TO SUPPORT GENERAL OPERATING
THROWN STONE THEATRE COMPANY PO BOX 731 RIDGEFIELD, CT 06877	81-1683094		10,000.	0.			ANONYMOUS UNRESTRICTED PASS-THROUGH GRANT
TOURETTE SYNDROME ASSOCIATION 42-40 BELL BOULEVARD BAYSIDE, NY 11361	23-7191992		20,000.	0.			GRANT RECOMMENDED BY DAF
TOWN OF NEW CANAAN 77 MAIN STREET NEW CANAAN, CT 06840			167,570.	0.			RESTRICTED GRANT TO BUILD 5TH PADDLE COURT
TREETOPS CHAMBER MUSIC SOCIETY P.O. BOX 113172 STAMFORD, CT 06911	20-4519702		5,600.	0.			GRANT FOR CARRIAGE BARN RENTAL
UNITED METHODIST CHURCH OF NEW CANAAN - 165 SOUTH AVENUE - NEW CANAAN, CT 06840			5,000.	0.			GRANT RECOMMENDED BY DAF
UNIVERSITY OF BRIDGEPORT STUDENT FINANCIAL SERVICES BRIDGEPORT, CT 06604	06-0646936		5,000.	0.			SCHOLARSHIP
UNIVERSITY OF CONNECTICUT OFFICE OF THE BURSAR, UNIT 4100 STORRS, CT 06269	06-6070722		17,250.	0.			SCHOLARSHIP

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
URBAN HOPE, INC. P.O. BOX 23171 RICHMOND, VA 23223	54-1997025		10,000.	0.			GRANT RECOMMENDED BY DAF
VIRGINIA TECH STUDENT SVCS BLDG, SUITE 150 BLACKSBURG, VA 24061	54-0721690		6,875.	0.			SCHOLARSHIP
VISITING NURSE & HOSPICE OF FAIRFIELD COUNTY - 22 DANBURY ROAD - WILTON, CT 06897	06-1062903		11,500.	0.			GRANT RECOMMENDED BY DAF
VOICES OF SEPTEMBER 11TH 80 MAIN STREET NEW CANAAN, CT 06840	16-1639299		9,600.	0.			GRANT RECOMMENDED BY DAF
WAVENY LIFECARE NETWORK 3 FARM ROAD NEW CANAAN, CT 06840	06-0859588		43,200.	0.			GRANT RECOMMENDED BY DAF
WAVENY PARK CONSERVANCY P.O. BOX 944 NEW CANAAN, CT 06840	47-4280308		5,250.	0.			GRANT RECOMMENDED BY DAF
WESTERN CONNECTICUT HEALTH NETWORK FOUNDATION - 34 MAPLE STREET - NORWALK, CT 06856			5,000.	0.			GRANT RECOMMENDED BY DAF
WILDLIFE IN CRISIS POST OFFICE BOX 1246 WESTON, CT 06883	22-3020015		5,500.	0.			GRANT RECOMMENDED BY DAF

Schedule I (Form 990)

**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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMERGENCY FINANCIAL ASSISTANCE	17	13,144.	0.		

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

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

**Part IV Supplemental Information**

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.

**Part IV Supplemental Information**

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.

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

Open to Public  
Inspection

Name of the organization

NEW CANAAN COMMUNITY FOUNDATION, INC

Employer identification number

06-0970466

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.

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.

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.

FORM 990, PART VI, SECTION C, LINE 19:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

