

Form **990**

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

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2015 calendar year, or tax year beginning and ending

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	C Name of organization NEW CANAAN COMMUNITY FOUNDATION, INC Doing business as 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 F Name and address of principal officer: CYNTHIA GOREY SAME AS C ABOVE	D Employer identification number 06-0970466 E Telephone number (203)966-0231 G Gross receipts \$ 8,786,624. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <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		
J Website: ▶ WWW.NEWCANAANCF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1977		M State of legal domicile: CT

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO PROMOTE COMMUNITY PHILANTHROPY AND TO HELP DONORS ACHIEVE THEIR CHARITABLE GOALS.		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	3
6	Total number of volunteers (estimate if necessary)	6	125
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9		989,786.	1,560,422.
10	Program service revenue (Part VIII, line 2g)	3,400.	3,900.
11	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,011,458.	1,359,418.
12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,665.	21,878.
13	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,027,309.	2,945,618.
14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,199,176.	1,022,593.
15		0.	0.
16a	Benefits paid to or for members (Part IX, column (A), line 4)	173,270.	202,641.
16b	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
17	Professional fundraising fees (Part IX, column (A), line 11e)	54,416.	
18	Total fundraising expenses (Part IX, column (D), line 25) ▶	263,967.	271,794.
19	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,636,413.	1,497,028.
20	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	390,896.	1,448,590.
21	Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
22	Total assets (Part X, line 16)	16,512,165.	16,625,653.
23		17,811.	21,775.
24	Net assets or fund balances. Subtract line 21 from line 20	16,494,354.	16,603,878.

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.

Sign Here	Signature of officer CYNTHIA GOREY, PRESIDENT AND CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name MARY KAY CURTISS	Preparer's signature Date 05/11/16
	Firm's name ▶ BLUM, SHAPIRO & COMPANY, P.C., CPA'S Firm's address ▶ 29 S. MAIN STREET, P.O. BOX 272000 WEST HARTFORD, CT 06127-2000	Check if self-employed <input type="checkbox"/> PTIN P01551484 Firm's EIN ▶ 06-1009205 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 [X]

1 Briefly describe the organization's mission: TO PROMOTE COMMUNITY PHILANTHROPY AND HELP LOCAL DONORS ACHIEVE THEIR CHARITABLE GOALS.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 726,630. including grants of \$ 630,633.) (Revenue \$) GRANTS ARE MADE TO SUPPORT CAPITAL, NEW PROGRAM AND OPERATING NEEDS FOR LOCAL NOT-FOR-PROFIT ORGANIZATIONS THAT IMPROVE THE QUALITY OF LIFE FOR NEW CANAAN RESIDENTS AND OUR NEEDIEST NEIGHBORS. INCLUDES DISTRIBUTIONS FROM THE COMMUNITY IMPACT FUND, NEIGHBORS UNITED PROGRAM, FUND FOR CHILDREN AND YOUTH, AND SPIRIT OF NEW CANAAN FUND.

4b (Code:) (Expenses \$ 196,973. including grants of \$ 170,950.) (Revenue \$) BLOCK GRANTS ARE MADE TO NOT-FOR-PROFIT ORGANIZATIONS TO SUPPORT THE EDUCATIONAL COSTS FOR THEIR EMPLOYEES, CLIENTS, OR STUDENTS; GRANTS ARE ALSO MADE TO PROVIDE SCHOLARSHIP ASSISTANCE FOR QUALIFIED, INDIVIDUAL NEW CANAAN RESIDENTS WITH FINANCIAL NEED.

4c (Code:) (Expenses \$ 34,850. including grants of \$ 17,000.) (Revenue \$ 3,900.) A GROUP OF 39 HIGH SCHOOL AGED RESIDENTS OF NEW CANAAN, FROM LOCAL PUBLIC AND PRIVATE SCHOOLS, MEET MONTHLY DURING THE SCHOOL YEAR TO LEARN ABOUT COMMUNITY PHILANTHROPY AND HOW TO MAKE CHOICES ABOUT WHICH ORGANIZATIONS TO FUND AMONG COMPETING CHOICES. PARTICIPATING STUDENTS RAISE MONEY TO GROW THE ENDOWED FUND AS WELL AS SOLICIT GRANT PROPOSALS FROM LOCAL NON-PROFITS AND MAKE GRANTS TO SELECTED AGENCIES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 234,260. including grants of \$ 204,010.) (Revenue \$)

4e Total program service expenses 1,192,713.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

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

Input box for Schedule O

Main table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding responses.

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? a The organization's CEO, Executive Director, or top management official; b 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 (or 1024 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: CYNTHIA GOREY - (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) LEO KARL PRESIDENT	5.00	X		X				0.	0.	0.
(2) LINDSEY HERON VICE PRESIDENT	5.00	X		X				0.	0.	0.
(3) AMY WILKINSON SECRETARY	2.00	X		X				0.	0.	0.
(4) JANET LANAWAY TREASURER	5.00	X		X				0.	0.	0.
(5) DAVE HUNT DIRECTOR	2.00	X						0.	0.	0.
(6) ALAN HAAS DIRECTOR	2.00	X						0.	0.	0.
(7) SHARON STEVENSON DIRECTOR	2.00	X						0.	0.	0.
(8) KATHLEEN ABBOTT DIRECTOR	2.00	X						0.	0.	0.
(9) KEVIN MOYNIHAN DIRECTOR	2.00	X						0.	0.	0.
(10) BARB ACHENBAUM DIRECTOR	2.00	X						0.	0.	0.
(11) TOM CRONIN DIRECTOR	2.00	X						0.	0.	0.
(12) MARJORIE FURMAN DIRECTOR	2.00	X						0.	0.	0.
(13) DIANE HANAUER DIRECTOR	2.00	X						0.	0.	0.
(14) ROBIN FRYER DIRECTOR	2.00	X						0.	0.	0.
(15) KELLY HANRATTY DIRECTOR	2.00	X						0.	0.	0.
(16) JOHN KNIGHT DIRECTOR	2.00	X						0.	0.	0.
(17) SUSAN BOSTON 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) KATHY SCHULTE DIRECTOR	2.00	X					0.	0.	0.	
(19) KAY LINNEMAN DIRECTOR	2.00	X					0.	0.	0.	
(20) SHEILA PETTEE DIRECTOR	2.00	X					0.	0.	0.	
(21) JAY TWOMBLY DIRECTOR	2.00	X					0.	0.	0.	
(22) CYNTHIA GOREY CEO	35.00			X			84,500.	0.	5,915.	
1b Sub-total							84,500.	0.	5,915.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							84,500.	0.	5,915.	

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 **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	38,586.					
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,521,836.					
	g Noncash contributions included in lines 1a-1f: \$		80,685.					
	h Total. Add lines 1a-1f			1,560,422.				
Program Service Revenue	2 a YPF PROGRAM REVENUE	Business Code	900099	3,900.	3,900.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			3,900.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			521,039.			521,039.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses			5,818,749.			
		c Gain or (loss)			838,379.			
		d Net gain or (loss)			838,379.			838,379.
	8 a Gross income from fundraising events (not including \$ 38,586. of contributions reported on line 1c). See Part IV, line 18	a		44,135.				
		b Less: direct expenses			22,257.			
		c Net income or (loss) from fundraising events			21,878.			21,878.
	9 a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses								
c Net income or (loss) from gaming activities								
10 a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold							
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions.				2,945,618.	3,900.	0.	1,381,296.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	826,348.	826,348.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	196,245.	196,245.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	90,415.	72,332.	4,521.	13,562.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	91,428.	49,719.	16,233.	25,476.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	6,440.	3,507.	1,141.	1,792.
10 Payroll taxes	14,358.	9,575.	1,670.	3,113.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	24,563.		24,563.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	146,327.		146,327.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	900.		900.	
12 Advertising and promotion	15,987.	3,789.	12,198.	
13 Office expenses	2,414.		2,414.	
14 Information technology				
15 Royalties				
16 Occupancy	30,946.	20,637.	10,309.	
17 Travel	1,140.	760.	380.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,996.	1,996.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,310.		4,310.	
23 Insurance	4,090.		4,090.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FEES & LICENSES	8,935.	1,000.	7,935.	
b POSTAGE AND SHIPPING	8,514.		5,538.	2,976.
c ANNUAL APPEAL	8,347.	850.		7,497.
d TELEPHONE/INTERNET/WEB	6,703.	4,781.	1,922.	
e All other expenses	6,622.	1,174.	5,448.	
25 Total functional expenses. Add lines 1 through 24e	1,497,028.	1,192,713.	249,899.	54,416.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance 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
Assets	1 Cash - non-interest-bearing	708,724.	1	1,003,644.
	2 Savings and temporary cash investments	1,139,345.	2	534,439.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	16,113.	9	0.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 52,780.		
	b Less: accumulated depreciation	10b 41,342.	9,857.	10c 11,438.
	11 Investments - publicly traded securities	9,456,905.	11	9,986,971.
	12 Investments - other securities. See Part IV, line 11	5,176,220.	12	5,087,155.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	5,001.	15	2,006.
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,512,165.	16	16,625,653.	
Liabilities	17 Accounts payable and accrued expenses	15,211.	17	14,625.
	18 Grants payable	2,600.	18	7,150.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	17,811.	26	21,775.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,703,828.	27	8,061,107.
	28 Temporarily restricted net assets	8,790,526.	28	8,542,771.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	16,494,354.	33	16,603,878.	
34 Total liabilities and net assets/fund balances	16,512,165.	34	16,625,653.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,945,618.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,497,028.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,448,590.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,494,354.
5	Net unrealized gains (losses) on investments	5	<1,339,066.>
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,603,878.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <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.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
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			
b	Were the organization's financial statements audited by an independent accountant?	X	
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			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
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 (2015)

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.

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

OMB No. 1545-0047

2015

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 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	712,538.	1,346,091.	928,961.	989,786.	1,560,422.	5,537,798.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	712,538.	1,346,091.	928,961.	989,786.	1,560,422.	5,537,798.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						311,545.
6 Public support. Subtract line 5 from line 4.						5,226,253.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	712,538.	1,346,091.	928,961.	989,786.	1,560,422.	5,537,798.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	481,353.	438,641.	379,081.	492,960.	521,039.	2,313,074.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						7,850,872.

12 Gross receipts from related activities, etc. (see instructions) **12**

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	66.57 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	63.56 %

16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 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.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.			
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.			
2a			
2b			
3a			
3b			

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. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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).		

Schedule A (Form 990 or 990-EZ) 2015

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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.)

UNUSUAL CONTRIBUTIONS:

UNUSUAL CONTRIBUTIONS EXCLUDED FROM PART II, SECTION A, LINE 1 ARE:

2013 \$500,000

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

NEW CANAAN COMMUNITY FOUNDATION, INC

Employer identification number

06-0970466

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization	Employer identification number
NEW CANAAN COMMUNITY FOUNDATION, INC	06-0970466

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE BRIAR FOUNDATION 32 BONNIE BRIAR LANE LARCHMONT, NY 10538	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	A.B.C. OF NEW CANAAN POST OFFICE BOX 355 NEW CANAAN, CT 06840	\$ 250,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	JIM AND DEDE BARTLETT 643 OENOKE RIDGE ROAD NEW CANAAN, CT 06840	\$ 55,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NEW CANAAN LAND TRUST PO BOX 425 NEW CANAAN, CT 06840	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	JAMES AND SUSAN DUNNING 187 BENEDICT HILL ROAD NEW CANAAN, CT 06840	\$ 125,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	MEALS ON WHEELS OF NEW CANAAN PO BOX 321 NEW CANAAN, CT 06840	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW CANAAN COMMUNITY FOUNDATION, INC	Employer identification number 06-0970466
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NEW CANAAN BOARD OF REALTORS 69 GROVE STREET NEW CANAAN, CT 06840	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NEW CANAAN COMMUNITY FOUNDATION, INC	Employer identification number 06-0970466
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization NEW CANAAN COMMUNITY FOUNDATION, INC	Employer identification number 06-0970466
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

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	36	
2 Aggregate value of contributions to (during year)	135,257.	
3 Aggregate value of grants from (during year)	156,730.	
4 Aggregate value at end of year	3,972,337.	
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"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of 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 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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	15,730,140.	15,830,017.	14,047,834.	12,297,007.	12,953,288.
b Contributions	748,861.	864,851.	957,051.	1,397,041.	731,302.
c Net investment earnings, gains, and losses	<95,933.>	634,607.	2,233,602.	1,664,121.	<98,083.>
d Grants or scholarships	997,593.	1,199,176.	1,040,691.	903,007.	903,230.
e Other expenditures for facilities and programs	350,365.	400,159.	367,779.	407,328.	386,270.
f Administrative expenses					
g End of year balance	15,035,110.	15,730,140.	15,830,017.	14,047,834.	12,297,007.

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

- a Board designated or quasi-endowment 43.00 %
- b Permanent endowment %
- c Temporarily restricted endowment 57.00 %

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		52,780.	41,342.	11,438.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				11,438.

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	5,087,155.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	5,087,155.	

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	652,928.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	<1,339,066.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	22,257.
e	Add lines 2a through 2d	2e	<1,316,809.>
3	Subtract line 2e from line 1	3	1,969,737.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	146,327.
b	Other (Describe in Part XIII.)	4b	829,554.
c	Add lines 4a and 4b	4c	975,881.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,945,618.

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

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

1	Total expenses and losses per audited financial statements	1	1,347,958.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	22,257.
e	Add lines 2a through 2d	2e	22,257.
3	Subtract line 2e from line 1	3	1,325,701.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	146,327.
b	Other (Describe in Part XIII.)	4b	25,000.
c	Add lines 4a and 4b	4c	171,327.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,497,028.

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 22,257.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND CONTRIBUTIONS 859,596.

AGENCY FUND INVESTMENT GAIN/LOSS -30,042.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 829,554.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED AGAINST REVENUE 22,257.

Part XIII Supplemental Information (continued)

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GRANTS FROM AGENCY FUNDS 25,000.

Multiple horizontal lines for supplemental information.

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))
		SPIRIT OF NEW CANAAN LUNCHEON (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	77,766.			77,766.
	2 Less: Contributions	38,586.			38,586.
	3 Gross income (line 1 minus line 2)	39,180.			39,180.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,823.			9,823.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	12,434.			12,434.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				22,257.
11 Net income summary. Subtract line 10 from line 3, column (d)				16,923.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<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 ► CYNTHIA GOREY

Address ► 111 CHERRY STREET - NEW CANAAN, CT 06840

- 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).

**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.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

**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.

1 (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
SEE ATTACHMENT 1			826,348.	0.	FMV		

- 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) (2015)

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 non-cash assistance
SCHOLARSHIPS	0	0.	170,950.	FMV	
GRANTS TO INDIVIDUALS	0	0.	25,295.	FMV	

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 GRANT FUNDS FROM THE NEW CANAAN COMMUNITY FOUNDATION (NCCF) MUST COMPLETE A GRANT FOLLOW-UP REPORT WHEN THE FUNDS ARE SPENT, OR WITH THEIR REQUEST FOR FUNDING FOR THE CURRENT YEAR. THIS REPORT IS PROVIDED TO ALL GRANT RECIPIENTS WITH THEIR ORIGINAL GRANT AWARD LETTER, EXPLAINING THE REQUIREMENT, AND THIS REQUIREMENT IS ALSO NOTED IN THE GRANT GUIDELINES RECEIVED. THE REPORT INCLUDES THE FOLLOWING QUESTIONS:

Part IV Supplemental Information

CAPITAL PROJECT UPDATE

1. WAS THE PROJECT COMPLETED ON TIME AND ON BUDGET?

2. WHAT DIFFERENCE HAS IT MADE TO YOUR ORGANIZATION AND THE PEOPLE YOU SERVE?

PROGRAM/PROJECT UPDATE

1. DESCRIBE THE TARGET POPULATION AND WHAT CHANGE THIS PROGRAM/PROJECT HAS MADE IN THEIR LIVES.

2. PLEASE CITE NUMBER OF PEOPLE THE PROGRAM/PROJECT SERVED AND HOW FREQUENTLY (MONTHLY, WEEKLY, DAILY).

3. HOW HAS THIS PROGRAM/PROJECT SPECIFICALLY ADDRESSED THE UNDERLYING CONDITIONS CONTRIBUTING TO YOUR CLIENTS' NEEDS?

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?

IF YOU RECEIVED NCCF FEEDBACK/COMMENTS IN PRIOR YEARS, WHAT MEANINGFUL STEPS WERE TAKEN TO ADDRESS THOSE RECOMMENDATIONS?

IS THERE ANYTHING ELSE YOU WANT US TO KNOW ABOUT THE IMPACT OF OUR GRANT ON YOUR ORGANIZATION?

Part IV Supplemental Information

THE REPORT IS ALSO AVAILABLE ON THE NCCF WEBSITE. THIS REQUIREMENT IS
 CLEARLY DESCRIBED IN THE DETAILED NCCF GRANT GUIDELINES. GRANT RECIPIENT
 FILES ARE AUDITED FOR COMPLETENESS WHEN ANY NEW GRANT APPLICATION IS
 RECEIVED, AS WELL AS ON A PERIODIC BASIS, TO ENSURE COMPLIANCE WITH THIS
 REQUIREMENT.

IN ADDITION, THE EXECUTIVE DIRECTOR 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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization **NEW CANAAN COMMUNITY FOUNDATION, INC** Employer identification number **06-0970466**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10	71,092.	FMV OF STOCK WHEN SOLD
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (OTHER IN-KIND)	X	18	9,593.	FMV
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2015)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization NEW CANAAN COMMUNITY FOUNDATION, INC	Employer identification number 06-0970466
--	--

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER EFFORTS RELATED TO PROMOTING COMMUNITY PHILANTHROPY,

UNDERSTANDING AND MEETING COMMUNITY NEED, PROVIDING DONOR SERVICES,

SUPPORTING LOCAL NON-PROFITS, AND EDUCATIONAL OUTREACH.

EXPENSES \$ 234,260. INCLUDING GRANTS OF \$ 204,010. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

NEW CANAAN COMMUNITY FOUNDATION, INC. AMMENDED THEIR BYLAWS ON FEBRUARY 12,

2015 FOR THE FOLLOWING CHANGES:

ADDED DIRECTOR EXTENSION: "TERM EXTENSION. UPON COMPLETION OF A DIRECTOR'S

TWO FULL TERMS, THE BOARD MAY DETERMINE THAT THE CONTINUATION OF SUCH

DIRECTOR IS IN THE BEST INTEREST OF THE CORPORATION AT THAT TIME. IN SUCH

CASES THE BOARD, IN ITS SOLE DISCRETION, MAY APPOINT SAID DIRECTOR FOR AN

ADDITIONAL PERIOD UP TO BUT NOT EXCEEDING THREE YEARS, PROVIDED THE TOTAL

NUMBER OF DIRECTORSHIPS DOES NOT EXCEED TWENTY-FIVE."

REMOVED THE NOMINATING COMMITTEE: "NOMINATING COMMITTEE. THE NOMINATING

COMMITTEE SHALL CONSIST OF FIVE DIRECTORS. THE PRESIDENT SHALL NOT BE

ELIGIBLE TO SERVE ON THE NOMINATING COMMITTEE. THE NOMINATING COMMITTEE

SHALL PREPARE RECOMMENDED ANNUAL SLATES OF CANDIDATES TO SERVE AS

DIRECTORS, OFFICERS, MEMBERS OF THE EXECUTIVE COMMITTEE, THE NOMINATING

COMMITTEE, THE GIFT ACCEPTANCE COMMITTEE, THE DEVELOPMENT COMMITTEE, AND

THE FINANCE COMMITTEE, AND SUCH OTHER COMMITTEES ASSISTING IN THE

GOVERNANCE OF THE CORPORATION AS THE BOARD MAY DIRECT. IN PREPARING ITS

RECOMMENDED SLATE OF CANDIDATES TO SERVE AS DIRECTORS, THE NOMINATING

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

Name of the organization NEW CANAAN COMMUNITY FOUNDATION, INC	Employer identification number 06-0970466
--	--

COMMITTEE SHALL CONSIDER EACH INDIVIDUAL'S KNOWLEDGE OF THE COMMUNITY OF
 NEW CANAAN AS WELL AS APPROPRIATE SOCIO-DEMOGRAPHIC CRITERIA SUCH THAT THE
 RECOMMENDED CANDIDATES SHALL BE AS REPRESENTATIVE OF THE NEW CANAAN
 COMMUNITY-AT-LARGE AS IS FEASIBLE. A MEMBER OF THE NOMINATING COMMITTEE
 WHO SEEKS TO SERVE AS AN OFFICER OR AS A MEMBER OF THE EXECUTIVE COMMITTEE
 SHALL NOT PARTICIPATE IN ANY DELIBERATION RELATING TO THE NOMINATION OF
 CANDIDATES FOR THE APPLICABLE POSITION."

INSTITUTED THE GOVERNANCE AND BOARD DEVELOPMENT COMMITTEE: "GOVERNANCE AND
 BOARD DEVELOPMENT COMMITTEE. THE GOVERNANCE AND BOARD DEVELOPMENT
 COMMITTEE SHALL CONSIST OF FIVE DIRECTORS. THIS COMMITTEE MAY, FROM TIME
 TO TIME, INCLUDE NON-BOARD MEMBERS WITH SPECIFIC EXPERTISE NECESSARY TO THE
 ROLE OF THE COMMITTEE, IN WHICH CASE THE COMMITTEE SHALL FUNCTION IN AN
 ADVISORY CAPACITY TO THE BOARD. THE PRESIDENT SHALL NOT BE ELIGIBLE TO
 SERVE ON THE GOVERNANCE AND BOARD DEVELOPMENT COMMITTEE. THE EXECUTIVE
 DIRECTOR SHALL ATTEND ALL MEETINGS OF THE GOVERNANCE AND BOARD DEVELOPMENT
 COMMITTEE BUT SHALL NOT HAVE A VOTE AND SHALL NOT COUNT IN DETERMINING A
 QUORUM. THE GOVERNANCE AND BOARD DEVELOPMENT COMMITTEE SHALL PREPARE
 RECOMMENDED ANNUAL SLATES OF CANDIDATES TO SERVE AS DIRECTORS, OFFICERS,
 MEMBERS OF THE EXECUTIVE COMMITTEE, THE GOVERNANCE AND BOARD DEVELOPMENT
 COMMITTEE, THE GIFT ACCEPTANCE COMMITTEE, THE DEVELOPMENT COMMITTEE, AND
 THE FINANCE COMMITTEE, AND SUCH OTHER COMMITTEES ASSISTING IN THE
 GOVERNANCE OF THE CORPORATION AS THE BOARD MAY DIRECT. IN PREPARING ITS
 RECOMMENDED SLATE OF CANDIDATES TO SERVE AS DIRECTORS, THE GOVERNANCE AND
 BOARD DEVELOPMENT COMMITTEE SHALL CONSIDER EACH INDIVIDUAL'S KNOWLEDGE OF
 THE COMMUNITY OF NEW CANAAN AS WELL AS APPROPRIATE SOCIO-DEMOGRAPHIC
 CRITERIA SUCH THAT THE RECOMMENDED CANDIDATES SHALL BE AS REPRESENTATIVE OF
 THE NEW CANAAN COMMUNITY-AT-LARGE AS IS FEASIBLE. A MEMBER OF THE

Name of the organization NEW CANAAN COMMUNITY FOUNDATION, INC	Employer identification number 06-0970466
--	--

GOVERNANCE AND BOARD DEVELOPMENT COMMITTEE WHO SEEKS TO SERVE AS AN OFFICER OR AS A MEMBER OF THE EXECUTIVE COMMITTEE SHALL NOT PARTICIPATE IN ANY DELIBERATION RELATING TO THE NOMINATION OF CANDIDATES FOR THE APPLICABLE POSITION.

THE GOVERNANCE AND BOARD DEVELOPMENT COMMITTEE SHALL ALSO REVIEW THE GOVERNING DOCUMENTS OF THE FOUNDATION ANNUALLY TO ENSURE THAT THE DOCUMENTS ARE CURRENT AND THAT THE FOUNDATION IS IN COMPLIANCE WITH ALL APPLICABLE REQUIREMENTS. IF ANY GOVERNANCE DOCUMENTS ARE DETERMINED TO REQUIRE UPDATING, THIS COMMITTEE SHALL UNDERTAKE THAT EFFORT. IN ADDITION, THE GOVERNANCE AND BOARD DEVELOPMENT COMMITTEE SHALL WORK WITH THE EXECUTIVE DIRECTOR TO SUPPORT THE EDUCATIONAL NEEDS OF THE BOARD OF DIRECTORS. SPECIFICALLY, THIS COMMITTEE MAY COORDINATE EDUCATIONAL PRESENTATIONS TO BE MADE AT REGULAR MEETINGS OF THE BOARD OF DIRECTORS ON TOPICS OF INTEREST TO THE DIRECTORS OR DEEMED IMPORTANT BY THE LEADERSHIP IN FURTHERANCE OF THE FOUNDATION'S MISSION."

ABILITY FOR THE BOARD TO HAVE MULTIPLE VICE PRESIDENTS AND THEIR RESPONSIBILITIES: OFFICERS, APPOINTMENT, TERM AND VACANCIES. THE OFFICERS OF THE CORPORATION SHALL CONSIST OF A PRESIDENT, ONE OR MORE VICE PRESIDENTS, A SECRETARY AND A TREASURER, EACH OF WHOM SHALL BE A MEMBER OF THE BOARD. OTHER OFFICERS MAY BE ELECTED BY THE BOARD AND NEED NOT BE MEMBERS OF THE BOARD...VICE PRESIDENT. IT SHALL BE THE DUTY OF A VICE PRESIDENT, IN THE ABSENCE OF THE PRESIDENT, TO PERFORM THE PRESIDENT'S DUTIES. IF THE BOARD ELECTS MORE THAN ONE VICE PRESIDENT, THE BOARD SHALL DESIGNATE THE ORDER WITHIN WHICH EACH VICE PRESIDENT SHALL SUCCEED TO THE DUTIES OF THE PRESIDENT IN SUCH ABSENCE. IF NO ORDER HAS BEEN DESIGNATED, THE ORDER OF SUCCESSION SHALL BE THE ORDER WITHIN WHICH EACH VICE PRESIDENT WAS ELECTED. EACH VICE PRESIDENT SHALL ALSO PERFORM SUCH OTHER DUTIES AS

Name of the organization NEW CANAAN COMMUNITY FOUNDATION, INC	Employer identification number 06-0970466
--	--

MAY BE ASSIGNED TO HIM OR HER BY THE BOARD OR THE PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 11:

THE DRAFT 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR, BOOKKEEPER, AND THE
TREASURER OF THE BOARD OF DIRECTORS, PRIOR TO APPROVAL. THE FINAL 990 IS
PRESENTED TO THE FINANCE 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
EXECUTIVE DIRECTOR AND TREASURER AT A REGULAR BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR, AS PART OF THE GRANT ALLOCATION PROCESS, THE EXECUTIVE DIRECTOR
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 PRESIDENT 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:

Name of the organization NEW CANAAN COMMUNITY FOUNDATION, INC	Employer identification number 06-0970466
--	--

DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION IN THE FOUNDATION'S OFFICE,
AND THIS AVAILABILITY IS MENTIONED IN OUR ANNUAL REPORT AND ON OUR WEBSITE.

FORM 990, PART XII, LINE 2C:

THE FINANCE COMMITTEE IS RESPONSIBLE FOR OVERSIGHT OF THE AUDIT OF THE
FOUNDATION'S FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT
ACCOUNTANT.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	NEW CANAAN COMMUNITY FOUNDATION, INC	06-0970466
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	111 CHERRY STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NEW CANAAN, CT 06840	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CYNTHIA GOREY

- The books are in the care of ▶ 111 CHERRY STREET - NEW CANAAN, CT 06840
Telephone No. ▶ (203)966-0231 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2016, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2015 or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

New Canaan Community Foundation, Inc.
ATTACHMENT 1 TO FORM 990
December 31, 2015
EIN 06-0970466

Attachment 1

Grant Recipients	Community Impact Fund Grant Amount	Other Funds	Total
A.B.C. of New Canaan	10,000	1,000	11,000
Abilis Inc.	5,000		5,000
American Red Cross, NC Chapter	4,000		4,000
Americares Free Clinics			-
Arts for Healing	8,000	8,100	16,100
Audubon Connecticut	5,000		5,000
Belmont University	100		100
Bucknell University		7,500	7,500
Camp Horizons	250	5,000	5,250
Career Resources	3,500		3,500
Carriage Barn/New Canaan Society for the Arts	3,000		3,000
Carver Foundation of Norwalk	7,975	1,000	8,975
Catherine Violet Hubbard Foundation, Inc.		500	500
Center for Contemporary Printmaking	19,000		19,000
Child Advocates of CT	5,000	1,000	6,000
Child Guidance Center of Mid-Fairfield Cty	9,000		9,000
Child Guidance Center of Southern CT	10,000	890	10,890
Childcare Learning Centers, Inc.	20,000	2,000	22,000
Children's Center of the Stanford Community	4,000	500	4,500
Childrens Connection	4,000	2,000	6,000
Church Hill Activities and Tutoring		5,000	5,000
Circle of Care for Families with Cancer		7,500	7,500
Connecticut Yankee Council	2,500		2,500
Council on Foundations	1,050		1,050
Credit Card Grants	203		203
CT Council for Philanthropy	5,250		5,250
Cultural Alliance of Fairfield County	3,000		3,000
Dartmouth Alumni Fund		1,000	1,000
Domestic Violence Crisis Center	25,000	1,000	26,000
Domus Kids	20,000	1,000	21,000
Earthplace, Nature Discovery Center	6,090		6,090
ElderHouse	8,000		8,000
Esalen Institute		500	500
Exchange Club Center for Prevention Child Abuse	16,000	1,000	17,000
Fairfield County Hospice House	4,000		4,000
Family and Children's Agency	18,000		18,000
Family Centers	18,000	500	18,500
Family ReEntry	3,500		3,500
Filling in the Blanks	100		100
Future 5 Inc.		1,250	1,250
Getabout, Inc.	25,000	2,000	27,000
Harvard College		500	500
Heifer International	20		20
Horizons National		2,000	2,000
Horizons Student Enrichment Program	7,000	1,500	8,500
Inspirica	30,000	2,000	32,000
International Institute of Connecticut	3,000		3,000

Kids in Crisis		7,000	7,000
L & R Stairlifts	14,000		14,000
Laurel House	12,075		12,075
Liberation Programs, Inc.	5,000		5,000
Lyme Research Alliance, Inc.		250	250
Lyndon State College	250		250
Meals-on-Wheels of New Canaan	3,000	1,000	4,000
Mercy Learning Center	9,000	3,000	12,000
Mill Reef Fund		500	500
NC Rams All Sports Booster Club	250		250
Neighbors Link Stamford	7,500	2,000	9,500
New Beginnings Family Academy		2,000	2,000
New Canaan Cares	9,750	1,500	11,250
New Canaan Chamber Charitable Foundation, Inc.	250		250
New Canaan Chamber of Commerce	125		125
New Canaan Community Foundation	250		250
New Canaan Fire Co. #1		1,000	1,000
New Canaan High School		250	250
New Canaan Land Trust	10,500	2,500	13,000
New Canaan Library	2,575	1,500	4,075
New Canaan Mounted Troop	5,000	500	5,500
New Canaan Nature Center	10,500		10,500
New Canaan Town Players		500	500
New Canaan Volunteer Ambulance Corps		1,000	1,000
New Canaan YMCA	50,000	250	50,250
Norwalk Community College Foundation, Inc.	6,000		6,000
Norwalk Grassroots Tennis Program	8,000		8,000
Norwalk Symphony Orchestra	5,000		5,000
Open Door Shelter	11,000	2,000	13,000
Person to Person	3,500	7,000	10,500
Pivot Ministries	2,325	1,675	4,000
Post 653, New Canaan VFW	250		250
REACH Prep, Inc.	6,000		6,000
Riley Children's Foundation	50		50
Rotary Club of New Canaan	95		95
Saint Catherine Academy	4,000		4,000
Saint Luke's Parish		5,000	5,000
Schoolhouse Apartments	6,000		6,000
Sexual Assault Crisis and Education Center	4,000		4,000
Shakespeare on the Sound	3,000		3,000
Shelter for the Homeless	15,000		15,000
Silver Hill Hospital	5,000	250	5,250
Silvermine Guild Arts Center	7,500		7,500
South Avenue Cottage	150	12,000	12,150
Spruce Peak Performing Arts Center		10,500	10,500
St. Lawrence University		500	500
Stamford Museum & Nature Center	3,500		3,500
Stamford Symphony Orchestra	2,500	750	3,250
STAR	25,000	10,000	35,000
Staying Put in New Canaan	5,000	2,450	7,450
Stepping Stones Museum for Children		4,000	4,000
Summer Theatre of New Canaan	10,000	5,000	15,000
Taft School Corporation		500	500
Technoserve Inc.		5,000	5,000
The Congregational Church of New Canaan		1,000	1,000
The Mikey Czech Foundation	50		50
The Tiny Miracles Foundation	2,500		2,500

The Workplace, Inc.	6,000		6,000
The Young Mariners Foundation	2,000		2,000
Town Players of New Canaan		25,000	25,000
United Way of Western CT		2,000	2,000
University of California Berkeley Foundation		500	500
VFW Foundation		250	250
Visiting Nurse & Hospice of Fairfield County	6,000	7,000	13,000
Voices of September 11th	10,000		10,000
Waveny LifeCare Network	14,900	8,100	23,000
Wellness in the Schools		1,000	1,000
Wildlife in Crisis	2,750	1,250	4,000
Woodway Scholarship Fund		1,000	1,000
Wounded Warrior Project Inc.		1,000	1,000
2015 Grants	\$ 630,633	\$ 195,715	\$ 826,348
Sapienza Scholarship Program		170,950	170,950
Grants to Individuals		25,295	25,295
Net grants and scholarships for 2015	\$ 630,633	\$ 391,960	\$ 1,022,593