

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

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.		D Employer identification number 06-0970466
	Doing business as		E Telephone number (203)966-0231
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	111 CHERRY STREET		G Gross receipts \$ 3,525,847.
	City or town, state or province, country, and ZIP or foreign postal code NEW CANAAN, CT 06840		
F Name and address of principal officer: LAUREN PATTERSON SAME AS C ABOVE		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: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.NEWCANAANCF.ORG**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1977** **M** State of legal domicile: **CT**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: NEW CANAAN COMMUNITY FOUNDATION ADDRESSES OUR COMMUNITY'S NEEDS BY PROVIDING LEADERSHIP ON LOCAL		
	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	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	5
	6 Total number of volunteers (estimate if necessary)	6	145
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,254,916.	2,162,374.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,800.	2,700.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,251,361.	782,777.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	107,363.	-32,182.
		4,615,440.	2,915,669.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,604,063.	1,925,904.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	394,053.	396,975.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	135,679.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	550,355.	362,698.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,548,471.	2,685,577.	
19 Revenue less expenses. Subtract line 18 from line 12	1,066,969.	230,092.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	23,646,797.	25,768,610.
	22 Net assets or fund balances. Subtract line 21 from line 20	206,492.	250,791.
		23,440,305.	25,517,819.

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		Date		
	LAUREN PATTERSON, PRESIDENT & CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARY KAY CURTISS		11/10/23	<input checked="" type="checkbox"/>	P01551484
Preparer Use Only	Firm's name	Firm's EIN		Phone no.	
	CLIFTONLARSONALLEN LLP	41-0746749		(860) 561-4000	
	Firm's address				
	29 SOUTH MAIN STREET, 4TH FLOOR WEST HARTFORD, CT 06107				

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: NEW CANAAN COMMUNITY FOUNDATION ADDRESSES OUR COMMUNITY'S NEEDS BY PROVIDING LEADERSHIP ON LOCAL ISSUES, MAKING IMPACTFUL GRANTS, AND FACILITATING NEW CANAAN'S EFFECTIVE CHARITABLE GIVING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 2,156,189. including grants of \$ 1,711,868.) (Revenue \$) GRANTS ARE MADE TO SUPPORT CAPITAL, PROGRAM AND OPERATING NEEDS OF LOCAL NONPROFIT ORGANIZATIONS.

4b (Code:) (Expenses \$ 244,084. including grants of \$ 193,786.) (Revenue \$) GRANTS ARE MADE TO PROVIDE SCHOLARSHIP ASSISTANCE FOR NEW CANAAN RESIDENTS WITH FINANCIAL NEED. GRANTS ARE ALSO MADE TO NONPROFIT ORGANIZATIONS TO SUPPORT THEIR SCHOLARSHIP EFFORTS.

4c (Code:) (Expenses \$ 25,505. including grants of \$ 20,250.) (Revenue \$ 2,700.) THE YOUNG PHILANTHROPISTS PROGRAM WORKS DURING THE SCHOOL YEAR WITH HIGH SCHOOL AGED STUDENTS LIVING OR GOING TO SCHOOL IN NEW CANAAN. STUDENTS LEARN ABOUT NONPROFIT ORGANIZATIONS, LOCAL ISSUES, AND COMMUNITY PHILANTHROPY, AND AWARD GRANTS TO SELECT NONPROFIT ORGANIZATIONS.

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

4e Total program service expenses 2,425,778.

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> ? See instructions	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 Rev. Proc. 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 donor-restricted endowments or in 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> See instructions		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
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	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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 on 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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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 (20); 1b Enter the number of voting members included on line 1a, above, who are independent (20); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 on Schedule O (X).

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? (X); 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? (X); 11b Describe on 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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 (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
Own website Another's website [X] Upon request Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
LAUREN PATTERSON - (203)966-0231
111 CHERRY ST, 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAUREN PATTERSON PRESIDENT & CEO	40.00			X			124,394.	0.	13,255.	
(2) JEFFREY WILLIAMS CHAIR	5.00	X		X			0.	0.	0.	
(3) AARON COOPER VICE CHAIR	5.00	X		X			0.	0.	0.	
(4) JIM CLAYTON TREASURER	5.00	X		X			0.	0.	0.	
(5) ELIZABETH CAHILL SECRETARY	5.00	X		X			0.	0.	0.	
(6) ALEX GRANTCHAROV DIRECTOR	2.00	X					0.	0.	0.	
(7) CHRIS SCHIPPER DIRECTOR	2.00	X					0.	0.	0.	
(8) DAN HARRIS DIRECTOR	2.00	X					0.	0.	0.	
(9) DAN RASHIN DIRECTOR	2.00	X					0.	0.	0.	
(10) EILEEN BOYD DIRECTOR	2.00	X					0.	0.	0.	
(11) ERICA SCHWEDEL DIRECTOR	2.00	X					0.	0.	0.	
(12) FRANK FETCHET DIRECTOR	2.00	X					0.	0.	0.	
(13) JAYNE BENTON DIRECTOR	2.00	X					0.	0.	0.	
(14) JOHN SHEFFIELD DIRECTOR	2.00	X					0.	0.	0.	
(15) KAREN MACTAS DIRECTOR	2.00	X					0.	0.	0.	
(16) KRISTINA WOODS DIRECTOR	2.00	X					0.	0.	0.	
(17) LAURA DOBBIN 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MONICA CHIMERA DIRECTOR	2.00	X						0.	0.	0.
(19) ROSS WEINER DIRECTOR	2.00	X						0.	0.	0.
(20) SARA SCHUBERT DIRECTOR	2.00	X						0.	0.	0.
(21) SUZANNE HARRISON DIRECTOR	2.00	X						0.	0.	0.
1b Subtotal								124,394.	0.	13,255.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								124,394.	0.	13,255.

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

	Yes	No
3 Did the organization list any former officer, director, 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	113,164.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,049,210.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 204,635.			
	h	Total. Add lines 1a-1f		2,162,374.			
Program Service Revenue	2 a	YPF PROGRAM REVENUE	Business Code				
			561499	2,700.	2,700.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		2,700.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		777,113.		777,113.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	564,236.			
	c	Gain or (loss)	7c	558,572.			
d	Net gain or (loss)		5,664.		5,664.		
8 a	Gross income from fundraising events (not including \$ 113,164. of contributions reported on line 1c). See Part IV, line 18	8a		19,424.			
			8b	51,606.			
c	Net income or (loss) from fundraising events		-32,182.		-32,182.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
			9b				
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
			10b				
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		2,915,669.	2,700.	0.	750,595.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,892,818.	1,892,818.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	33,086.	33,086.		
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	159,428.	115,740.	10,628.	33,060.
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	174,717.	126,843.	11,654.	36,220.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,394.	13,354.	1,227.	3,813.
9 Other employee benefits	20,896.	15,170.	1,394.	4,332.
10 Payroll taxes	23,540.	17,090.	1,570.	4,880.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,410.		4,410.	
c Accounting	54,792.		54,792.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,907.		8,907.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	77,551.	56,288.	4,941.	16,322.
12 Advertising and promotion	12,247.	9,049.	378.	2,820.
13 Office expenses	19,447.	11,364.	7,236.	847.
14 Information technology				
15 Royalties				
16 Occupancy	47,448.	34,447.	3,165.	9,836.
17 Travel	977.	709.	65.	203.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,158.	9,221.		937.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,077.	2,234.	205.	638.
23 Insurance	7,319.		7,319.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FUND EXPENSE	57,307.	57,307.		
b FEES & LICENSES	21,192.	14,017.	2,523.	4,652.
c ANNUAL APPEAL	17,439.	4,360.		13,079.
d OTHER FUNDRAISING EXPEN	8,191.	6,143.		2,048.
e All other expenses	12,236.	6,538.	3,706.	1,992.
25 Total functional expenses. Add lines 1 through 24e	2,685,577.	2,425,778.	124,120.	135,679.
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 <input type="checkbox"/> 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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	62,193.	1	453,022.
	2 Savings and temporary cash investments	756,950.	2	410,297.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,222.	9	20,138.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 31,999.		
	b Less: accumulated depreciation	10b 29,528.	10c	2,471.
	11 Investments - publicly traded securities	17,747,855.	11	19,278,809.
	12 Investments - other securities. See Part IV, line 11	5,015,023.	12	5,537,508.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	58,006.	15	66,365.
16 Total assets. Add lines 1 through 15 (must equal line 33)	23,646,797.	16	25,768,610.	
Liabilities	17 Accounts payable and accrued expenses	68,717.	17	35,062.
	18 Grants payable	137,775.	18	167,450.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	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	0.	25	48,279.
	26 Total liabilities. Add lines 17 through 25	206,492.	26	250,791.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,688,998.	27	11,832,103.
	28 Net assets with donor restrictions	12,751,307.	28	13,685,716.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	23,440,305.	32	25,517,819.
33 Total liabilities and net assets/fund balances	23,646,797.	33	25,768,610.	

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	2,915,669.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,685,577.
3	Revenue less expenses. Subtract line 2 from line 1	3	230,092.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	23,440,305.
5	Net unrealized gains (losses) on investments	5	1,780,431.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	66,991.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	25,517,819.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on 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 Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2022)

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1829619.	3458067.	2558590.	3254916.	2162374.	13263566.
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	1829619.	3458067.	2558590.	3254916.	2162374.	13263566.
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)						2271626.
6 Public support. Subtract line 5 from line 4.						10991940.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1829619.	3458067.	2558590.	3254916.	2162374.	13263566.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	688,534.	507,416.	722,535.	1044303.	777,113.	3739901.
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						17003467.
12 Gross receipts from related activities, etc. (see instructions)					12	53,745.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	64.65 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	62.44 %
16a 33 1/3% support test - 2022. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on 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 5 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 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 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 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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).		

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

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.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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 doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization NEW CANAAN COMMUNITY FOUNDATION, INC.	Employer identification number 06-0970466
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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	 <hr/> <hr/> <hr/>	\$ <u>200,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>100,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>57,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>75,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>51,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>50,000.</u>	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
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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	<hr/> <hr/> <hr/>	\$ <u>49,612.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	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
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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
7	SEE STATEMENT 1 _____ _____ _____	\$ 49,612.	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

7/13/2023:025 SHARES OF APPLE INC. (AAPL) - \$3,643.17 050 SHARES OF NVIDIA
CORP (NVDA) - \$7,756.32 09/23/2022:0150 SHARES OF APPLE INC (AAPL) -
\$22,643.48 12/16/2022: 50 SHARES OF APPLE INC. (AAPL) - \$7,265.83
4/20/2023: 50 SHARES OF APPLE INC (AAPL) - \$8,303.43

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

2022

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	48	5
2 Aggregate value of contributions to (during year)	347,638.	40,931.
3 Aggregate value of grants from (during year)	956,649.	6,550.
4 Aggregate value at end of year	7,219,170.	121,874.
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 (for example, 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 July 25, 2006, 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

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

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

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

Schedule D (Form 990) 2022

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 make 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 program
 - 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	19,978,879.	24,424,026.	19,241,241.	17,167,493.	16,789,002.
b Contributions	2,163,057.	2,617,504.	2,186,063.	3,313,427.	1,607,519.
c Net investment earnings, gains, and losses	2,217,146.	-3,713,553.	5,464,728.	1,049,679.	805,461.
d Grants or scholarships	2,084,035.	2,604,227.	1,931,663.	1,802,819.	1,544,495.
e Other expenditures for facilities and programs	654,350.	744,871.	536,343.	486,539.	489,994.
f Administrative expenses					
g End of year balance	21,620,697.	19,978,879.	24,424,026.	19,241,241.	17,167,493.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 36.9000 %
 - b Permanent endowment _____ %
 - c Term endowment 63.1000 %
- 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:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- 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	31,999.		29,528.	2,471.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,471.

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	5,537,508.	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.)	5,537,508.	

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) RIGHT-OF-USE LIABILITY	48,279.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	48,279.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,311,876.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,780,431.
b	Donated services and use of facilities	2b	15,613.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	51,606.
e	Add lines 2a through 2d	2e	1,847,650.
3	Subtract line 2e from line 1	3	2,464,226.
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	8,907.
b	Other (Describe in Part XIII.)	4b	442,536.
c	Add lines 4a and 4b	4c	451,443.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,915,669.

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

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

1	Total expenses and losses per audited financial statements	1	2,743,889.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	15,613.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	51,606.
e	Add lines 2a through 2d	2e	67,219.
3	Subtract line 2e from line 1	3	2,676,670.
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	8,907.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	8,907.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,685,577.

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 NET WITH FUNDRAISING INCOME IN 990 51,606.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUND CONTRIBUTIONS 105,045.

AGENCY FUND INVESTMENT GAIN/LOSS 337,491.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 442,536.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NET WITH FUNDRAISING INCOME IN 990 51,606.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PHILANTHROPY LUNCHEON (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	132,588.		132,588.
	2	Less: Contributions	113,164.		113,164.
	3	Gross income (line 1 minus line 2)	19,424.		19,424.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	3,616.		3,616.
	7	Food and beverages	15,457.		15,457.
	8	Entertainment			
	9	Other direct expenses	32,533.		32,533.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-32,182.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A.B.C. OF NEW CANAAN POST OFFICE BOX 355 NEW CANAAN, CT 06840	23-7352164		10,400.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF AND GRANT TO SUPPORT WEBSITE REDESIGN
AMERICARES FREE CLINICS 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1422741		14,000.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF
BENTLEY UNIVERSITY STUDENT ACCOUNTS 175 FOREST STREET, RAUCH 132 - WALTHAM, MA 02452	04-1081650		7,500.	0.			RESTRICTED GRANT SCHOLARSHIP
BOSTON SYMPHONY ORCHESTRA 301 MASSACHUSETTS AVENUE BOSTON, MA 02115	04-2103550		20,000.	0.			GRANT RECOMMENDED BY DAF TO SUPPORT SENSORY FRIENDLY CONCERT
BRITISH SCHOOLS AND UNIVERSITIES FOUNDATION, INC. - 575 MADISON AVENUE SUITE 1006 - NEW YORK, NY 10022-2511	13-6161189		7,000.	0.			RESTRICTED GRANT SCHOLARSHIP
BUILDING ONE COMMUNITY - THE CENTER FOR IMMIGRANT OPPORTUNITY - 75 SELLECK STREET - STAMFORD, CT 06902	27-5024317		19,000.	0.			GRANT TO SUPPORT WORKFORCE DEVELOPMENT AND ACADEMIC ENRICHMENT PROGRAMS

- 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) 2022

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARRIAGE BARN/NEW CANAAN SOCIETY FOR THE ARTS - 681 SOUTH AVENUE - NEW CANAAN, CT 06840	06-0965395		7,100.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF AND TO SUPPORT PROGRAMMING INITIATIVES
CATHOLIC CHARITIES OF FAIRFIELD COUNTY - 238 JEWETT AVENUE - BRIDGEPORT, CT 06606			15,000.	0.			GRANT TO SUPPORT GENERAL OPERATING FOR NEW COVENANT CENTER AND TO SUPPORT SENIOR NUTRITION
CHILD GUIDANCE CENTER OF SOUTHERN CT - 103 WEST BROAD STREET - STAMFORD, CT 06902	06-0712058		20,000.	0.			GRANT TO SUPPORT HIGH-QUALITY MENTAL HEALTH SERVICES FOR CHILDREN AND TEENS IN NEW
CHILDREN'S LEARNING CENTERS OF FAIRFIELD COUNTY - 64 PALMER'S HILL ROAD - STAMFORD, CT 06902	06-0665191		7,500.	0.			GRANT TO SUPPORT NUTRITION PROGRAM
CHILDREN'S MUSEUM OF MANHATTAN 212 WEST 83RD STREET NEW YORK, NY 10024	13-2761376		14,500.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF
CLEVELAND CLINIC INDIAN RIVER HOSPITAL FOUNDATION - 1000 36TH STREET - VERO BEACH, FL 32960	59-0760215		10,000.	0.			GRANT RECOMMENDED BY DAF TO SUPPORT NEUROLOGY AND STROKE DEPARTMENT
CONNECTICUT INSTITUTE FOR REFUGEES AND IMMIGRANTS - 670 CLINTON AVENUE - BRIDGEPORT, CT 06605	06-0669118		9,000.	0.			GRANT TO SUPPORT STAMFORD IMMIGRATION LEGAL SERVICES
CONNECTICUT RISE NETWORK 700 STATE STREET SUITE 301 NEW HAVEN, CT 06511	81-4104274		20,000.	0.			UNRESTRICTED GRANT, AS RECOMMENDED BY A DONOR
EARTHPLACE, NATURE DISCOVERY CENTER - 10 WOODSIDE LANE POST OFFICE BOX 165 - WESTPORT, CT 06881	06-0740523		12,000.	0.			GRANT TO SUPPORT HARBOR WATCH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY & CHILDREN'S AGENCY 9 MOTT AVENUE NORWALK, CT 06850	06-0970985		12,000.	0.			GRANT TO SUPPORT HOME CARE PROGRAM
FIDELITY INVESTMENTS CHARITABLE GIFT FUND - P.O. BOX 770001 - CINCINNATI, OH 45277-0053	11-0303001		25,000.	0.			GRANT RECOMMENDED BY DAF TO SUPPORT GREAT CHARITY CHALLENGE
FILLING IN THE BLANKS 346 MAIN AVENUE, SUITE 3A NORWALK, CT 06851	46-4980002		8,000.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF AND GRANT TO SUPPORT WEEKEND MEAL PROGRAM
FOOD RESCUE US 1127 HIGH RIDGE ROAD, SUITE 338 STAMFORD, CT 06905	27-4486556		8,500.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF
FRANKLIN AND MARSHALL COLLEGE POST OFFICE BOX 3003 LANCASTER, PA 17604-3003	23-1352635		10,000.	0.			RESTRICTED GRANT SCHOLARSHIP
FUTURE 5 135 ATLANTIC STREET STAMFORD, CT 06901	46-2986201		15,100.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF, GRANT TO SUPPORT COLLEGE PREP, AND MEMORIAL GRANT
GRAND TETON NATIONAL PARK FOUNDATION - P.O. BOX 249 - MOOSE, WY 83012	83-0322668		25,000.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF
GRASSROOTS TENNIS & EDUCATION 11 INGALLS AVENUE NORWALK, CT 06854	06-1570097		9,000.	0.			GRANT TO SUPPORT GENERAL OPERATING
GREENWICH ALLIANCE FOR EDUCATION 48 MAPLE AVENUE SUITE 302 GREENWICH, CT 06830	20-4356460		13,349.	0.			GRANT RECOMMENDED BY DAF TO SUPPORT BROADCAST BOOTH

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARVARD BUSINESS SCHOOL CLUB OF CT COMMUNITY PARTNERS - 77 NORTH WATER STREET, APT C504 - NORWALK, CT 06854	20-1181444		10,000.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF
HORIZONS, INC. (CAMP HORIZONS) PO BOX 323 SOUTH WINDHAM, CT 06266	06-1013833		5,460.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF
HUMAN SERVICES COUNCIL 1 PARK STREET SUITE 2 NORWALK, CT 06851	06-6102160		7,500.	0.			GRANT TO SUPPORT THE CHILDREN'S CONNECTION ADVOCACY CENTER
ICAP C/O GEORGETOWN UNIVERSITY LAW CENTER - OFFICE OF ADVANCEMENT 600 NEW JERSEY AVENUE, NW - WASHINGTON, DC 20001	53-0196603		14,500.	0.			GRANT RECOMMENDED BY DAF TO SUPPORT ICAP
KIDS IN CRISIS ONE SALEM STREET COS COB, CT 06807	06-1027885		19,000.	0.			GRANT TO SUPPORT SAFE HAVEN FOR KIDS
LAUREL HOUSE 1616 WASHINGTON BOULEVARD STAMFORD, CT 06902	22-2511467		15,300.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF AND GRANT TO SUPPORT RTOR.ORG
LIVEGIRL 237 ELM STREET NEW CANAAN, CT 06840	81-0872133		10,500.	0.			GRANT RECOMMENDED BY DAF TO SUPPORT SHINE ON SCHOLARSHIP AND GRANT TO SUPPORT GENERAL OPERATING
MALTA HOUSE 5 PROWITT ST EAST NORWALK, CT 06855	06-1604710		24,500.	0.			GRANT TO SUPPORT RESIDENTIAL AND PARTNERING SUCCESS PROGRAMS
MERCY LEARNING CENTER 637 PARK AVENUE BRIDGEPORT, CT 06604	22-2859879		9,500.	0.			GRANT RECOMMENDED BY DAF AND GRANT TO SUPPORT EARLY CHILDHOOD EDUCATION PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID-FAIRFIELD COMMUNITY CARE CENTER - 100 EAST AVENUE - NORWALK, CT 06851	06-0725052		15,000.	0.			GRANT TO SUPPORT GENERAL OPERATING
MOUNT SAINT JOSEPH HIGH SCHOOL 4403 FREDERICK AVENUE BALTIMORE, MD 21229	52-1169308		50,000.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF
NEW CANAAN CARES POST OFFICE BOX 178 91 ELM STREET NEW CANAAN, CT 06840	06-1143088		5,100.	0.			GRANT RECOMMENDED BY DAF AND GRANT TO SUPPORT STRATEGIC PLANNING EFFORTS
NEW CANAAN CHAMBER MUSIC INC. P.O. BOX 193 NEW CANAAN, CT 06840			7,750.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF
NEW CANAAN COMMUNITY FOUNDATION 111 CHERRY STREET NEW CANAAN, CT 06840	06-0970466		145,200.	0.			GRANTS RECOMMENDED BY DAF, TO SUPPORT OPERATING, EVENTS, AND RESTRICTED PROJECTS
NEW CANAAN ICE RINK 327 OLD NORWALK ROAD NEW CANAAN, CT 06840			27,560.	0.			GRANT RECOMMENDED BY DAF AND TO SUPPORT SKATE RENTAL FACILITY
NEW CANAAN LAND TRUST PO BOX 425 NEW CANAAN, CT 06840	06-6098244		55,500.	0.			GRANT RECOMMENDED BY DAF, TO SUPPORT ABC SUMMER INTERN, AND SUMMER SCHOLARS
NEW CANAAN LIBRARY 151 MAIN STREET NEW CANAAN, CT 06840	06-0646764		81,700.	0.			GRANT RECOMMENDED BY DAF, THE ANNUAL FUND, CAPITAL CAMPAIGN, CHILDREN'S ROOM, AND NEW KITCHEN
NEW CANAAN MUSEUM & HISTORICAL SOCIETY - 13 OENOKE RIDGE ROAD - NEW CANAAN, CT 06840			9,100.	0.			GRANT RECOMMENDED BY DAF AND TO SUPPORT ATTIC RENOVATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW CANAAN NATURE CENTER 144 OENOKE RIDGE NEW CANAAN, CT 06840	06-0775150		28,200.	0.			GRANT RECOMMENDED BY DAF, TO ENGAGE ADVISORY ORNITHOLOGIST, AND GROUNDS KEEPING AND
NEW CANAAN PUBLIC SCHOOLS 39 LOCUST AVENUE NEW CANAAN, CT 06840	06-6002043		22,824.	0.			GRANTS TO SUPPORT SPEAKER EVENT AND EMERGENCY ASSISTANCE
NEW CANAAN YMCA 564 SOUTH AVENUE NEW CANAAN, CT 06840			6,195.	0.			GRANTS RECOMMENDED BY DAFS TO SUPPORT SPECIAL NEEDS PROGRAM
NORWALK COMMUNITY COLLEGE FOUNDATION, INC. - 188 RICHARDS AVENUE - NORWALK, CT 06854	06-6080293		107,500.	0.			GRANT RECOMMENDED BY DAF AND TO SUPPORT BRIDGES PROGRAMS
NORWALK COMMUNITY HEALTH CENTER 120 CONNECTICUT AVENUE NORWALK, CT 06854			9,000.	0.			GRANT TO SUPPORT GENERAL OPERATING
NORWALK HOSPITAL FOUNDATION 34 MAPLE ST NORWALK, CT 06850			25,000.	0.			GRANT RECOMMENDED BY DAF TO SUPPORT BAUER FAMILY PAVILION
NORWALK/NAGAROTE SISTER CITY PROJECT INC. - P.O. BOX 382 - NORWALK, CT 06852	22-2989386		8,000.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF
OPEN DOORS 4 MERRITT STREET NORWALK, CT 06854	22-2536909		12,800.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF
PACIFIC HOUSE 137 HENRY STREET STAMFORD, CT 06902	06-1144355		12,300.	0.			GRANT RECOMMENDED BY DAF AND TO SUPPORT EMERGENCY MEALS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERSON-TO-PERSON 1864 POST ROAD DARIEN, CT 06820	06-1422248		26,000.	0.			GRANT RECOMMENDED BY DAF AND TO SUPPORT CRITICAL NEEDS ASSISTANCE PROGRAM
POSITIVE DIRECTIONS - THE CENTER FOR PREVENTION & COUNSELING, INC. - 90 POST RD W - WESTPORT, CT 06880			7,500.	0.			GRANT TO SUPPORT GENERAL OPERATING
QUINNIPIAC UNIVERSITY BURSAR'S OFFICE AB-BRS 275 MOUNT CARMEL AVENUE - HAMDEN, CT 06518-1942	06-0646701		8,000.	0.			RESTRICTED GRANT SCHOLARSHIP
SACRED HEART UNIVERSITY 5151 PARK AVENUE FAIRFIELD, CT 06825	06-0776644		26,000.	0.			RESTRICTED GRANT SCHOLARSHIP
SAINT JOSEPH PARENTING CENTER 90 FAIRFIELD AVENUE STAMFORD, CT 06902	27-0490589		14,000.	0.			GRANT RECOMMENDED BY DAF AND TO SUPPORT PARENTING PROGRAM
SCHOOLHOUSE APARTMENTS 156 SOUTH AVENUE NEW CANAAN, CT 06840	22-3035438		6,000.	0.			GRANT TO SUPPORT HEALTH & WELLNESS PROGRAM
SILVERSOURCE 1100 SUMMER STREET, SUITE 201 STAMFORD, CT 06905			10,000.	0.			GRANT TO SUPPORT GENERAL OPERATING
SOCIAL VENTURE PARTNERS CONNECTICUT - 50 CHARLES STREET - WESTPORT, CT 06880			10,000.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF
SPRUCE PEAK PERFORMING ARTS CENTER 122 HOURGLASS DRIVE STOWE, VT 05672	90-0146728		10,000.	0.			GRANT RECOMMENDED BY DAF TO SUPPORT DEVELOPMENT MANAGER

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ALOYSIUS CHURCH 40 MAPLE STREET NEW CANAAN, CT 06840			12,500.	0.			GRANT RECOMMENDED BY DAF AND TO SUPPORT WE STAND CAMPAIGN
ST. MARK'S CHURCH 111 OENOKE RIDGE ROAD NEW CANAAN, CT 06840	06-0646837		10,000.	0.			GRANT RECOMMENDED BY DAF, ENDOWMENT/CAPITAL CAMPAIGN, AND GOSPEL GARDEN
ST. MICHAEL'S LUTHERAN CHURCH 5 OENOKE RIDGE NEW CANAAN, CT 06840			24,000.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF
STAR, INC., LIGHTING THE WAY... 182 WOLFPIT AVE NORWALK, CT 06851	06-0726489		15,575.	0.			GRANT RECOMMENDED BY DAF AND TO SUPPORT EARLY INTERVENTION PROGRAM
STAYING PUT IN NEW CANAAN 58 PINE STREET NEW CANAAN, CT 06840	20-8465004		16,500.	0.			GRANT RECOMMENDED BY DAF AND TO SUPPORT NEW DATABASE AND SCHOLARSHIP FUND
STEPPING STONES MUSEUM FOR CHILDREN - 303 WEST AVENUE MATHEWS PARK - NORWALK, CT 06850	22-3199269		9,500.	0.			GRANT RECOMMENDED BY DAF AND TO SUPPORT SCHOOL AND GROUP PROGRAMMING
SUMMER THEATRE OF NEW CANAAN 70 PINE STREET NEW CANAAN, CT 06840	20-0936471		18,000.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF
TECHNOSERVE INC. 1777 N KENT STREET, SUITE 1100 ARLINGTON, VA 22209	13-2626135		10,000.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF
THE CARVER 7 ACADEMY STREET NORWALK, CT 06850	06-0862072		21,000.	0.			GRANT RECOMMENDED BY DAF AND TO SUPPORT HIGH SCHOOL AFTERSCHOOL PROGRAMS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CONGREGATIONAL CHURCH OF NEW CANAAN - 23 PARK STREET - NEW CANAAN, CT 06840			27,000.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF
THE EXCHANGE CLUB CENTER FOR THE PREVENTION OF CHILD ABUSE OF SOUTHERN CT (HELP - 141 FRANKLIN STREET - STAMFORD, CT 06901	06-1398440		10,000.	0.			GRANT TO SUPPORT HOME VISITATION SERVICES
THE ROWAN CENTER 111 SUMMER STREET, SUITE 202 STAMFORD, CT 06905	06-1037583		8,000.	0.			GRANT TO SUPPORT SEXUAL ASSAULT RESPONSE PROGRAMMING
TOURETTE ASSOCIATION OF AMERICA 42-40 BELL BOULEVARD SUITE 205 BAYSIDE, NY 11361	23-7191992		20,000.	0.			UNRESTRICTED GRANT, AS RECOMMENDED BY A DONOR
TOWN OF NEW CANAAN DEPARTMENT OF PUBLIC WORKS - 11 MAIN STREET, FIRST FLOOR - NEW CANAAN, CT 06840			7,500.	0.			GRANT RECOMMENDED BY DAF TO SUPPORT SOFTSCAPE PLANTINGS AND BIRD BLIND COSTS
TOWN PLAYERS OF NEW CANAAN, INC, PO BOX 201 NEW CANAAN, CT 06840	06-6074545		50,000.	0.			TO SUPPORT THE CAPITAL CAMPAIGN
UNITED METHODIST CHURCH OF NEW CANAAN - 165 SOUTH AVENUE - NEW CANAAN, CT 06840	06-0726339		30,000.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF
UNIVERSITY OF CONNECTICUT OFFICE OF THE BURSAR 233 GLENBROOK STORRS, CT 06269	06-6070722		13,350.	0.			RESTRICTED GRANT SCHOLARSHIP
UNIVERSITY OF MICHIGAN 2226 STUDENT ACTIVITIES BLDG. 515 E. JEFFERSON ST. - ANN ARBOR, MI 48109-131			6,000.	0.			RESTRICTED GRANT SCHOLARSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES CENTER FOR RESILIENCE 80 MAIN STREET NEW CANAAN, CT 06840	16-1639299		11,150.	0.			GRANT RECOMMENDED BY DAF AND TO SUPPORT EMERGENCY PREPAREDNESS TRAINING
WASHINGTON AND LEE UNIVERSITY BUSINESS OFFICE, 204 WEST WASHINGTON STREET WASHINGTON AND LEE UNIVERSITY -			5,500.	0.			RESTRICTED GRANT SCHOLARSHIP
WAVENY LIFECARE NETWORK 3 FARM ROAD NEW CANAAN, CT 06840	06-0859588		17,200.	0.			GRANT RECOMMENDED BY DAF AND TO SUPPORT UNFUNDED PATIENT CARE FUND
WAVENY PARK CONSERVANCY P.O. BOX 944 NEW CANAAN, CT 06840	47-4280308		82,500.	0.			GRANT RECOMMENDED BY DAF AND TO SUPPORT TRAIL NETWORK STUDY
WE STAND WITH CHRIST, INC. 238 JEWETT AVENUE BRIDGEPORT, CT 06606			10,000.	0.			UNRESTRICTED GRANT RECOMMENDED BY DAF

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
EMERGENCY FINANCIAL ASSISTANCE	38	33,086.	0.		

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

PART I, LINE 2:

ALL ORGANIZATIONS THAT RECEIVE DISCRETIONARY GRANT FUNDS FROM THE NEW CANAAN COMMUNITY FOUNDATION (NCCF) MUST COMPLETE A GRANT FOLLOW-UP REPORT WHEN THE FUNDS ARE SPENT, OR WITHIN ONE YEAR OF RECEIPT OF FUNDS, UNLESS AN EXTENSION IS OTHERWISE REQUESTED AND APPROVED. THE REPORT INCLUDES THE FOLLOWING QUESTIONS:

CAPITAL PROJECT UPDATE

1. WAS THE PROJECT COMPLETED ON TIME AND ON BUDGET?
2. WHAT DIFFERENCE HAS IT MADE TO YOUR ORGANIZATION AND THE PEOPLE YOU

Part IV Supplemental Information

SERVE?

PROGRAM/PROJECT UPDATE

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

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

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

GENERAL OPERATING / CAPACITY BUILDING UPDATE

1. PLEASE EXPLAIN HOW YOUR ORGANIZATION BENEFITTED FROM THIS GRANT?

MEASUREMENT UPDATE

1. EXPLAIN HOW YOU MEASURED THE EFFECTIVENESS OF YOUR ACTIVITIES. DESCRIBE THE CRITERIA YOU USED TO ASSESS THE SUCCESS OF YOUR PROGRAM. WERE THE RESULTS WHAT YOU EXPECTED TO ACHIEVE?

2. HOW DID YOU TRACK THE RESULTS? PLEASE SHARE ANY APPLICABLE REPORTS.

3. THROUGHOUT THE COURSE OF THE YEAR WHAT STEPS DID YOU TAKE TO ASSESS THE PROGRESS TOWARD PROGRAM GOALS AND MAKE NECESSARY ADJUSTMENTS?

THE REPORT FORM IS AVAILABLE VIA A LINK ON THE NCCF WEBSITE AND EMAILED TO GRANTEES PRIOR TO THAT YEAR'S DEADLINE. THIS REQUIREMENT IS CLEARLY DESCRIBED IN THE DETAILED NCCF GRANT GUIDELINES AS WELL AS IN AWARD LETTERS. GRANT RECIPIENT FILES ARE AUDITED FOR COMPLETENESS WHEN ANY NEW GRANT APPLICATION IS RECEIVED, AS WELL AS ON A PERIODIC BASIS, TO ENSURE COMPLIANCE WITH THIS REQUIREMENT.

Part IV Supplemental Information

IN ADDITION, STAFF COMMUNICATES REGULARLY WITH FUNDED ORGANIZATIONS THROUGHOUT THE YEAR TO ENSURE THAT GRANT DOLLARS ARE SPENT AS INTENDED. AS NECESSARY, GRANT AMENDMENTS ARE REPORTED TO THE BOARD OF DIRECTORS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES OF FAIRFIELD COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO SUPPORT GENERAL OPERATING FOR NEW COVENANT CENTER AND TO SUPPORT SENIOR NUTRITION PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: CHILD GUIDANCE CENTER OF SOUTHERN CT

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO SUPPORT HIGH-QUALITY MENTAL HEALTH SERVICES FOR CHILDREN AND TEENS IN NEW CANAAN AND SURROUNDING COMMUNITIES

NAME OF ORGANIZATION OR GOVERNMENT: NEW CANAAN NATURE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT RECOMMENDED BY DAF, TO ENGAGE ADVISORY ORNITHOLOGIST, AND GROUNDS KEEPING AND BEAUTIFICATION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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		204,510.	FMV
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	X	5	125.	AVERAGE ESTIMATE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
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 V, 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't 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

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

Schedule M (Form 990) 2022

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

NEW CANAAN COMMUNITY FOUNDATION, INC.

Employer identification number

06-0970466

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ISSUES, MAKING IMPACTFUL GRANTS, AND FACILITATING NEW CANAAN'S
EFFECTIVE CHARITABLE GIVING.

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

NCCF LAUNCHED A NEW BOARD DIRECTED FUND, THE COMMUNITY BEHAVIORAL
HEALTH FUND. THERE WAS NO GRANT ACTIVITY FOR THE YEAR ENDING JUNE 30,
2023.

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

THE 990 IS REVIEWED BY THE AUDIT COMMITTEE AND THE FULL BOARD. SCHEDULE B
IS INCLUDED, BUT DONOR NAMES ARE REDACTED.

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

EACH YEAR, THE PRESIDENT & CEO COLLECTS INFORMATION FROM THE CURRENT BOARD
OF DIRECTORS AND VOLUNTEERS ABOUT THEIR INVOLVEMENT AND LEADERSHIP IN
OTHER LOCAL NONPROFIT ORGANIZATIONS. ANY POTENTIAL CONFLICT OF INTEREST
WITH AN ORGANIZATION SEEKING GRANT FUNDS FROM NCCF IS NOTED, AND A BOARD
MEMBER OR VOLUNTEER WILL BE ASKED TO EXCUSE THEMSELVES FROM DISCUSSIONS OR
DECISIONS ABOUT THE APPLICANT IF THERE IS DETERMINED TO BE A CONFLICT OF
INTEREST, SUCH AS SERVING ON THE BOARDS OF BOTH ORGANIZATIONS.

FORM 990, PART VI, SECTION B, LINE 15:

ANNUAL PERFORMANCE REVIEW IS CONDUCTED BY SEVERAL MEMBERS OF THE BOARD OF
DIRECTORS, UNDER THE DIRECTION OF THE CHAIR OF THE BOARD; INFORMATION IS
REVIEWED ABOUT COMPENSATION OF OTHER NONPROFIT EMPLOYEES IN THE INDUSTRY

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

Schedule O (Form 990) 2022

Name of the organization

NEW CANAAN COMMUNITY FOUNDATION, INC.

Employer identification number

06-0970466

AND THE REGION; THE ENTIRE BOARD APPROVES THE COMPENSATION EXPENSES IN THE OPERATING BUDGET.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023

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

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

PART XI, LINE 8

ADJUSTMENT TO RECONCILE TO AUDITED FINANCIAL STATEMENTS