

2023 Exempt Org. Return
prepared for:

**NORTHWEST CONNECTICUT COMMUNITY
FOUNDATION, INC.**
PO BOX 1144, 33 EAST MAIN STREET
TORRINGTON, CT 06790

KING, KING & ASSOCIATES, CPAS
170 HOLABIRD AVE
WINSTED, CT 06098

Return of Organization Exempt From Income Tax

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

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceDo 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.

A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20																															
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%; vertical-align: top;"> C NORTHWEST CONNECTICUT COMMUNITY FOUNDATION, INC. PO BOX 1144, 33 EAST MAIN STREET TORRINGTON, CT 06790 </td> <td style="width:40%; vertical-align: top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer identification number</td> <td>06-1565733</td> </tr> <tr> <td>E Telephone number</td> <td>(860) 626-1245</td> </tr> <tr> <td>G Gross receipts \$</td> <td>11,882,458.</td> </tr> </table> </td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"> F Name and address of principal officer: GUY ROVEZZI SAME AS C ABOVE </td> <td style="width:40%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>H(a) Is this a group return for subordinates?</td> <td>Yes ☐ No ☒</td> </tr> <tr> <td>H(b) Are all subordinates included?</td> <td>Yes ☐ No ☐</td> </tr> <tr> <td colspan="2" style="font-size: small;">If "No," attach a list. See instructions.</td> </tr> <tr> <td>H(c) Group exemption number</td> <td></td> </tr> </table> </td> </tr> </table> </td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527 </td> <td style="width:50%;"></td> </tr> <tr> <td colspan="2"> J Website: WWW.NORTHWESTCF.ORG </td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other </td> <td style="width:50%;"> L Year of formation: 1999 M State of legal domicile: CT </td> </tr> </table> </td> </tr> </table> </td> </tr> </table>	C NORTHWEST CONNECTICUT COMMUNITY FOUNDATION, INC. PO BOX 1144, 33 EAST MAIN STREET TORRINGTON, CT 06790	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>D Employer identification number</td> <td>06-1565733</td> </tr> <tr> <td>E Telephone number</td> <td>(860) 626-1245</td> </tr> <tr> <td>G Gross receipts \$</td> <td>11,882,458.</td> </tr> </table>	D Employer identification number	06-1565733	E Telephone number	(860) 626-1245	G Gross receipts \$	11,882,458.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;"> F Name and address of principal officer: GUY ROVEZZI SAME AS C ABOVE </td> <td style="width:40%;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>H(a) Is this a group return for subordinates?</td> <td>Yes ☐ No ☒</td> </tr> <tr> <td>H(b) Are all subordinates included?</td> <td>Yes ☐ No ☐</td> </tr> <tr> <td colspan="2" style="font-size: small;">If "No," attach a list. See instructions.</td> </tr> <tr> <td>H(c) Group exemption number</td> <td></td> </tr> </table> </td> </tr> </table>		F Name and address of principal officer: GUY ROVEZZI SAME AS C ABOVE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>H(a) Is this a group return for subordinates?</td> <td>Yes ☐ No ☒</td> </tr> <tr> <td>H(b) Are all subordinates included?</td> <td>Yes ☐ No ☐</td> </tr> <tr> <td colspan="2" style="font-size: small;">If "No," attach a list. See instructions.</td> </tr> <tr> <td>H(c) Group exemption number</td> <td></td> </tr> </table>	H(a) Is this a group return for subordinates?	Yes ☐ No ☒	H(b) Are all subordinates included?	Yes ☐ No ☐	If "No," attach a list. See instructions.		H(c) Group exemption number		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527 </td> <td style="width:50%;"></td> </tr> <tr> <td colspan="2"> J Website: WWW.NORTHWESTCF.ORG </td> </tr> <tr> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other </td> <td style="width:50%;"> L Year of formation: 1999 M State of legal domicile: CT </td> </tr> </table> </td> </tr> </table>		I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		J Website: WWW.NORTHWESTCF.ORG		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other </td> <td style="width:50%;"> L Year of formation: 1999 M State of legal domicile: CT </td> </tr> </table>		K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other	L Year of formation: 1999 M State of legal domicile: CT
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENRICH THE QUALITY OF LIFE FOR RESIDENTS OF NORTHWEST CONNECTICUT BY INSPIRING LOCAL PHILANTHROPY, CONVENING STAKEHOLDERS IN COMMUNITY WELFARE, STRENGTHENING THE REGIONAL NONPROFITS NETWORK AND FOSTERING COLLABORATIVE FUNDING PARTNERSHIPS.																													
	2 Check this box ☐ 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	13																											
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	13																											
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a).....	5	0																											
	6 Total number of volunteers (estimate if necessary).....	6	75																											
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.																											
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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 GUY ROVEZZI Type or print name and title	Date	PRESIDENT																														
Paid Preparer Use Only	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Print/Type preparer's name</td> <td style="width:30%;">Preparer's signature</td> <td style="width:20%;">Date</td> <td style="width:20%;">Check ☐ if self-employed</td> <td style="width:10%;">PTIN</td> </tr> <tr> <td>ROBERT E. KING, CPA</td> <td>ROBERT E. KING, CPA</td> <td></td> <td></td> <td>P00083643</td> </tr> <tr> <td>Firm's name</td> <td colspan="4">KING, KING & ASSOCIATES, CPAS</td> </tr> <tr> <td>Firm's address</td> <td colspan="4">170 HOLABIRD AVE WINSTED, CT 06098</td> </tr> <tr> <td></td> <td>Firm's EIN</td> <td colspan="3">06-1392255</td> </tr> <tr> <td></td> <td>Phone no.</td> <td colspan="3">(860) 379-0215</td> </tr> </table>	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN	ROBERT E. KING, CPA	ROBERT E. KING, CPA			P00083643	Firm's name	KING, KING & ASSOCIATES, CPAS				Firm's address	170 HOLABIRD AVE WINSTED, CT 06098					Firm's EIN	06-1392255				Phone no.	(860) 379-0215				
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May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

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

TO ENRICH THE QUALITY OF LIFE FOR RESIDENTS OF NORTHWEST CONNECTICUT BY INSPIRING
LOCAL PHILANTHROPY, CONVENING STAKEHOLDERS IN COMMUNITY WELFARE, STRENGTHENING THE
REGIONAL NONPROFITS NETWORK AND FOSTERING COLLABORATIVE FUNDING PARTNERSHIPS.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 6,126,074. including grants of \$ 4,947,741.) (Revenue \$)

INCOME AND APPRECIATION FROM INVESTMENTS, BASED ON A TOTAL RETURN APPROACH, IS
DISTRIBUTED IN THE FORM OF GRANTS AND SCHOLARSHIPS ANNUALLY TO QUALIFIED PUBLIC
CHARITIES AND STUDENTS AS CHOSEN BY THE FOUNDATION'S BOARD OF DIRECTORS. IN 2022,
GRANTS IN THE AMOUNT OF \$4,225,674 WERE AWARDED AND FINANCIAL ASSISTANCE IN THE FORM
OF SCHOLARSHIPS WAS PROVIDED IN THE AMOUNT OF \$266,925.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4c** (Code:) (Expenses \$ including grants of \$) (Revenue \$)**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 6,126,074.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III.	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? If "Yes," complete Schedule J.	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II.		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? If "Yes," complete Schedule L, Part III.		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? If "Yes," complete Schedule L, Part IV.		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		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? If "Yes," complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	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)? If "Yes," complete Schedule R, Part V, line 2.		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		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? If "Yes," complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
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?	X	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	
If "Yes," complete Form 6069.		

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 ☒ **X**

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	13	
1b Enter the number of voting members included on line 1a, above, who are independent.	13	
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.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. SEE SCHEDULE O	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. SEE SCHEDULE O. If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
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
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NONE**

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 ☒ 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. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

GUY ROVEZZI 33 EAST MAIN STREET TORRINGTON CT 06790 860-626-1245

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(1) GUY ROVEZZI PRESIDENT	35 5			X			0.	216,457.	32,638.
(2) MIKHAEL WILKINSON SR VP OF FINANCEOP	35 5					X	0.	113,959.	13,237.
(3) BRADFORD HOAR VP PHILANTHROPIC	35 5					X	0.	100,206.	23,173.
(4) JULIA SCHARNBERG VP COMM ENGAGE	35 5					X	0.	104,014.	15,153.
(5) ANNE SUTHERLAND FUCHS DIRECTOR	1 1	X					0.	0.	0.
(6) DON MAYLAND 1ST VICE CHAIR	2 1	X		X			0.	0.	0.
(7) ADRIAN SELBY CHAIRMAN	2 1	X		X			0.	0.	0.
(8) DAVID ANTONIAZZI DIRECTOR	1 1	X					0.	0.	0.
(9) ELIZABETH BRAYBOY DIRECTOR	1 1	X					0.	0.	0.
(10) PATRIQUE FEARON DIRECTOR	1 1	X					0.	0.	0.
(11) JASON GIORDANO DIRECTOR	1 1	X					0.	0.	0.
(12) BARBARA SPIEGEL DIRECTOR	1 1	X					0.	0.	0.
(13) VICTOR M. MUCHELL ESQ. 2ND VICE CHAIR	2 1	X		X			0.	0.	0.
(14) ANNE RUWET DIRECTOR	1 1	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(15) ANITA BAXTER SECRETARY	2 1	X		X				0.	0.	0.
(16) ROD PLEASANTS DIRECTOR	1 1	X						0.	0.	0.
(17) VINCENT INCONIGLIOS DIRECTOR	1 1	X						0.	0.	0.
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								0.	534,636.	84,201.
c Total from continuation sheets to Part VII, Section A.								0.	0.	0.
d Total (add lines 1b and 1c)								0.	534,636.	84,201.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	0									

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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

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 RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns.....	1a				
	b	Membership dues.....	1b				
	c	Fundraising events.....	1c				
	d	Related organizations.....	1d				
	e	Government grants (contributions)....	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above....	1f	3,343,299.			
	g	Noncash contributions included in lines 1a-1f.....	1g	426,080.			
	h	Total. Add lines 1a-1f.....		3,343,299.			
Program Service Revenue	Business Code						
	2a	FEES ON GRANT PROGRAMS 561000	25,500.	25,500.			
	b	-----					
	c	-----					
	d	-----					
	e	-----					
	f	All other program service revenue....					
g	Total. Add lines 2a-2f.....		25,500.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).....		2,686,043.		2,686,043.	
	4	Income from investment of tax-exempt bond proceeds.....					
	5	Royalties.....					
	6a	Gross rents.....	(i) Real	(ii) Personal			
			6a				
			6b				
	b	Less: rental expenses.....	6b				
	c	Rental income or (loss).....	6c				
	d	Net rental income or (loss).....					
	7a	Gross amount from sales of assets other than inventory.....	(i) Securities	(ii) Other			
			7a	5,524,785.	-1,896.		
			7b				
	b	Less: cost or other basis and sales expenses.....	7b				
	c	Gain or (loss).....	7c	5,524,785.	-1,896.		
	d	Net gain or (loss).....		5,522,889.		5,522,889.	
	8a	Gross income from fundraising events (not including \$..... of contributions reported on line 1c). See Part IV, line 18.....	8a				
			8b				
b			Less: direct expenses.....	8b			
c	Net income or (loss) from fundraising events.....						
9a	Gross income from gaming activities. See Part IV, line 19.....	9a					
		9b					
		b	Less: direct expenses.....	9b			
c	Net income or (loss) from gaming activities.....						
10a	Gross sales of inventory, less, returns and allowances.....	10a					
		10b					
		b	Less: cost of goods sold....	10b			
c	Net income or (loss) from sales of inventory.....						
Miscellaneous Revenue	Business Code						
	11a	INTER-ENTITY MGMT FEES 551112	279,809.	279,809.			
	b	ADMINISTRATIVE FEES 561000	17,503.		17,503.		
	c	UNFULFILLED GRANT AWARDS 900099	4,475.	4,475.			
	d	All other revenue.....	2,940.	2,940.			
e	Total. Add lines 11a-11d.....		304,727.				
12	Total revenue. See instructions.....		11,882,458.	312,724.	0.	8,226,435.	

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.	4,586,516.	4,586,516.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	361,225.	361,225.		
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.	248,950.	125,550.	85,523.	37,877.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	832,513.	522,247.	254,056.	56,210.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	26,624.	15,948.	8,360.	2,316.
9 Other employee benefits.	95,760.	57,360.	30,068.	8,332.
10 Payroll taxes.	74,386.	44,557.	23,357.	6,472.
11 Fees for services (nonemployees):				
a Management.				
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	251,153.	213,481.	37,672.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	23,633.	14,156.	7,421.	2,056.
12 Advertising and promotion.	4,409.	2,641.	1,385.	383.
13 Office expenses.	22,087.	12,494.	6,549.	3,044.
14 Information technology.	70,537.	42,251.	22,148.	6,138.
15 Royalties.				
16 Occupancy.	68,044.	40,758.	21,365.	5,921.
17 Travel.	103.	62.	32.	9.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	623.		623.	
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	27,649.	16,562.	8,682.	2,405.
23 Insurance.	9,084.	5,441.	2,852.	791.
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 INITIATIVE EXPENSES	26,480.	26,480.		
b DUES AND SUBSCRIPTIONS	17,540.	10,506.	5,508.	1,526.
c SEMINARS	14,121.	14,121.		
d PRINTING AND PUBLICATIONS	9,737.	1,366.	716.	7,655.
e All other expenses.	28,589.	12,352.	8,384.	7,853.
25 Total functional expenses. Add lines 1 through 24e.	6,799,763.	6,126,074.	524,701.	148,988.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing	20.	1	20.
	2 Savings and temporary cash investments	3,212,984.	2	1,149,032.
	3 Pledges and grants receivable, net	1,799,000.	3	3,177,000.
	4 Accounts receivable, net	21,000.	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	59,495.	9	50,803.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 195,051.		
	b Less: accumulated depreciation	10b 74,868.	10c 132,436.	120,183.
	11 Investments — publicly traded securities	14,670,984.	11	27,476,872.
	12 Investments — other securities. See Part IV, line 11.	120,000.	12	120,000.
	13 Investments — program-related. See Part IV, line 11.		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11.	104,843,544.	15	109,596,684.
16 Total assets. Add lines 1 through 15 (must equal line 33).	124,859,463.	16	141,690,594.	
Liabilities	17 Accounts payable and accrued expenses	22,574.	17	27,109.
	18 Grants payable	3,119,489.	18	3,281,200.
	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	22,093,042.	25	26,509,508.
	26 Total liabilities. Add lines 17 through 25.	25,235,105.	26	29,817,817.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. ☒			
	27 Net assets without donor restrictions	98,600,433.	27	111,513,624.
	28 Net assets with donor restrictions	1,023,925.	28	359,153.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ☐			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances.	99,624,358.	32	111,872,777.
33 Total liabilities and net assets/fund balances.	124,859,463.	33	141,690,594.	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,882,458.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,799,763.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,082,695.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	99,624,358.
5	Net unrealized gains (losses) on investments	5	7,830,496.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O) SEE SCHEDULE O	9	-664,772.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	111,872,777.

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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		X
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	X	
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.	X	
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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **NORTHWEST CONNECTICUT COMMUNITY
FOUNDATION, INC.**

Employer identification number
06-1565733

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") SEE PART VI	1,441,533.	2,624,682.	2,254,970.	3,770,330.	3,343,299.	13,434,814.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	1,441,533.	2,624,682.	2,254,970.	3,770,330.	3,343,299.	13,434,814.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,881,220.
6 Public support. Subtract line 5 from line 4						11,553,594.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	1,441,533.	2,624,682.	2,254,970.	3,770,330.	3,343,299.	13,434,814.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,962,496.	1,643,539.	2,980,572.	1,832,991.	2,686,043.	11,105,641.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	334,007.	267,684.	267,508.	323,102.	330,227.	1,522,528.
11 Total support. Add lines 7 through 10						26,062,983.
12 Gross receipts from related activities, etc. (see instructions)					12	53,500.
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.						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	44.33 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	45.86 %
16a 33-1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☒	
b 33-1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐	
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	☐	
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	☐	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

- 19a **33-1/3% support tests—2023.** 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—2022.** 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

BAA

Schedule A (Form 990) 2023

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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA

Schedule A (Form 990) 2023

Part VI

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

PART II, LINE 1 - UNUSUAL GRANTS

	2019	2020	2021	2022	2023	TOTAL
\$	0.	\$ 1,644,739.	\$ 2,542,265.	\$ 7,014,369.	\$ 322,105.	\$ 11,523,478.

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2023	2022	2021	2020	2019
INTER-ENTITY ADMIN FEES	\$ 279,809.	\$ 101,681.	\$ 95,890.	\$ 93,573.	\$ 85,912.
MISC REVENUE				11.	5.
UNFULFILLED GRANT AWARDS	4,475.			5,573.	94,009.
ADMINISTRATIVE FEES	17,503.	190,421.	171,618.	168,527.	154,081.
PROGRAM FEES	25,500.	31,000.			
SEMINAR INCOME	2,940.				
TOTAL	\$ 330,227.	\$ 323,102.	\$ 267,508.	\$ 267,684.	\$ 334,007.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2023

Open to Public
Inspection

Employer identification number

NORTHWEST CONNECTICUT COMMUNITY
FOUNDATION, INC.

06-1565733

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	67	258
2 Aggregate value of contributions to (during year)	757,445.	2,479,169.
3 Aggregate value of grants from (during year)	2,235,543.	3,421,402.
4 Aggregate value at end of year	19,374,367.	123,834,339.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	☒ Yes ☐ No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	☒ Yes ☐ No	

Part II Conservation Easements

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- | | |
|---|---|
| ☐ Preservation of land for public use (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 on line 2a | 2c |
| d Number of conservation easements included on line 2c 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?
- 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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under 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

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	118,034,677.	129,880,570.	117,672,254.	104,769,391.	94,425,741.
b Contributions	3,181,380.	10,555,174.	4,899,389.	4,396,258.	1,503,253.
c Net investment earnings, gains, and losses	19,618,743.	-15,554,664.	12,861,991.	14,583,974.	14,751,249.
d Grants or scholarships	5,214,529.	5,409,239.	4,659,290.	5,313,531.	5,178,085.
e Other expenditures for facilities and programs				0.	
f Administrative expenses	1,356,271.	1,437,164.	893,774.	763,838.	732,767.
g End of year balance	134,264,000.	118,034,677.	129,880,570.	117,672,254.	104,769,391.

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

- a Board designated or quasi-endowment 99.74 %
 b Permanent endowment _____ %
 c Term endowment 0.26 %

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. **SEE PART XIII**

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		50,168.	15,042.	35,126.
d Equipment		31,731.	6,494.	25,237.
e Other		113,152.	53,332.	59,820.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				120,183.

Part VII Investments – Other Securities

N/A

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) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, line 12, column (B)).		

Part VIII Investments – Program Related

N/A

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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, line 13, column (B)).		

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) ALTERNATIVE INVESTMENTS	362,324.
(3) CHARITABLE REMAINDER TRUST	838,450.
(4) COMMODITIES	6,869.
(5) MUTUAL FUNDS	105,106,980.
(6) RIGHT OF USE ASSETS	152,428.
(7) SECURITY DEPOSIT	3,150.
(8) SHORT-TERM INVESTMENTS	3,126,483.
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, line 15, column (B)).	109,596,684.

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) AGENCY FUND ENDOWMENTS	25,751,254.
(3) CRT REMAINDER LIABILITY	605,826.
(4) LEASE LIABILITY	152,428.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B)).	26,509,508.

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 N/A

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments.....	2a		
	b Donated services and use of facilities.....	2b		
	c Recoveries of prior year grants.....	2c		
	d Other (Describe in Part XIII.).....	2d		
	e Add lines 2a through 2d.....		2e	
3	Subtract line 2e from line 1.....		3	
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		
	b Other (Describe in Part XIII.).....	4b		
	c Add lines 4a and 4b.....		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

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

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

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 V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

TO ENRICH THE QUALITY OF LIFE FOR RESIDENTS OF NORTHWEST CONNECTICUT BY INSPIRING LOCAL PHILANTHROPY, CONVENING STAKEHOLDERS IN COMMUNITY WELFARE, STRENGTHENING THE REGIONAL NONPROFITS NETWORK AND FOSTERING COLLABORATIVE FUNDING PARTNERSHIPS.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHWEST CONNECTICUT COMMUNITY
FOUNDATION, INC.

**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

2023

Open to Public
Inspection

Employer identification number

06-1565733

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.

SEE PART IV

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHARLOTTE HUNGERFORD HOSPITAL PO BOX 988 TORRINGTON, CT 06790	06-0646678	501 (C) 3	227,990.	0.			CASE MANAGER AND EDUCATION
(2) UNITED CHURCH OF CHRIST 8 BOLTON HILL ROAD, P.O. BOX CORNWALL, CT 06753	06-1230637	501 (C) 3	12,000.	0.			ORGANIZATIONAL SUPPORT & YE NEEDS
(3) SUSAN B. ANTHONY 179 WATER STREET TORRINGTON, CT 06790	06-1085983	501 (C) 3	48,400.	0.			MULTIPLE PROGRAMS & GENERAL SUPPORT
(4) AFTER SCHOOL ARTS PROGRAM INC PO BOX 15 WASHINGTON DEPO, CT 06794	20-1308465	501 (C) 3	6,500.	0.			PROGRAM SUPPORT & CAMP
(5) CANCER CARE FUND LITCHHILLS 200 KENNEDY DR TORRINGTON, CT 06790	51-0474072	501 (C) 3	112,000.	0.			TO COVER EXPENSES AND AWARDS
(6) CORNWALL CONSERVATION TRUST PO BOX 74 WEST CORNWALL, CT 06796	06-1203660	501 (C) 3	8,600.	0.			SCHOLARSHIPS & GENERAL SUPPORT
(7) FRIENDS OF HOSPICE PO BOX 985 LITCHFIELD, CT 06759	06-1329383	501 (C) 3	9,816.	0.			GENERAL SUPPORT
(8) LITCHFIELD COMMUNITY CENTER 421 BANTAM ROAD LITCHFIELD, CT 06759	06-1520254	501 (C) 3	21,650.	0.			PROGRAMS & AV EQUIPMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 62

3 Enter total number of other organizations listed in the line 1 table. 31

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

TEEA9901L 06/12/23

Schedule I (Form 990) 2023

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	130	368,350.			
2					
3					
4					
5					
6					
7					

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

PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.

GRANTS ARE MONITORED BY STAFF, BOARD AND INDEPENDENT OVERSIGHT INCLUDING SITE VISITS.
MONITORING INCLUDES A POST-GRANT REPORT AND A FULL REVIEW OF MANDATORY DOCUMENTATION
REGARDING ELIGIBILITY AND MISSION.

Continuation Sheet for Schedule I (Form 990)

2023

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 1 of 9

Name of the organization		Employer identification number					
NORTHWEST CONNECTICUT COMMUNITY		06-1565733					
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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
-- NW CONNECTICUT YMCA --							GENERAL AND
-- 259 PROSPECT STREET --							PROGRAM SUPPORT
-- TORRINGTON, CT 06790 --	22-2878484	501 (C) 3	220,227.				REFURBISHMENTS
-- CORNWALL LIBRARY ASSOC. --							& GENERAL
-- PO BOX 126 --							SUPPORT
-- CORNWALL, CT 06753 --	06-0669590	501 (C) 3	44,312.				GENERAL AND
-- TRINITY EPISCOPAL CHURCH --							PROGRAM SUPPORT
-- 220 PROSPECT STREET --							REFURBISHMENTS
-- TORRINGTON, CT 06790 --	06-0646602	501 (C) 3	50,500.				& GENERAL
-- BEARDSLEY & MEMORIAL LIBRARY --							SUPPORT
-- 40 MUNRO PLACE --							REPLACEMENT
-- WINSTED, CT 06098 --	06-0662106	501 (C) 3	124,100.				FLOORING
-- COLEBROOK ASSOCIATES, INC. --							SEMI ANNUAL
-- PO BOX 118 --							DISBURSEMENT
-- COLEBROOK, CT 06021 --	06-6059968	501 (C) 3	11,900.				GENERAL SUPPORT
-- COLEBROOK CONGREGATIONAL --							GENERAL SUPPORT
-- PO BOX 14 --							GENERAL SUPPORT
-- COLEBROOK, CT 06021 --	45-0584878	501 (C) 3	25,500.				GENERAL SUPPORT
-- COLEBROOK HISTORICAL SOCIETY --							GENERAL SUPPORT
-- PO BOX 85 --							CRITICAL NEEDS
-- COLEBROOK, CT 06021 --	06-6046798	501 (C) 3	6,800.				& OPERATING
-- COMMUNITY KITCHEN TORRINGTON --							SUPPORT
-- PO BOX 852 --							GENERAL SUPPORT
-- TORRINGTON, CT 06790 --	22-3070053	501 (C) 3	32,900.				GENERAL SUPPORT
-- GREENWOODS SCHOLARSHIP FOUND --							GENERAL SUPPORT
-- PO BOX 834 --							GENERAL SUPPORT
-- WINSTED, CT 06098 --	06-0979169	501 (C) 3	74,800.				GENERAL SUPPORT
-- HELPING HANDS CHORE SERVICE --							GENERAL SUPPORT
-- 115 SPENCER STREET --							GENERAL SUPPORT
-- WINSTED, CT 06098 --	01-0853068	501 (C) 3	11,250.				COVID SUPPORT

TEEA0001L 06/12/23

Schedule I Cont (Form 990) 2023

Continuation Sheet for Schedule I (Form 990)

2023

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 9

Name of the organization		Employer identification number					
NORTHWEST CONNECTICUT COMMUNITY		06-1565733					
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 noncash assistance	(h) Purpose of grant or assistance
LITTLE GUILD OF ST. FRANCIS PO BOX 59 WEST CORNWALL, CT 06796	23-7131298	501 (C) 3	164,600.				GENERAL SUPPORT
TUFTS UNIV SCHOOL OF VET MED 200 WESTBORO RD NORTH GRAFTON, MA 01536	22-2509193	501 (C) 3	11,900.				GENERAL SUPPORT
UNIVERSITY OF CT FOUNDATION 2930 ALUMNI DRIVE STORRS, CT 06269	06-6070722	501 (C) 3	248,200.				GENERAL SUPPORT AND SCHOLARSHIPS
WE ADOPT GREYHOUNDS, INC PO BOX 1114 GLASTONBURY, CT 06033	22-3248255	501 (C) 3	49,300.				GENERAL SUPPORT
WINSTED AREA CHILD CARE CTR 185 PROSPECT STREET WINSTED, CT 06098	06-1016063	501 (C) 3	35,000.				GENERAL SUPPORT & KITCHEN
FISH OF NORTHWESTERN CT 332 SOUTH MAIN ST TORRINGTON, CT 06790	06-0878637	501 (C) 3	41,500.				GENERAL & CAPITAL SUPPORT
PRIME TIME HOUSE 836 MAIN STREET TORRINGTON, CT 06790	22-3316278	501 (C) 3	21,800.				EMPLOYMENT & ARTS PROGRAMS
WINCHESTER YOUTH SERVICE 480 MAIN STREET WINCHESTER, CT 06098	22-2878484	501 (C) 3	36,800.				GENERAL & PROGRAM SUPPORT
ED ADVANCE PO BOX 909 LITCHFIELD, CT 06759	06-0842189	501 (C) 3	23,300.				PROGRAM & VISITATION SUPPORT
MUSIC MOUNTAIN PO BOX 738 LAKEVILLE, CT 06039	23-7219961	501 (C) 3	22,929.				PROGRAMMING SUPPORT

TEEA4501L 06/12/23

Schedule I Cont (Form 990) 2023

Continuation Sheet for Schedule I (Form 990)

2023

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 3 of 9

Name of the organization		Employer identification number					
NORTHWEST CONNECTICUT COMMUNITY		06-1565733					
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 noncash assistance	(h) Purpose of grant or assistance
-- NEW BEGINNINGS OF NW HILLS --							
-- 110 PROSPECT ST --							
-- TORRINGTON, CT 06790 --	46-3594265	501 (C) 3	95,300.				
-- MCCALL FOUNDATION --							
-- 58 HIGH STREET --							
-- TORRINGTON, CT 06790 --	06-0961756	501 (C) 3	7,600.				PROGRAMMING SUPPORT & IT
-- W.L. GILBERT TRUST CORP --							
-- 200 WILLIAMS AVENUE --							
-- WINSTED, CT 06098 --	06-0669114	501 (C) 3	49,300.				GENERAL SUPPORT
-- WARNER THEATRE --							
-- 68 MAIN STREET --							
-- TORRINGTON, CT 06790 --	06-1048713	501 (C) 3	10,250.				GENERAL SUPPORT
-- CORNELL UNIV - VET MEDICINE --							SUPPORT VARIOUS VET MEDICINE PROJ
-- 377 PINE TREE ROAD --							
-- ITHACA, NY 14850 --	15-0532082	501 (C) 3	11,900.				EXPANSION & PROGRAMS
-- KIDSPRAY CHILDREN'S MUSEUM --							FINANCIAL AID, IT SECURITY & PSYCHER
-- 61 MAIN STREET --							
-- TORRINGTON, CT 06790 --	45-4928276	501 (C) 3	35,500.				PROGRAM SUPPORT
-- GREENWOODS COUNSELING REFERRAL --							
-- 25 SOUTH STREET --							
-- LITCHFIELD, CT 06759 --	06-1351190	501 (C) 3	23,500.				
-- FIVE POINTS GALLERY --							
-- 33 MAIN STREET --							
-- TORRINGTON, CT 06790 --	46-1555586	501 (C) 3	7,050.				GENERAL SUPPORT
-- CRESCENDO INC. --							
-- PO BOX 245 --							
-- LAKEVILLE, CT 06039 --	56-2537454	501 (C) 3	10,000.				
-- HERITAGE LAND PRES TRUST --							
-- PO BOX 596 --							
-- TORRINGTON, CT 06790 --	51-0172264	501 (C) 3	17,200.				GENERAL SUPPORT
Schedule I Cont (Form 990) 2021							

TEEA4001L 06/1/2023

Schedule I Cont (Form 990) 2023

Continuation Sheet for Schedule I (Form 990)

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

2023

Continuation Page 4 of 9

Name of the organization		Employer identification number					
NORTHWEST CONNECTICUT COMMUNITY		06-1565733					
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 noncash assistance	(h) Purpose of grant or assistance
NORFOLK CT CHILDREN'S FOUND PO BOX 322 NORFOLK, CT 06058	22-2715950	501 (C) 3	30,000.				GRANT REQUESTS & SCHOLARSHIPS
SALVATION ARMY ESTATE ADMIN 440 WEST NYACK ROAD WEST NYACK, NY 10994	13-5562351	501 (C) 3	49,300.				GENERAL SUPPORT
FRIENDLY HANDS FOOD BANK, INC 50 KING STREET TORRINGTON, CT 06790	31-1639994	501 (C) 3	15,800.				GENERAL & PROGRAM SUPPORT
LAST POST CAT REFUGE (VIL) PO BOX 259 FALLS VILLAGE, CT 06031	13-1921665	501 (C) 3	149,600.				GENERAL SUPPORT
WINSTED HEALTH CTR FOUNDATION 115 SPENCER ST., PO BOX 888 WINSTED, CT 06098	06-1488440	501 (C) 3	39,939.				CHORE SERVICE & GENERAL SUPPORT
CANAAN CHILD CARE CENTER 20 WHITING DRIVE CANAAN, CT 06018	06-0931866	501 (C) 3	16,800.				TO SUPPORT OPERATING EXPENSES
CIVIC LIFE PROJECT 60 FURNACE BROOK ROAD CORNWALL BRIDGE, CT 06754	45-3455554	501 (C) 3	8,000.				PROGRAM EXPENSES
GOSHEN COMMUNITY CARE & HOSPI P.O. BOX 202 GOSHEN, CT 06756	06-1198075	501 (C) 3	9,720.				GENERAL SUPPORT
HOUSATONIC YOUTH SERVICES BUR P.O. BOX 356 FALLS VILLAGE, CT 06031	22-3124429	501 (C) 3	12,000.				PROGRAM SUPPORT
QUANOG BAY CONSERVANCY 286 BETHEL POINT ROAD HARPSWELL, ME 04079	46-5144401	501 (C) 3	50,000.				GENERAL SUPPORT

TEEA0001L 06/1/2023

Schedule I Cont (Form 990) 2023

Continuation Sheet for Schedule I (Form 990)

2023

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 5 of 9

Name of the organization		Employer identification number					
NORTHWEST CONNECTICUT COMMUNITY		06-1565733					
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 noncash assistance	(h) Purpose of grant or assistance
NEW OPPORTUNITIES INC. 59 FIELD STREET TORRINGTON, CT 06790	06-6071847	501 (C) 3	60,000.				SUPPORT BILINGUAL CASEWORKER
TOWN OF COLERBROOK 562 COLERBROOK ROAD COLERBROOK, CT 06021	06-6001975	501 (C) 3	20,500.				SENIOR CTR EQUIPMENT
TOWN OF WINCHESTER 338 MAIN STREET WINSTED, CT 06098	06-6002134	501 (C) 3	50,000.				SOCIAL WORKER FOR 3 YRS
UNITED CONG. CHURCH PO BOX 596 LITTLE COMPTON, RI 02837	05-6011792	501 (C) 3	10,800.				N. GARDEN PROJECT
DAVID M. HUNT LIBRARY PO BOX 127 FALLS VILLAGE, CT 06031	06-0764953	501 (C) 3	5,856.				PROGRAM SUPPORT
MARIA SEYMOUR BROOKER MEMORIAL 157 LITCHFIELD STREET TORRINGTON, CT 06790	06-0646712	501 (C) 3	6,500.				PROGRAM SUPPORT VIRTUAL ENRICHMENT CLASSES
SOAR EDUCATIONAL ENRICHMENT PO BOX 593 SALISBURY, CT 06068	47-1188127	501 (C) 3	8,000.				GENERAL SUPPORT
BARKHAMSTED HISTORICAL SOCIETY 100 EAST RD PLEASANT VIEW, CT 06063	23-7195789	501 (C) 3	35,700.				SUPPORT THE TORRINGTON REGION CT
CONNECTICUT DEMOCRACY CENTER 21 OAK STREET, SUITE 3 HARTFORD, CT 06106	06-1502343	501 (C) 3	9,000.				SUPPORT TRANSPORTATION PILOT PROG
THE ROBERT C. GEER MEMORIAL 99 SOUTH CANAAN ROAD CANAAN, CT 06018	06-6071065	501 (C) 3	20,000.				

TEEA0001L 06/1/2023

Schedule I Cont (Form 990) 2023

Continuation Sheet for Schedule I (Form 990)

2023

Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II and Part III.

Continuation Page 6 of 9

Name of the organization		Employer identification number					
NORTHWEST CONNECTICUT COMMUNITY		06-1565733					
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 noncash assistance	(h) Purpose of grant or assistance
-- HANDS OF GRACE --							
-- 8 WICKETT ST --							
PINE MEADOW, CT 06061	06-6051446	501 (C) 3	11,550.				FOOD INSECURITY
-- HOUSATONIC VALLEY ASSOC --							
-- PO BOX 28 --							
CORNWALL BRIDGE, CT 06754	06-6049295	501 (C) 3	25,000.				UNRESTRICTED SUPPORT
-- PHILOBOLUS INC --							
-- 6 CALHOUN ST --							
WASHINGTON DEPOT, CT 06794	03-0230490	501 (C) 3	10,000.				PROGRAM SUPPORT
-- THE HOUSING COLLECTIVE --							
-- 815 MAIN ST STE 201 --							
BRIDGEPORT, CT 06604	20-5529890	501 (C) 3	10,000.				SUPPORT STAFF POSITION
-- AMERICAN LEGION POST 27 --							
-- 418 BANTAM RD --							
LITCHFIELD, CT 06759	06-0787931	501 (C) 3	7,650.				RENOVATIONS
-- BARKHAMSTED CENTER CEMETERY --							
-- 214 CENTER HILL RD --							
PLEASANT V, CT 06063	06-0701793	501 (C) 3	25,100.				RENOVATION
-- BARKHAMSTED HOUSING TRUST LLC --							
-- PO BOX 14 --							
RIVERTON, CT 06065	82-3926130	501 (C) 3	20,000.				HOUSING DEVELOPMENT
-- BARKHAMSTED YOUTH BASEBALL L --							
-- PO BOX 210 --							
PLEASANT V, CT 06063	27-4698740	501 (C) 3	42,000.				RENOVATION
-- COLEBROOK CONSOLIDATED SCHOOL --							
-- 452 SMITH HILL ROAD --							
COLEBROOK, CT 06021	06-6001690	501 (C) 3	9,900.				GENERAL SUPPORT
-- CONNECTICUT STATE COMMUNITY C --							
-- 74 PARK PLACE EAST --							
WINSTED, CT 06098	06-1044425	501 (C) 3	137,850.				GENERAL SUPPORT

TEEA001L 06/12/23

Schedule I Cont (Form 990) 2023

Continuation Sheet for Schedule I (Form 990)

2023

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 7 of 9

Name of the organization

NORTHWEST CONNECTICUT COMMUNITY

Employer identification number

06-1565733

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 noncash assistance	(h) Purpose of grant or assistance
-- CONNECTICUT STATE GRANGE --							
-- 17 RIVERTON RD --							
RIVERTON, CT 06065	30-0712664	501 (C) 3	10,000.				RENOVATIONS
-- ENVIRONMENTAL INSTITUTE --							
-- 111 S WACKER DR --							
CHICAGO, IL 60606	88-2415194	501 (C) 3	27,500.				GENERAL SUPPORT
-- FIRST CONGREGATIONAL CHURCH --							
-- 6 OLD TOWN HALL RD --							
PLEASANT V, CT 06063	06-0973813	501 (C) 3	29,300.				RENOVATIONS
-- FRIENDS OF AMERICAN LEGION --							
-- 106 EAST RIVER RD --							
BARKHAMST, CT 06063	47-4318705	501 (C) 3	35,000.				FORESTIN FALL
-- GUNN MEMORIAL LIBRARY, INC --							
-- PO BOX 1273 --							
WASHINGTON, CT 06793	06-0691373	501 (C) 3	45,000.				GENERAL SUPPORT
-- LITCHFIELD LAND TRUST --							
-- 7 WEST STREET --							
LITCHFIELD, CT 06759	23-7002462	501 (C) 3	10,000.				RENOVATION
-- NORTH CANAAN ELEMENTARY SCH --							
-- 90 PEASE ST --							
CANAAN, CT 06018	06-6001637	501 (C) 3	15,700.				GENERAL SUPPORT
-- NORTH CANAAN SOCIAL SERVICES --							
-- 100 PEASE ST #8 --							
CANAAN, CT 06018	06-6002052	501 (C) 3	7,300.				GENERAL SUPPORT
-- NORTHWEST HILLS COUNCIL GOW --							
-- PO BOX 832 --							
LITCHFIELD, CT 06759	38-3917142	501 (C) 3	46,400.				GENERAL SUPPORT
-- NUTMEG CONSERVATORY FOR ARTS --							
-- 58 MAIN STREET --							
TORRINGTON, CT 06790	23-7396180	501 (C) 3	13,980.				GENERAL SUPPORT

TCEA4001L 06/12/23

Schedule I Cont (Form 990) 2023

Continuation Sheet for Schedule I (Form 990)

2023

Attach to Form 990 to list additional information for Schedule I (Form 990), Part II and Part III.

Continuation Page 8 of 9

Name of the organization		Employer identification number					
NORTHWEST CONNECTICUT COMMUNITY		06-1565733					
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 noncash assistance	(h) Purpose of grant or assistance
NUTMEG SYMPHONY ORCHESTRA PO BOX 2154 BRISTOL, CT 06011	06-1086047	501 (C) 3	6,500.				GENERAL SUPPORT
OPERATION FUEL 75 CHARTER OAK AVENUE HARTFORD, CT 06106	06-1253091	501 (C) 3	7,500.				GENERAL SUPPORT
PLEASANT VALLEY UNITED M CHUR PO BOX 181 BARKHAMST, CT 06063	06-6043379	501 (C) 3	10,000.				ROOF REPLACEMENT
POUND MOUNTAIN TRUST INC 120 FULLER MOUNTAIN RD KENT, CT 06757	06-6088679	501 (C) 3	15,000.				CONSTRUCTION
RIVERTON THEATR INC PO BOX 302 RIVERTON, CT 06065	51-0414895	501 (C) 3	8,150.				SUPPORT
SALISBURY ASSOCIATION INC 24 MAIN STREET SALISBURY, CT 06068	06-6054763	501 (C) 3	100,000.				PROPERTY MAINTENANCE
SALISBURY HOUSING TRUT PO BOX 52 SALISBURY, CT 06068	35-2160939	501 (C) 3	10,000.				SUPPORT
SALISBURY SCHOOL 251 CANAAN ROAD SALISBURY, CT 06068	06-0646888	501 (C) 3	10,000.				SUPPORT
SHARON DAY CARE CENTER PO BOX 1031 SHARON, CT 06069	22-2595916	501 (C) 3	11,000.				SUPPORT
THE GOSHEN PLAYERS INC 2 NORTH STREET GOSHEN, CT 06756	22-2775679	501 (C) 3	7,250.				GENERAL SUPPORT

TEEA4001L 06/13/23

Schedule I Cont (Form 990) 2023

Continuation Sheet for Schedule I (Form 990)

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization
**NORTHWEST CONNECTICUT COMMUNITY
FOUNDATION, INC.**

Employer identification number
06-1565733

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. **1b**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? **2**

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee |

PART III

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- | | |
|--|----------|
| a Receive a severance payment or change-of-control payment? 4a | X |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? 4b | X |
| c Participate in or receive payment from an equity-based compensation arrangement? 4c | X |

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- | | |
|--|----------|
| a The organization? 5a | X |
| b Any related organization? 5b | X |

If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- | | |
|--|----------|
| a The organization? 6a | X |
| b Any related organization? 6b | X |

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. **7**

X

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? **8**

X

If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation					(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation	(v) Other reportable compensation				
GUY ROVEZZI	(i)	(ii)	(iii)	(iv)	(v)	(C)	(D)	(E)	(F)
1 PRESIDENT	216,457.	0.	0.	0.	0.	19,464.	13,174.	249,095.	0.
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3 - METHODS USED BY RELATED ORG. TO ESTABLISH CEO/EXEC. DIR. COMPENSATION

EXECUTIVE COMPENSATION POLICY INCLUDES ANNUAL REVIEW CONDUCTED BY FOUNDATION

EXECUTIVE COMMITTEE INVOLVING SUPPORTING DATA FROM INDEPENDENTLY PRODUCED REPORTS ON

COMMUNITY FOUNDATION COMPENSATION BY THE COUNCIL OF FOUNDATIONS, CT COUNCIL FOR

PHILANTHROPY, CT NONPROFITS AND 990S REVIEWED THROUGH GUIDESTAR OF LIKE (SIZE AND

GEOGRAPHY) NON- PROFIT ORGANIZATIONS.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

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: **NORTHWEST CONNECTICUT COMMUNITY
FOUNDATION, INC.**

Employer identification number
06-1565733

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	12	426,080.	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.....				
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?.....

	Yes	No
30a		X

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?.....

31		X
----	--	---

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

32a		X
-----	--	---

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.

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

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

2023

Open to Public
Inspection

Name of the organization **NORTHWEST CONNECTICUT COMMUNITY
FOUNDATION, INC.**

Employer identification number
06-1565733

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE BOARD AND AUDIT COMMITTEE ARE PROVIDED A COPY OF THE AUDITED FINANCIAL STATEMENTS AND THE COMPLETED FORM 990 AT A REGULARLY SCHEDULED BOARD MEETING. BOARD/COMMITTEE MEMBERS WHO ARE UNABLE TO ATTEND ARE PROVIDED ELECTRONIC COPIES. THE AUDIT COMMITTEE REVIEWS THE 990 WITH THE FULL BOARD AND STAFF, AND OPPORTUNITIES FOR QUESTIONS AND DISCUSSION ARE PROVIDED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ANNUALLY THE BOARD OF DIRECTORS, STAFF AND KEY VOLUNTEERS COMPLETE A CONFLICT OF INTEREST STATEMENT LISTING ALL AFFILIATIONS AND THOSE OF FAMILY MEMBERS, AS WELL AS POTENTIAL CONFLICT OF INTEREST RELATIONSHIPS. THESE STATEMENTS ARE KEPT ON FILE. IN ALL MEETINGS RELATED TO GRANTS AND CONTRACTED SERVICES, THE BOARD IS REMINDED OF THIS POLICY AND REQUIRED TO RECUSE THEMSELVES FROM ANY DISCUSSION AND VOTING THAT COULD BE CONSIDERED A CONFLICT. IT IS ALSO MONITORED THROUGH THE EXAMINATION OF PUBLIC RECORDS REGARDING NON-PROFIT BOARDS AND GOVERNANCE STRUCTURE, INTERVIEWS, BYLAW AND PROCEDURAL POLICIES.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

EXECUTIVE COMPENSATION POLICY INCLUDES AN ANNUAL REVIEW CONDUCTED BY BOARD EXECUTIVE COMMITTEE INVOLVING AN EXAMINATION OF SUPPORTING DATA FROM INDEPENDENTLY PRODUCED REPORTS ON COMMUNITY FOUNDATION COMPENSATION BY THE NATIONAL COUNCIL ON FOUNDATIONS, THE CT COUNCIL FOR PHILANTHROPY, AND CT NONPROFIT ALLIANCE AND 990 INSPECTION ON GUIDESTAR FROM LIKE (SIZE AND GEOGRAPHY) NONPROFIT ORGANIZATIONS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

OFFERED FOR INSPECTION THROUGH WEBSITE, ANNUAL REPORT, PERIODIC COMMUNICATIONS, GUIDESTAR, AND BY REQUEST.

Name of the organization NORTHWEST CONNECTICUT COMMUNITY
FOUNDATION, INC.

Employer identification number
06-1565733

FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS..... \$ -664,772.
TOTAL \$ -664,772.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												

(2) -----												

(3) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									

(2) -----									

(3) -----									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.....		1 a X
b Gift, grant, or capital contribution to related organization(s).....		1 b X
c Gift, grant, or capital contribution from related organization(s).....		1 c X
d Loans or loan guarantees to or for related organization(s).....		1 d X
e Loans or loan guarantees by related organization(s).....		1 e X
f Dividends from related organization(s).....		1 f X
g Sale of assets to related organization(s).....		1 g X
h Purchase of assets from related organization(s).....		1 h X
i Exchange of assets with related organization(s).....		1 i X
j Lease of facilities, equipment, or other assets to related organization(s).....		1 j X
k Lease of facilities, equipment, or other assets from related organization(s).....		1 k X
l Performance of services or membership or fundraising solicitations for related organization(s).....		1 l X
m Performance of services or membership or fundraising solicitations by related organization(s).....		1 m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).....		1 n X
o Sharing of paid employees with related organization(s).....		1 o X
p Reimbursement paid to related organization(s) for expenses.....		1 p X
q Reimbursement paid by related organization(s) for expenses.....		1 q X
r Other transfer of cash or property to related organization(s).....		1 r X
s Other transfer of cash or property from related organization(s).....		1 s X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NW CT COMMUNITY FOUNDATION TRUST	C	194,271.	COST
(2) NW CT COMMUNITY FOUNDATION TRUST	L	109,382.	ALLOCATED COST
(3) NW CT COMMUNITY FOUNDATION TRUST	N	20,280.	ALLOCATED COST
(4) NW CT COMMUNITY FOUNDATION TRUST	O	177,108.	ALLOCATED COST
(5) JOHN T. & JANE A. WIEDERHOLD FOUNDATION	L	180,363.	ALLOCATED COST
(6) JOHN T. & JANE A. WIEDERHOLD FOUNDATION	N	18,158.	ALLOCATED COST

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													

(2) -----													

(3) -----													

(4) -----													

(5) -----													

(6) -----													

(7) -----													

(8) -----													

Part VII **Supplemental Information**Provide additional information for responses to questions on Schedule R. See instructions.

2023

GENERAL INFORMATION
NORTHWEST CONNECTICUT COMMUNITY
FOUNDATION, INC.

PAGE 1

06-1565733

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH I, SCH J, SCH M, SCH O, SCH R

CARRYOVERS TO 2024

NONE

	2023	2022	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	3,343,299	10,552,875	-7,209,576
PROGRAM SERVICE REVENUE.....	25,500	31,000	-5,500
INVESTMENT INCOME.....	8,208,932	4,398,400	3,810,532
OTHER REVENUE.....	304,727	292,102	12,625
TOTAL REVENUE.....	11,882,458	15,274,377	-3,391,919
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	4,947,741	4,492,599	455,142
SALARIES, OTHER COMPEN., EMP. BENEFITS..	1,278,233	1,154,959	123,274
OTHER EXPENSES.....	573,789	825,804	-252,015
TOTAL EXPENSES.....	6,799,763	6,473,362	326,401
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	5,082,695	8,801,015	-3,718,320
TOTAL ASSETS AT END OF YEAR.....	141,690,594	124,859,463	16,831,131
TOTAL LIABILITIES AT END OF YEAR.....	29,817,817	25,235,105	4,582,712
NET ASSETS/FUND BALANCES AT END OF YEAR.	111,872,777	99,624,358	12,248,419

FEDERAL WORKSHEETS
NORTHWEST CONNECTICUT COMMUNITY
FOUNDATION, INC.

FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	6,126,074.	6,126,074.	PART IX, LINE 25, COL. B
GRANTS	4,947,741.	4,947,741.	PART IX, LINES 1-3, COL. B
REVENUE	0.	25,500.	PART VIII, LINE 2, COL. A

FORM 990, PART VIII, LINE 11D
OTHER REVENUE

DESCRIPTION	BUS. CODE	TOTAL REVENUE	RELATED OR EXEMPT FUNC TION REVENUE	UNRELATED BUSINESS REVENUE	REVENUE EXCLUDED FROM TAX
SEMINAR INCOME	900099	\$ 2,940.	\$ 2,940.		
TOTALS		<u>2,940.</u>	<u>2,940.</u>	<u>\$ 0.</u>	<u>\$ 0.</u>

FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUND- RAISING
	23,633.	14,156.	7,421.	2,056.
TOTAL	<u>\$ 23,633.</u>	<u>\$ 14,156.</u>	<u>\$ 7,421.</u>	<u>\$ 2,056.</u>

FORM 990, PART IX, LINE 24E
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ANNUAL APPEAL	5,413.			5,413.
BOARD EXPENSE	8,790.	5,265.	2,760.	765.
COMMUNITY EDUCATION	2,340.	2,340.		
HUMAN RESOURCES EXP	3,136.		3,136.	
MISCELLANEOUS	3,743.	1,652.	866.	1,225.
POSTAGE AND SHIPPING	3,185.	1,908.	1,000.	277.
STRATEGIC PLANNING	1,982.	1,187.	622.	173.
TOTAL	<u>\$ 28,589.</u>	<u>\$ 12,352.</u>	<u>\$ 8,384.</u>	<u>\$ 7,853.</u>

UNUSUAL GRANTS
SCHEDULE A, PART II OR PART III, LINE 1

CHARLOTTE HUNGRFORD HOSPITAL

ESTATE OF STEVEN GARBIN

US SMALL BUSINESS ADMINISTRATION

2020 DESCRIPTION OF GRANT:

DATE OF GRANT:

AMOUNT OF GRANT:

\$ 1,500,000.

EST. MINER SHEPARD C/O ATTY REIS

2022 DESCRIPTION OF GRANT:

DATE OF GRANT:

AMOUNT OF GRANT:

\$ 231,824.

2021 DESCRIPTION OF GRANT:

DATE OF GRANT:

AMOUNT OF GRANT:

\$ 969,066.

MS. SANDY BOYNTON

2023 DESCRIPTION OF GRANT:

DATE OF GRANT:

AMOUNT OF GRANT:

\$ 322,105.

2020 DESCRIPTION OF GRANT: PPP GRANT

DATE OF GRANT:

AMOUNT OF GRANT:

\$ 144,739.

CT VOLUNTEER SERVICES FOR THE BLIND

2021 DESCRIPTION OF GRANT:

DATE OF GRANT:

12/31/2021

AMOUNT OF GRANT:

\$ 1,573,199.

DOUGLAS ROBERTS

2022 DESCRIPTION OF GRANT:

GIFT TO PRINCIPAL ENDOWMENT FUND

DATE OF GRANT:

12/20/2022

AMOUNT OF GRANT:

\$ 6,782,545.

EXCESS CONTRIBUTIONS
SCHEDULE A, PART II, LINE 5

	<u>2019</u>	<u>2020</u>	<u>2021</u>	<u>2022</u>	<u>2023</u>	<u>TOTAL</u>	<u>2% AMT</u>	<u>EXCESS</u>
MRS ANONYMOUS								
102,691	155,917	0	0	0	258,608	0	0	
JEFF & DIANE JOHNSON								
30,058	52,921	0	0	0	82,979	0	0	

EXCESS CONTRIBUTIONS (CONTINUED)
SCHEDULE A, PART II, LINE 5

ROBERT & CLAIRE DOMBI	0	0	100,886	0	100,000	200,886	0	0
MARGARET AND ADRIAN SELBY	101,797	51,459	97,347	0	0	250,603	0	0
TEMKIN FAMILY LLC	0	27,779	0	0	0	27,779	0	0
MELVA BUCKSBAUM FAMILY FOUNDATION	125,000	250,000	250,000	250,000	0	875,000	521,260	353,740
ELLEN & RAY ONEGLIA	0	100,000	0	0	0	100,000	0	0
VICTOR MUSCHELL	0	100,000	0	0	0	100,000	0	0
IRENE & DAVID ONEGLIA	0	100,100	0	0	0	100,100	0	0
LITCHFIELD MONTESSORI SCHOOL	200,846	49,126	0	0	0	249,972	0	0
DENNIS SHERVA ESTATE	0	0	0	0	1,000,000	1,000,000	521,260	478,740
ARSEGO ESTSTE	0	0	0	0	1,570,000	1,570,000	521,260	1048740
	<u>560,392</u>	<u>887,302</u>	<u>448,233</u>	<u>250,000</u>	<u>2,670,000</u>	<u>4,815,927</u>	<u>1563780</u>	<u>1881220</u>

2023 Exempt Org. Return
prepared for:

NORTHWEST CT COMMUNITY FOUNDATION TRUST
P.O. BOX 1144
TORRINGTON, CT 06790-1144

KING, KING & ASSOCIATES, CPAS
170 HOLABIRD AVE
WINSTED, CT 06098

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.**2023**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20	
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C NORTHWEST CT COMMUNITY FOUNDATION TRUST P.O. BOX 1144 TORRINGTON, CT 06790-1144 F Name and address of principal officer: GUY ROVEZZI SAME AS C ABOVE
D Employer identification number 06-6114199	
E Telephone number 860-626-1245	
G Gross receipts \$ 392,049.	
H(a) Is this a group return for subordinates? Yes ☒ No ☐ H(b) Are all subordinates included? Yes ☐ No ☐ If "No," attach a list. See instructions.	
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527	
J Website: WWW.NORTHWESTCF.ORG	
K Form of organization: ☐ Corporation ☒ Trust ☐ Association ☐ Other	
L Year of formation: 1970	
M State of legal domicile: CT	

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO ENHANCE QUALITY OF LIFE FOR CITIZENS IN ITS SERVICE AREA BY IDENTIFYING AND RESPONDING TO COMMUNITY NEEDS BY PROVIDING FINANCIAL ASSISTANCE IN THE FORM OF SCHOLARSHIPS AND GRANTS TO 501(C)(3) ORGANIZATIONS.
	2 Check this box ☐ 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 13
	4 Number of independent voting members of the governing body (Part VI, line 1b)..... 4 13
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)..... 5 14
	6 Total number of volunteers (estimate if necessary)..... 6 75
	7a 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).....
	9 Program service revenue (Part VIII, line 2g).....
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....
	14 Benefits paid to or for members (Part IX, column (A), line 4).....
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....
	16a Professional fundraising fees (Part IX, column (A), line 11e).....
	b Total fundraising expenses (Part IX, column (D), line 25)..... 57.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....
	19 Revenue less expenses. Subtract line 18 from line 12.....
	20 Total assets (Part X, line 16).....
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26).....
	22 Net assets or fund balances. Subtract line 21 from line 20.....

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 GUY ROVEZZI Type or print name and title PRESIDENT
	Date
Paid Preparer Use Only	Print/Type preparer's name ROBERT E. KING, CPA
	Preparer's signature ROBERT E. KING, CPA
	Date
	Check ☐ if self-employed PTIN P00083643
Firm's name KING, KING & ASSOCIATES, CPAS	
Firm's EIN 06-1392255	
Firm's address 170 HOLABIRD AVE WINSTED, CT 06098	
Phone no. (860) 379-0215	

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO ENHANCE QUALITY OF LIFE FOR CITIZENS IN ITS SERVICE AREA BY IDENTIFYING AND
RESPONDING TO COMMUNITY NEEDS BY PROVIDING FINANCIAL ASSISTANCE IN THE FORM OF
SCHOLARSHIPS AND GRANTS TO 501(C)(3) ORGANIZATIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior

Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

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

4a (Code:) (Expenses \$ 362,235. including grants of \$ 320,371.) (Revenue \$)

INCOME FROM INVESTMENTS IS TO BE DISTRIBUTED ANNUALLY TO WORTHY 501 (C) (3) RECIPIENTS
AS SELECTED BY THE GRANTS COMMITTEE. FUNDS HAVE BEEN ESTABLISHED BY MANY SEPARATE
DONORS FOR THE BENEFIT OF THE RESIDENTS OF BARKHAMSTED, BETHLEHEM, CANAAN/FALLS
VILLAGE, COLEBROOK, CORNWALL, GOSHEN, HARTLAND, HARWINTON, LITCHFIELD, MORRIS, NEW
HARTFORD, NORFOLK, NORTH CANAAN, SALISBURY, TORRINGTON, WASHINGTON, WARREN OR
WINSTED. THE FOUNDATION WILL, AS DESIGNATED BY THE DONOR'S GIFT INSTRUMENT, EXPAND
THE SCOPE OF ITS PHILANTHROPIC ACTIVITIES WITHOUT RESTRICTION TO ANY GEOGRAPHIC
LOCATION. IN ADDITION, FINANCIAL ASSISTANCE IN THE FORM OF SCHOLARSHIPS IS AWARDED
TO LOCAL INDIVIDUALS PURSUING HIGHER EDUCATION. IN 2023, GRANTS IN THE AMOUNT OF
\$103,150 WERE AWARDED AND FINANCIAL ASSISTANCE IN THE FORM OF SCHOLARSHIPS WAS
PROVIDED IN THE AMOUNT OF \$22,500.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 362,235.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? 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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI		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? If "Yes," complete Schedule D, Part VII		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? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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? If "Yes," complete Schedule F, Parts I and IV		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? If "Yes," complete Schedule F, Parts II and IV		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? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III.	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? If "Yes," complete Schedule J.	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II.		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? If "Yes," complete Schedule L, Part III.		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? If "Yes," complete Schedule L, Part IV.		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		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? If "Yes," complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	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)? If "Yes," complete Schedule R, Part V, line 2.		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		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? If "Yes," complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
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)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	14
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
	If "Yes," see the instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	
	If "Yes," complete Form 6069.		

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**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	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?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	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	9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed NONE

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 ☒ 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. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 GUY ROVEZZI PO BOX 1144 TORRINGTON CT 06790-1144 860-626-1245

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(1) GUY ROVEZZI PRESIDENT	5 35			X			216,312.	0.	32,638.
(2) MIKHAEL WILKINSON SR VP OF FINANCEOP	5 35					X	113,959.	0.	13,240.
(3) BRADFORD HOAR VP PHILANTHROPIC	5 35					X	100,206.	0.	23,173.
(4) JULIA SCHARNBERG VP COMM ENGAGMT	5 35					X	104,014.	0.	15,153.
(5) ANNE SUTHERLAND FUCHS DIRECTOR	1 1	X					0.	0.	0.
(6) BARBARA SPIEGEL DIRECTOR	1 1	X					0.	0.	0.
(7) DON MAYLAND 1ST VICE CHAIR	1 2	X		X			0.	0.	0.
(8) ADRIAN SELBY CHAIRMAN	1 2	X		X			0.	0.	0.
(9) DAVID ANTONIAZZI DIRECTOR	1 1	X					0.	0.	0.
(10) ELIZABETH BRAYBOY DIRECTOR	1 1	X					0.	0.	0.
(11) VINCENT INCONIGLIOS DIRECTOR	1 1	X					0.	0.	0.
(12) PATRIQUE FEARON DIRECTOR	1 1	X					0.	0.	0.
(13) JASON GIORDANO DIRECTOR	1 1	X					0.	0.	0.
(14) VICTOR M. MUSCHELL, ESQ. 2ND VICE CHAIR	1 2	X		X			0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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			
(15) ROD PLEASANTS DIRECTOR	1 1	X						0.	0.	0.
(16) ANNE RUWET DIRECTOR	1 1	X						0.	0.	0.
(17) ANITA BAXTER SECRETARY	1 2	X		X				0.	0.	0.
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Subtotal								534,491.	0.	84,204.
c Total from continuation sheets to Part VII, Section A.								0.	0.	0.
d Total (add lines 1b and 1c)								534,491.	0.	84,204.
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	4									

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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

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 RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns.....	1a			
	b	Membership dues.....	1b			
	c	Fundraising events.....	1c			
	d	Related organizations.....	1d			
	e	Government grants (contributions)....	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above...	1f	251,952.		
	g	Noncash contributions included in lines 1a-1f.....	1g	7,075.		
	h	Total. Add lines 1a-1f.....		251,952.		
Program Service Revenue	Business Code					
	2a	-----				
	b	-----				
	c	-----				
	d	-----				
	e	-----				
	f	All other program service revenue...				
g	Total. Add lines 2a-2f.....					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts).....		135,384.		135,384.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties.....				
	6a	Gross rents.....	6a			
	b	Less: rental expenses.....	6b			
	c	Rental income or (loss).....	6c			
	d	Net rental income or (loss).....				
	7a	Gross amount from sales of assets other than inventory	7a	3,713.		
	b	Less: cost or other basis and sales expenses	7b			
	c	Gain or (loss).....	7c	3,713.		
	d	Net gain or (loss).....		3,713.		3,713.
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.....	8a			
	b	Less: direct expenses.....	8b			
	c	Net income or (loss) from fundraising events.....				
	9a	Gross income from gaming activities. See Part IV, line 19.....	9a			
	b	Less: direct expenses.....	9b			
	c	Net income or (loss) from gaming activities.....				
10a	Gross sales of inventory, less..... returns and allowances.....	10a				
b	Less: cost of goods sold.....	10b				
c	Net income or (loss) from sales of inventory.....					
Miscellaneous Revenue	Business Code					
	11a	UNFULFILLED GRANT INCOME.....	900099	1,000.		1,000.
	b	-----				
	c	-----				
	d	All other revenue.....				
e	Total. Add lines 11a-11d.....		1,000.			
12	Total revenue. See instructions.....		392,049.	0.	0.	140,097.

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.	297,421.	297,421.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	22,500.	22,500.		
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.	0.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.				
11 Fees for services (nonemployees):				
a Management.	101,881.		101,881.	
b Legal.				
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	49,323.	41,925.	7,398.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion.				
13 Office expenses.				
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.				
23 Insurance.				
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 MISC. EXPENSES	650.	389.	204.	57.
b				
c				
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	471,775.	362,235.	109,483.	57.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

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

		(A) Beginning of year	(B) End of year
Assets	1 Cash — non-interest-bearing		1
	2 Savings and temporary cash investments	213,680.	2 196,541.
	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		9
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b Less: accumulated depreciation	10b	10c
	11 Investments — publicly traded securities	3,942,730.	11 4,295,126.
	12 Investments — other securities. See Part IV, line 11		12
	13 Investments — program-related. See Part IV, line 11		13
	14 Intangible assets		14
	15 Other assets. See Part IV, line 11	1,701,360.	15 1,176,160.
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,857,770.	16 5,667,827.	
Liabilities	17 Accounts payable and accrued expenses		17
	18 Grants payable	113,000.	18 87,800.
	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		25
26 Total liabilities. Add lines 17 through 25	113,000.	26 87,800.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		
	27 Net assets without donor restrictions	4,957,953.	27 5,437,204.
	28 Net assets with donor restrictions	786,817.	28 142,823.
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.		
	29 Capital stock or trust principal, or current funds		29
	30 Paid-in or capital surplus, or land, building, or equipment fund		30
	31 Retained earnings, endowment, accumulated income, or other funds		31
	32 Total net assets or fund balances.	5,744,770.	32 5,580,027.
	33 Total liabilities and net assets/fund balances.	5,857,770.	33 5,667,827.

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	392,049.
2	Total expenses (must equal Part IX, column (A), line 25)	2	471,775.
3	Revenue less expenses. Subtract line 2 from line 1	3	-79,726.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,744,770.
5	Net unrealized gains (losses) on investments	5	558,977.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O) SEE SCHEDULE O	9	-643,994.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,580,027.

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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	2a	X
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	2b	X
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.	2c	X
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?	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

NORTHWEST CT COMMUNITY FOUNDATION TRUST

Employer identification number

06-6114199

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☒ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	133,802.	119,486.	185,038.	165,610.	251,952.	855,888.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3	133,802.	119,486.	185,038.	165,610.	251,952.	855,888.
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)						93,604.
6 Public support. Subtract line 5 from line 4						762,284.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	133,802.	119,486.	185,038.	165,610.	251,952.	855,888.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	164,205.	170,081.	242,154.	120,049.	135,384.	831,873.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	1,032.				1,000.	2,032.
11 Total support. Add lines 7 through 10						1,689,793.
12 Gross receipts from related activities, etc. (see instructions)					12	0.
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.						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	45.11 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	42.63 %
16a 33-1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☒	
b 33-1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐	
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	☐	
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	☐	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 2023 (line 8, column (f), divided by line 13, column (f)).	15	
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)).	17	
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	

19a 33-1/3% support tests—2023. 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—2022. 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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	☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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Schedule A (Form 990) 2023

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 2023 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-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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Schedule A (Form 990) 2023

Part VI

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

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2023	2022	2021	2020	2019
UNFULFILLED GRANT AWARDS					
\$ 1,000.					\$ 1,000.
MISCELLANEOUS INCOME					32.
TOTAL	\$ 1,000.	\$ 0.	\$ 0.	\$ 0.	\$ 1,032.

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

2023

Open to Public
Inspection

Name of the organization

Employer identification number

NORTHWEST CT COMMUNITY FOUNDATION TRUST

06-6114199

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.....		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year.....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?.....	☐ Yes	☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.....	☐ Yes	☐ No

Part II Conservation Easements

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

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

☐ Preservation of land for public use (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 on line 2a	2c
d Number of conservation easements included on line 2c 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 2d 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..... \$

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 in Part XIII. ☐

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	5,413,547.	6,947,388.	5,857,950.	5,522,350.	4,713,079.
b Contributions	175,224.				
c Net investment earnings, gains, and losses	4,756.	-1,076,469.	1,309,671.	589,873.	1,060,269.
d Grants or scholarships	124,650.	355,164.	122,500.	160,700.	165,086.
e Other expenditures for facilities and programs				0.	
f Administrative expenses	102,530.	102,208.	97,733.	93,573.	85,912.
g End of year balance	5,366,347.	5,413,547.	6,947,388.	5,857,950.	5,522,350.

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

- a Board designated or quasi-endowment 85.00 %
 b Permanent endowment %
 c Term endowment 15.00 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	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?	3b	

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

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				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 0.

Part VII Investments – Other Securities

N/A

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, line 12, column (B)). ...		

Part VIII Investments – Program Related

N/A

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)		
(10)		
Total. (Column (b) must equal Form 990, Part X, line 13, column (B)). ...		

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) CHARITABLE REMAINDER TRUSTS	142,823.
(2) COMMODITIES	133,753.
(3) EXCHANGE TRADED FUNDS	21,333.
(4) HEDGE FUNDS	483,039.
(5) PERPETUAL TRUST	239,569.
(6) REITS	7,733.
(7) SHORT TERM INVESTMENTS	147,910.
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, line 15, column (B)). ...	1,176,160.

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B)). ...	

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 N/A

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments.....	2a		
	b Donated services and use of facilities.....	2b		
	c Recoveries of prior year grants.....	2c		
	d Other (Describe in Part XIII.).....	2d		
	e Add lines 2a through 2d.....		2e	
3	Subtract line 2e from line 1.....		3	
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		
	b Other (Describe in Part XIII.).....	4b		
	c Add lines 4a and 4b.....		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return N/A

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

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

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 V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

TO ENHANCE QUALITY OF LIFE FOR CITIZENS IN ITS SERVICE AREA BY IDENTIFYING AND
 RESPONDING TO COMMUNITY NEEDS BY PROVIDING FINANCIAL ASSISTANCE IN THE FORM OF
 SCHOLARSHIPS AND GRANTS TO 501(C)(3) ORGANIZATIONS.

SCHEDULE I
(Form 990)

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHWEST CT COMMUNITY FOUNDATION TRUST

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. **SEE PART IV**

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NW CT COMM FOUNDATION PO BOX 1144 TORRINGTON, CT 06790	06-1565733		194,271.	0.			GENERAL OPERATING SUPPORT
(2) COMMUNITY KITCHEN TORRINGTON 220 PROSPECT ST TORRINGTON, CT 06790	22-3070053	501 (C) 3	7,500.	0.			GENERAL OPERATING SUPPORT
(3) KIDSPRAY CHILDREN'S MUSEUM 61 MAIN STREET TORRINGTON, CT 06790	45-4928276	501 (C) 3	19,000.	0.			REPAIRS & ADDITION OF STEM CONCEPTS
(4) FRIENDLY HANDS FOOD BANK 50 KING STREET TORRINGTON, CT 06790	31-1639994	501 (C) 3	7,500.	0.			OPERATING COSTS
(5) OLIVER WOLCOTT LIBRARY INC PO BOX 187 LITCHFIELD, CT 06759	06-0709304	501 (C) 3	7,500.	0.			LITERACY COURSE & GENERAL SUPPORT
(6) REBUILDING TOGETHER 30 BANTAM TERRACE BANTAM, CT 06750	38-3693059	501 (C) 3	8,000.	0.			HEALTH & SAFETY REPAIRS TO HOMES
(7) SUMMIT ADAPTIVE SPORTS INC 126 RATLUM RD NEW HARTFORD, CT 06019	88-3377429	501 (C) 3	6,000.	0.			EQUIPMENT FOR OUTDOOR SPORTS
(8) -----							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **6**

3 Enter total number of other organizations listed in the line 1 table **1**

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

TEEA3901L 05/12/23

Schedule I (Form 990) 2023

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 STUDENT SCHOLARSHIPS	21	22,500.			
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.**PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANTS FUNDS IN U.S.**

GRANTS ARE MONITORED BY STAFF, BOARD AND INDEPENDENT OVERSIGHT INCLUDING SITE VISITS.

MONITORING INCLUDES A POST-GRANT REPORT AND A FULL REVIEW OF MANDATORY DOCUMENTATION

REGARDING ELIGIBILITY AND MISSION.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

CMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

NORTHWEST CT COMMUNITY FOUNDATION TRUST

Employer identification number

06-6114199

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.....

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?.....

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

PART III

- | | |
|---|--|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☒ Form 990 of other organizations | ☐ Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?.....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?.....
- c** Participate in or receive payment from an equity-based compensation arrangement?.....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?.....
- b** Any related organization?.....
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?.....
- b** Any related organization?.....
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.....

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)?
If "Yes," describe in Part III.....

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?.....

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation				(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(iv) Other reportable compensation				
GUY ROVEZZI	(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)	(viii)
1 PRESIDENT	216,312.	0.	0.	0.	19,464.	13,174.	248,950.	0.
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3 - METHODS USED BY RELATED ORG. TO ESTABLISH CEO/EXEC. DIR. COMPENSATION

THE EXECUTIVE COMPENSATION POLICY OF THE RELATED ORGANIZATION INCLUDES AN ANNUAL REVIEW CONDUCTED BY THE FOUNDATION BOARD EXECUTIVE COMMITTEE INVOLVING AN EXAMINATION OF SUPPORTING DATA FROM INDEPENDENTLY PRODUCED REPORTS ON COMMUNITY FOUNDATION COMPENSATION BY THE NATIONAL COUNCIL ON FOUNDATIONS, THE CT COUNCIL FOR PHILANTHROPY, CT NONPROFITS ALLIANCE AND 990 INSPECTION ON GUIDESTAR OF LIKE (SIZE & GEOGRAPHY) NONPROFIT ORGANIZATIONS.

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

2023

Open to Public
Inspection

Name of the organization

NORTHWEST CT COMMUNITY FOUNDATION TRUST

Employer identification number

06-6114199

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE BOARD AND AUDIT COMMITTEE ARE PROVIDED A COPY OF THE AUDITED FINANCIAL STATEMENTS AND AND THE COMPLETED FORM 990 AT A REGULARLY SCHEDULED BOARD MEETING. BOARD/COMMITTEE MEMBERS WHO ARE UNABLE TO ATTEND ARE PROVIDED ELECTRONIC COPIES. THE AUDIT COMMITTEE REVIEWS THE 990 WITH THE FULL BOARD AND STAFF, AND OPPORTUNITIES FOR QUESTIONS AND DISCUSSION ARE PROVIDED.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

THROUGH THE INSPECTION OF PUBLIC RECORDS, INTERVIEWS, NONPROFIT GOVERNING DOCUMENTS, AND DUE DILIGENCE EFFORTS SURROUNDING COMMUNITY AFFILIATIONS AND ASSOCIATIONS.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE EXECUTIVE COMPENSATION POLICY INCLUDES AN ANNUAL REVIEW CONDUCTED BY THE BOARD EXECUTIVE COMMITTEE INVOLVING AN EXAMINATION OF SUPPORTING DATA FROM INDEPENDENTLY PRODUCED REPORTS ON COMMUNITY FOUNDATION COMPENSATION FROM THE NATIONAL COUNCIL ON FOUNDATIONS, THE CT COUNCIL FOR PHILANTHROPY, THE CT NONPROFIT ALLIANCE AND 990 INSPECTION ON GUIDESTAR FROM LIKE (SIZE AND GEOGRAPHY) NONPROFIT ORGS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE EXECUTIVE COMPENSATION POLICY INCLUDES AN ANNUAL REVIEW CONDUCTED BY THE BOARD EXECUTIVE COMMITTEE INVOLVING AN EXAMINATION OF SUPPORTING DATA FROM INDEPENDENTLY PRODUCED REPORTS ON COMMUNITY FOUNDATION COMPENSATION FROM THE NATIONAL COUNCIL ON FOUNDATIONS, THE CT COUNCIL FOR PHILANTHROPY, THE CT NONPROFIT ALLIANCE AND 990 INSPECTION ON GUIDESTAR FROM LIKE (SIZE AND GEOGRAPHY) NONPROFIT ORGS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

OFFERED FOR INSPECTION THROUGH OUR WEBSITE, ANNUAL REPORT, PERIODIC COMMUNICATIONS, GUIDESTAR, AND BY REQUEST.

Name of the organization

Employer identification number

NORTHWEST CT COMMUNITY FOUNDATION TRUST

06-6114199

**FORM 990, PART XI, LINE 9
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS.....	\$	-643,994.
TOTAL	\$	<u>-643,994.</u>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

NORTHWEST CT COMMUNITY FOUNDATION TRUST

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Employer identification number

06-6114199

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					

(2) -----					

(3) -----					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?
(1) NORTHWEST CT COMMUNITY FOUNDATION P.O. BOX 1144 TORRINGTON, CT 06790 06-1565733	TO ENHANCE THE LIVES OF CITIZENS IN ITS SERVICE AREA	CT	501 (C) (3)	7	N/A	X
(2) JOHN T. & JANE A. WIEDERHOLD FOUND 185 ASYLUM STREET, 3RD FLOOR HARTFORD, CT 06103 06-1830842	TO SUPPORT THE WELFARE OF ANIMALS	CT	501 (C) (3)	TYPE 1 SUPPORTINGORG	N/A	X
(3) -----						

(4) -----						

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----	-----	-----	-----	-----	-----	-----						
-----	-----	-----	-----	-----	-----	-----						
-----	-----	-----	-----	-----	-----	-----						
(2) -----	-----	-----	-----	-----	-----	-----						
-----	-----	-----	-----	-----	-----	-----						
-----	-----	-----	-----	-----	-----	-----						
(3) -----	-----	-----	-----	-----	-----	-----						
-----	-----	-----	-----	-----	-----	-----						
-----	-----	-----	-----	-----	-----	-----						

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----	-----	-----	-----	-----	-----	-----			
-----	-----	-----	-----	-----	-----	-----			
-----	-----	-----	-----	-----	-----	-----			
(2) -----	-----	-----	-----	-----	-----	-----			
-----	-----	-----	-----	-----	-----	-----			
-----	-----	-----	-----	-----	-----	-----			
(3) -----	-----	-----	-----	-----	-----	-----			
-----	-----	-----	-----	-----	-----	-----			
-----	-----	-----	-----	-----	-----	-----			

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.....	1 a	X
b Gift, grant, or capital contribution to related organization(s).....	1 b	X
c Gift, grant, or capital contribution from related organization(s).....	1 c	X
d Loans or loan guarantees to or for related organization(s).....	1 d	X
e Loans or loan guarantees by related organization(s).....	1 e	X
f Dividends from related organization(s).....	1 f	X
g Sale of assets to related organization(s).....	1 g	X
h Purchase of assets from related organization(s).....	1 h	X
i Exchange of assets with related organization(s).....	1 i	X
j Lease of facilities, equipment, or other assets to related organization(s).....	1 j	X
k Lease of facilities, equipment, or other assets from related organization(s).....	1 k	X
l Performance of services or membership or fundraising solicitations for related organization(s).....	1 l	X
m Performance of services or membership or fundraising solicitations by related organization(s).....	1 m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).....	1 n	X
o Sharing of paid employees with related organization(s).....	1 o	X
p Reimbursement paid to related organization(s) for expenses.....	1 p	X
q Reimbursement paid by related organization(s) for expenses.....	1 q	X
r Other transfer of cash or property to related organization(s).....	1 r	X
s Other transfer of cash or property from related organization(s).....	1 s	X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NORTHWEST CT COMMUNITY FOUNDATION	B	194,271	COST
(2) NORTHWEST CT COMMUNITY FOUNDATION	M	109,382	ALLOCATED COST
(3) NORTHWEST CT COMMUNITY FOUNDATION	N	20,280	ALLOCATED COST
(4) NORTHWEST CT COMMUNITY FOUNDATION	O	177,108	ALLOCATED COST
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													

(2) -----													

(3) -----													

(4) -----													

(5) -----													

(6) -----													

(7) -----													

(8) -----													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

2023

GENERAL INFORMATION

PAGE 1

NORTHWEST CT COMMUNITY FOUNDATION TRUST

06-6114199

FORMS NEEDED FOR THIS RETURN

FEDERAL: 990, SCH A, SCH B, SCH D, SCH I, SCH J, SCH O, SCH R

CARRYOVERS TO 2024

NONE

NORTHWEST CT COMMUNITY FOUNDATION TRUST

06-6114199

	2023	2022	DIFF
REVENUE			
CONTRIBUTIONS AND GRANTS.....	251,952	165,610	86,342
INVESTMENT INCOME.....	139,097	122,017	17,080
OTHER REVENUE.....	1,000	0	1,000
TOTAL REVENUE.....	392,049	287,627	104,422
EXPENSES			
GRANTS AND SIMILAR AMOUNTS PAID.....	319,921	470,774	-150,853
OTHER EXPENSES.....	151,854	152,996	-1,142
TOTAL EXPENSES.....	471,775	623,770	-151,995
NET ASSETS OR FUND BALANCES			
REVENUE LESS EXPENSES.....	-79,726	-336,143	256,417
TOTAL ASSETS AT END OF YEAR.....	5,667,827	5,857,770	-189,943
TOTAL LIABILITIES AT END OF YEAR.....	87,800	113,000	-25,200
NET ASSETS/FUND BALANCES AT END OF YEAR.....	5,580,027	5,744,770	-164,743

NORTHWEST CT COMMUNITY FOUNDATION TRUST

06-6114199

FORM 990, PART III, LINE 4E
PROGRAM SERVICES TOTALS

	PROGRAM SERVICES TOTAL	FORM 990	SOURCE
TOTAL EXPENSES	362,235.	362,235.	PART IX, LINE 25, COL. B
GRANTS	320,371.	319,921.	PART IX, LINES 1-3, COL. B
REVENUE	0.	0.	PART VIII, LINE 2, COL. A

EXCESS CONTRIBUTIONS
SCHEDULE A, PART II, LINE 5

	2019	2020	2021	2022	2023	TOTAL	2% AMT	EXCESS
ELENA & DENNIS SHERVA	5,000	5,000	0	0	0	10,000	0	0
PETER R. CABLE IRREVOCABLE TRUST	0	0	0	0	127,400	127,400	33,796	93,604
	<u>5,000</u>	<u>5,000</u>	<u>0</u>	<u>0</u>	<u>127,400</u>	<u>137,400</u>	<u>33,796</u>	<u>93,604</u>