Form	99	0
гопп	55	v

Department of the Treasury

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.

Open to Public Inspection

OMB No. 1545-0047

inter	Iai Reven	iue Service		iniggo for instructions and t	the latest infor	mation.		
Α	For the	e 2020 calen	dar year, or tax year beginning	, 2020	, and ending		,	20
В	Check if a	applicable:	С			D Employe	er identi	fication number
		ress change	NORTHWEST CONNECTICUT	COMMUNITY		06-1	.565	733
		ne change	FOUNDATION, INC.	Connomin		E Telephor		
		-	PO BOX 1144, 33 EAST N	AIN STREET				
		al return	TORRINGTON, CT 06790			(860	1) 62	26-1245
	Final	return/terminated	,					
	Ame	ended return				G Gross re	ceipts 🖁	, ,
	Appl	lication pending	F Name and address of principal officer: G	UY ROVEZZI) Is this a group return		100
			SAME AS C ABOVE		H(b	Are all subordinates If "No," attach a list.	included	I? Yes No
I	Tax-ex	empt status:	X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1) or			000 110	
J	Webs	site:► WW	W.NORTHWESTCF.ORG		H(c) Group exemption nu	nber 🕨	
κ	Form o	of organization:	X Corporation Trust Associatio	n Other► L	Year of formation:			egal domicile: CT
Pa		Summar				1999		
1 0		Priefly descri	y be the organization's mission or mo	st significant activities TO	FNRTCH T		<u>∩</u>	TEE EOR
			S OF NORTHWEST CONNECT					
ce			DERS IN COMMUNITY WELF					
nar			ERING COLLABORATIVE FU			TOWE NONE	KOF 1	
Governance		Check this bo		inued its operations or disp		then 2E% of ite r		
30/			ting members of the governing bod				3	
& (dependent voting members of the g				4	<u> </u>
es			of individuals employed in calenda				5	140
Activities &			of volunteers (estimate if necessar				6	75
\cti			ed business revenue from Part VIII,	57			7a	0.
4			business taxable income from For				7u 7b	0.
						Prior Year		Current Year
	8 C	ontributions	and grants (Part VIII, line 1h)		_	1,441,5	22	4,269,421.
ue			ice revenue (Part VIII, line 2g)			4,7		4,209,421.
'eni		-	come (Part VIII, column (A), lines 3			2,921,9		3,583,801.
Revenue			e (Part VIII, column (A), lines 5, 6d					
-			e – add lines 8 through 11 (must ec			335,8		268,230.
			milar amounts paid (Part IX, colum			4,704,0		8,121,452.
						5,280,8	92.	3,671,968.
		•	to or for members (Part IX, column					
Ş	15 S	Salaries, othe	er compensation, employee benefits	; (Part IX, column (A), lines	s 5-10)	806,1	47.	854,560.
nse	16a F	Professional	fundraising fees (Part IX, column (A	4), line 11e)				
Expenses	b⊺	otal fundrais	ing expenses (Part IX, column (D),	line 25) ► 1.	17,553.			
ш	17 C)ther expens	es (Part IX, column (A), lines 11a-			725,7	69	894,737.
			es. Add lines 13-17 (must equal Pa	•		6,812,8		5,421,265.
			expenses. Subtract line 18 from lin					
. 0	13 1	cevenue less	expenses. Subtract line 18 norm li	16 12		-2,108,7		2,700,187. End of Year
Net Assets or Fund Balances	20 T		(Part X, line 16)			Beginning of Current		
ssei 3ala			s (Part X, line 26)			108,649,5		122,635,352.
et A Ind F						22,258,7		24,555,855.
			fund balances. Subtract line 21 fro	m line 20		86,390,7	83.	98,079,497.
Pa	rt II	Signatur	e Block					
Unde	r penaltie	es of perjury, I de	clare that I have examined this return, including rer (other than officer) is based on all information	accompanying schedules and state	ements, and to the I	best of my knowledge	and belie	ef, it is true, correct, and
com	biele. Dec	aration of prepa	rer (other than officer) is based on all informati	Sit of which preparer has any knowle	euge.			
		•						
Sig	jn	Signatu	re of officer			Date		
He	re	► GUY	ROVEZZI		I	PRESIDENT		
		Type or	print name and title					
		Print/Type p	reparer's name Preparer's	signature	Date	Check	if ^I	PTIN
Pai	hi	ROBERT	E. KING, CPA ROBEF	RT E. KING, CPA	7/12/21	self-employe	d 1	P00083643
	eparer				.,,		1	
	e Only					Firm's EIN	06-	-1392255
			WINSTED, CT 06098			Phone no.	(860)) 379-0215

 May the IRS discuss this return with the preparer shown above? See instructions
 X
 Yes
 No

 BAA For Paperwork Reduction Act Notice, see the separate instructions.
 TEEA0101L 01/19/21
 Form 990 (2020)

Form 99	90 (2020) NORTHWEST CONNECTICUT COMMUNITY	06-156573	3 Pa	age 2
Part I				
	Check if Schedule O contains a response or note to any line in this Part III			. 📋
	riefly describe the organization's mission:			
_	<u>O ENRICH THE QUALITY OF LIFE FOR RESIDENTS OF NORTHWEST CONNEC</u>			
	OCAL PHILANTHROPY, CONVENING STAKEHOLDERS IN COMMUNITY WELFARI			
<u>R</u>	REGIONAL NONPROFITS NETWORK AND FOSTERING COLLABORATIVE FUNDING	<u>G PARTNERSHIP</u>	<u>'S</u>	
2 Di	id the organization undertake any significant program services during the year which were not listed on the	prior		
	orm 990 or 990-EZ?	·	Yes X	No
	"Yes," describe these new services on Schedule O.		Tes A	NO
	id the organization cease conducting, or make significant changes in how it conducts, any program	services?	Yes X	No
	"Yes," describe these changes on Schedule O.			no
	escribe the organization's program service accomplishments for each of its three largest program s	ervices as measure	d hv exnens	es
Se	ection 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca	tions to others, the t	otal expense	es,
ar	nd revenue, if any, for each program service reported.			
				<u> </u>
4 a (C)
	NCOME AND APPRECIATION FROM INVESTMENTS, BASED ON A TOTAL RET			
_	DISTRIBUTED IN THE FORM OF GRANTS AND SCHOLARSHIPS ANNUALLY TO			
	HARITIES AND STUDENTS AS CHOSEN BY THE FOUNDATION'S BOARD OF I		<u> </u>	
	RANTS IN THE AMOUNT OF \$3,511,293 WERE AWARDED AND FINANCIAL	ASSISTANCE IN	THE FOR	<u>KM</u>
<u>0</u>	OF SCHOLARSHIPS WAS PROVIDED IN THE AMOUNT OF \$160,675.			
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4 b (C	Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4 c (C	Code:) (Expenses \$ including grants of \$) (Revenue \$)
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	ther program services (Describe on Schedule O.)	¢	ζ.	
	Expenses \$ including grants of \$) (Revenue	ې ۲)	
	otal program service expenses 4,723,388.		Form 990 (20201
BAA	TEEA0102L 10/07/20		1 OIII 220 (<u>~</u> U <u>~</u> U)

 Form 990 (2020)
 NORTHWEST
 CONNECTICUT
 COMMUNITY

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	110
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</i>	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes</i> ,' <i>complete Schedule D, Part III.</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10	Х	
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.			
ä	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	х	
ł	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	11 b		Х
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	11 c		Х
C	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.	11 d	Х	
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
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	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a		Х
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i> .	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.	17		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.	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'			
202	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.	19 20a		X X
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
BAA	domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21 Form	990 ((2020)
				• • • •

06-1565733 Page 3 Form 990 (2020) NORTHWEST CONNECTICUT COMMUNITY
Part IV Checklist of Required Schedules (continued)

га			V	
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	22	Yes X	No
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23	Х	
24	a 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.	23 24a		x
I	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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	25a		Х
ļ	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV.	28a		Х
I	b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	29	Х	L
30	contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part L</i>	33		Х
	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.	34	Х	v
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
l	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1 a 4			
	b Enter the number of Forms W-2G included in 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?	1c	X	(2020)
BAA			220	(2020)

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23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organ former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes, Schedule J</i> .
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b to complete Schedule K. If 'No, 'go to line 25a
1	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exce

Form 990	· · · · · · · · · · · · · · · · · · ·	06-156573	3	F	Page 5
Part V	Statements Regarding Other IRS Filings and Tax Compliance (co	ontinued)			
				Yes	No
2 a Ente	r the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ts, filed for the calendar year ending with or within the year covered by this return				
	least one is reported on line 2a, did the organization file all required federal employme		2 b		
	: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) the organization have unrelated business gross income of \$1,000 or more during the year		3a		X
	s,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>		3 b		
	by time during the calendar year, did the organization have an interest in, or a signature or oth		30		
finar	icial account in a foreign country (such as a bank account, securities account, or other	financial account)?	4a	_	Х
	es,' enter the name of the foreign country► instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financia	Accounts (FRAD)			
	the organization a party to a prohibited tax shelter transaction at any time during the ta		5 a		Х
	any taxable party notify the organization that it was or is a party to a prohibited tax she	•	5a 5b		X
	es,' to line 5a or 5b, did the organization file Form 8886-T?		5 c		
	-		50		
6 a Does solic	the organization have annual gross receipts that are normally greater than \$100,000, it any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a		Х
b If 'Ye not f	es,' did the organization include with every solicitation an express statement that such contribution ax deductible?	itions or gifts were	6b		
7 Orga	nizations that may receive deductible contributions under section 170(c).				
a Did serv	he organization receive a payment in excess of \$75 made partly as a contribution and ces provided to the payor?	partly for goods and	7 a		X
	es,' did the organization notify the donor of the value of the goods or services provided		7 b		
	he organization sell, exchange, or otherwise dispose of tangible personal property for which it				
Forn	1 8282?	·····	7 c		Х
	es,' indicate the number of Forms 8282 filed during the year				
	he organization receive any funds, directly or indirectly, to pay premiums on a persona		7 e		X
	he organization, during the year, pay premiums, directly or indirectly, on a personal be		7 f		Х
	organization received a contribution of qualified intellectual property, did the organization file equired?	Form 8899	7 g		
	e organization received a contribution of cars, boats, airplanes, or other vehicles, did th 1 1098-C?	e organization file a	7 h		
	isoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the sponsoring	,		
orga	nization have excess business holdings at any time during the year?		8		Х
-	nsoring organizations maintaining donor advised funds.				
	he sponsoring organization make any taxable distributions under section 4966?		9 a		
	he sponsoring organization make a distribution to a donor, donor advisor, or related pe	erson?	9 b		
	ion 501(c)(7) organizations. Enter:				
	tion fees and capital contributions included on Part VIII, line 12	10a			
	s receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
	ion 501(c)(12) organizations. Enter: s income from members or shareholders	11 a			
	s income from other sources (Do not net amounts due or paid to other sources				
agai	nst amounts due or received from them.).	11 b			
12 a Sect	ion 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	of Form 1041?	12a		
b If 'Y	es,' enter the amount of tax-exempt interest received or accrued during the year. \ldots	12b			
	ion 501(c)(29) qualified nonprofit health insurance issuers.				
	e organization licensed to issue qualified health plans in more than one state?		13a		
	: See the instructions for additional information the organization must report on Schedu				
b Ente whic	r the amount of reserves the organization is required to maintain by the states in h the organization is licensed to issue qualified health plans	13b			
c Ente	r the amount of reserves on hand	13c			
	he organization receive any payments for indoor tanning services during the tax year?		14a		Х
b If 'Y	es,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation or	n Schedule O	14b		
exce	e organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 ss parachute payment(s) during the year?		15		Х
	s,' see instructions and file Form 4720, Schedule N.		10		Х
	e organization an educational institution subject to the section 4968 excise tax on net in $\frac{1}{2}$	ivestment income?	16		^
	es,' complete Form 4720, Schedule O.				

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. Х

Check if Schedule O contains a response or note to any line in
--

Sec	ction A. Governing Body and Management									
				Yes	No					
1a	a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members	14								
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
ł	b Enter the number of voting members included on line 1a, above, who are independent 1b 14									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	any other			X					
	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?									
4	Did the organization make any significant changes to its governing documents									
	since the prior Form 990 was filed?		4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's as		5		X					
6	Did the organization have members or stockholders?a Did the organization have members, stockholders, or other persons who had the power to elect or appoint o		6		Х					
	members of the governing body?		7 a		Х					
ł	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7 b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during t the following:	he year by								
a	a The governing body?		8 a	Х						
ł	b Each committee with authority to act on behalf of the governing body?		8 b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r organization's mailing address? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	eached at the	9		Х					
Sec	ction B. Policies (This Section B requests information about policies not required		-	ie Co						
			10/10	Yes	No					
10 a	a Did the organization have local chapters, branches, or affiliates?		10 a		Х					
ł	b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branc operations are consistent with the organization's exempt purposes?		10 b							
	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11 a	Х						
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. $$ SE									
12 a	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13		12 a	Х						
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could gi to conflicts?		12b	Х						
C	c Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' des Schedule O how this was done</i> SEESCHEDULE .Q		12c	Х						
	Did the organization have a written whistleblower policy?		13	Х						
14			14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by inc persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	dependent								
	a The organization's CEO, Executive Director, or top management official		15a	Х						
ł	b Other officers or key employees of the organizationSEE .SCHEDULE. O		15 b	Х						
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).									
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang taxable entity during the year?		16 a		Х					
ł	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 safegorganization's exempt status with respect to such arrangements?	guard the	16b							
Sec	tion C. Disclosure		100							
17										
18		and 990-T (Section 50	1(c)(3	3)s on	ly)					
	X Own website Another's website X Upon request Other (expl	ain on Schedule O)								
19	the public during the tax year. SEE SCHEDULE O		ole to							
20	State the name, address, and telephone number of the person who possesses the organization's books and	l records ►								

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

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compe Independent Contractors	ensated Employee	s, and						
Check if Schedule O contains a response or note to any line in this Part VII								
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or wi organization's tax year.								

ctors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

ſ

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

				(C)						
	(A) Name and title	(B) Average hours	Pos thar is	s both a	an of	fficer truste	e)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
		per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1)	GUY ROVEZZI	35								
	PRESIDENT	5			Х			0.	187,320.	24,513.
_(2)	ANNE SUTHERLAND FUCHS	2								
	CHAIRMAN	1	Х		Х			0.	0.	0.
(3)	DON MAYLAND	2								_
	TREASURER	1	Х		Х			0.	0.	0.
_(4)	ADRIAN SELBY	1								2
(5)	1ST VICE CHAIR	1	Х					0.	0.	0.
(5)	RONALD ROSENSTEIN, ESQ	1						0	0	0
<u>(0)</u>	DIRECTOR	1	Х					0.	0.	0.
(0)	EMILY DALTON DIRECTOR	$\frac{1}{1}$	х					0.	0.	0.
(7)	F. ROBERT PETRICONE	2	Λ					0.	0.	0.
(/)	2ND VICE CHAIR		Х		Х			0.	0.	0.
(8)	ANITA BAXTER	1	Λ		Λ			0.	0.	0.
(0)	DIRECTOR	<u> </u>	Х					0.	0.	0.
(9)	BARBARA SPIEGEL	1	Λ					0.	0.	0.
	DIRECTOR	1	Х					0.	0.	0.
(10)	VICTOR M. MUCHELL ESQ.	1						0.		<u>0.</u>
<u> </u>	DIRECTOR		Х					0.	0.	0.
(11)	ROD PLEASANTS	1								
<u>~ _′</u> _	DIRECTOR	1	Х					0.	0.	0.
(12)	NORMAN ROGERS, ESQ.	1								
	DIRECTOR	1	Х					0.	0.	0.
(13)	LORI RISKA, CPA	1								
	DIRECTOR	1	Х					0.	0.	0.
(14)	CHRISTOPHER WALL-RESIGNED	2								
	SECRETARY	1	Х		Х			0.	0.	0.
BAA		TEEA0	107L	10/07/2	20					Form 990 (2020)

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Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
		(B)			(C	•					
	(A) Name and title	Average hours per week	box	, unles	ss pe	rson lirecto	than is both pr/trust	n an tee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
		(list any hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related
		related organiza - tions	r director	tional	Y	mploy	st com Yee	°r			organizations
		below dotted	ustee	trust		ree	Ipens				
		line)		8			ated				
(15)	VINCENT_INCONIGLIOS	1_									
(16)	DIRECTOR JIM BLACKKETTER	1 2	Х						0.	0.	0.
(10)	SECRETARY	<u>_</u>	Х		Х				0.	0.	0.
(17)											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
	Subtotal							•	0.	187,320.	24,513.
	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)								0.	0. 187,320.	0. 24,513.
	Total number of individuals (including but not limited							ved			
	from the organization b 0										
											Yes No
3	Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for sucl	tor, truste h <i>individu</i>	e, ke <i>al</i>	ey en	nplo	yee	e, or l	high	nest compensated	employee	. 3 X
4	For any individual listed on line 1a, is the sum of the organization and related organizations greate	reportab	le co	mpei	nsa	tion	and	oth	er compensation	from	
	the organization and related organizations greate such individual										. 4 X
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? <i>If 'Yes</i>	e compen ,' <i>comple</i>	isatio te Sc	n fro chedu	om a ule .	any <i>J fo</i> l	unre r <i>suc</i>	late	d organization or erson	individual	. 5 X
	ion B. Independent Contractors										
1	Complete this table for your five highest compens compensation from the organization. Report compens	sated inde sation for	epen the ca	dent alenc	cor dar y	ntrao /ear	ctors endir	tha ng v	t received more th vith or within the or	nan \$100,000 of ganization's tax year	
	(A) Name and business addr	ess							(B) Description (of services	(C) Compensation
											F
	Total number of independent contractors (including b		ited to	o tho	se li	istec	l abov	ve)	who received more	than	
	\$100,000 of compensation from the organization	► 0									

Form 990 (2020) NORTHWEST CONNECTICUT COMMUNITY

Part VIII Statement of Revenue

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С	heck if Schedule	O contains	a resp	onse or note to any	line in this Part VI	<u>II</u>		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section 512-514
	erated campaigns							
	nbership dues							
	draising events							
	ated organizations		1 d					
	rnment grants (contrib		1 e	144,739.				
simil	her contributions, gift ar amounts not includ ash contributions inclu	led above	1 f	4,124,682.				
lines	1a-1f			589,576.				
h Tota	al. Add lines 1a-1	f			4,269,421.			
			-	Business Code				
2a		·						
b								
с								
<u> </u>								
	other program ser							
	al. Add lines 2a-2			Þ				
-								
3 Inve othe	stment income (in er similar amount	ciuuifiy alvi(s)			1,643,539.			1,643,53
4 Inco	me from investm	nent of tax-	exempt	bond proceeds	1/010/000			1/010/00
5 Roy	alties			►				
_	Г	(i) F	Real	(ii) Personal				
6 a Gross	s rents 6	ia						
		ib						
	al income or (loss) 6							
d Net	rental income or	(loss)		►				
7 a Gross	s amount from	(i) Sec	curities	(ii) Other				
sales	of assets than inventory 7	a 1,940	.344					
b Less:	cost or other basis		/011					
		'b		82.				
		'c 1,940						
d Net	gain or (loss)			▶	1,940,262.			1,940,26
	s income from fundrai	sing events						
	including \$ ntributions reported o	n line 1c)	—					
	Part IV, line 18		8	3 700				
	s: direct expense		8	730.				
	income or (loss)			200.	546.			54
9 a Gross	s income from gaming	activities.			540.			54
	Part IV, line 19 s: direct expenses		9a 91					
	income or (loss)							
				nuco				
IUa Gross retur	s sales of inventory, le	ess	10	a				
	s: cost of goods s		10					
	income or (loss)			-				
2				Business Code				
11a AD	MINISTRATIV	E FEES		561000	168,527.			168,52
	TER-ENTITY			551112	93,573.	93,573.		100,02
	FULLFILLED			900099	5,573.			5,57
d All o	other revenue				11.			1
			L	•				
e Tota	al. Add lines 11a-	11d			267,684.			

Form 990 (2020) NORTHWEST CONNECTICUT COMMUNITY

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).

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00 1000/00	i ago io

	tion 501(c)(3) and 501(c)(4) organizations must corr Check if Schedule O contains a r				
	not include amounts reported on lines 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	3,511,293.	3,511,293.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	160,675.	160,675.		
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign 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	211,833.	91,707.	90,574.	29,552.
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		506,501.	339,293.	124,926.	42,282.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,190.	7,314.	3,657.	1,219.
9	Other employee benefits	75,725.	45,435.	22,718.	7,572.
10	Payroll taxes	48,311.	28,987.	14,493.	4,831.
11	Fees for services (nonemployees):				
i	a Management				
I	b Legal				
	c Accounting				
(d Lobbying e Professional fundraising services. See Part IV, line 17				
	Investment management fees	623,453.	374,072.	249,381.	
ç	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	20,800.	12,480.	6,240.	2,080.
12	Advertising and promotion.	31,754.	19,052.	9,526.	3,176.
13	Office expenses	13,517.	8,110.	4,055.	1,352.
14	Information technology	63,265.	37,959.	18,979.	6,327.
15	Royalties				
16	Occupancy	57,686.	34,611.	17,306.	5,769.
17	Travel.	150.	90.	45.	15.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	, , , , , , , , , , , , , , , , , , , ,	1,851.		1,851.	
20		1,766.		1,766.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	12,409.	7,445.	3,723.	1,241.
23 24	Insurance 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.)	9,283.	5,570.	2,785.	928.
i	DUES AND SUBSCRIPTIONS	19,324.	11,594.	5,797.	1,933.
	• FUND EXPENSES	17,418.	14,522.		2,896.
	SEMINARS	7,950.	7,950.		
	ANNUAL APPEAL	5,546.			5,546.
	e All other expenses	8,565.	5,229.	2,502.	834.
25	Total functional expenses. Add lines 1 through 24e	5,421,265.	4,723,388.	580,324.	117,553.
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)				

Form 990 (2020) NORTHWEST CONNECTICUT COMMUNITY Part X Balance Sheet

Pa	art X					
		Check if Schedule O contains a response or note to	any line in this Part X	(A) Beginning of year		
	1	Cash – non-interest-bearing		20.	1	20.
	2	Savings and temporary cash investments		831,395.	2	2,222,982.
	3	Pledges and grants receivable, net			3	784,000
	4	Accounts receivable, net			4	· / · · ·
	5	Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial controlled entity or family member of any of these per	er officer, director, contributor, or 35%		6	
					5	
	6	Loans and other receivables from other disqualified persons described in section 4958(f)(1)), and persons described in section	4958(c)(3)(B)		6	
	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		8,391.	8	
SS	9	Prepaid expenses and deferred charges		23,456.	9	58,664
4	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 219,577.			
	b	Less: accumulated depreciation	10b 151,332.	75,446.	10 c	68,245
	11	Investments – publicly traded securities		6,326,011.	11	6,746,593
	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		101,264,790.	15	112,634,848
	16	Total assets. Add lines 1 through 15 (must equal line		108,649,509.	16	122,635,352
	17	Accounts payable and accrued expenses		5,946.	17	7,736
	18	Grants payable		2,938,261.	18	2,610,037
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
e S	21	Escrow or custodial account liability. Complete Part I			21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu controlled entity or family member of any of these per	icer, director, trustee, itor, or 35% sons		22	
	23	Secured mortgages and notes payable to unrelated th		25,218.	23	13,579
	24	Unsecured notes and loans payable to unrelated third	· ·		24	207010
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to related third parties, plete Part X of Schedule D.	19,289,301.	25	21,924,503
	26	Total liabilities. Add lines 17 through 25		22,258,726.	26	24,555,855
Ices		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	X			
<u>a</u>	27	Net assets without donor restrictions		86,216,508.	27	97,898,697
ñ	28	Net assets with donor restrictions		174,275.	28	180,800.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here ►			
5	29	Capital stock or trust principal, or current funds			29	
ខ្ល	30	Paid-in or capital surplus, or land, building, or equipm			30	
ŝŝ	31	Retained earnings, endowment, accumulated income,			31	
ţ,	32	Total net assets or fund balances		86,390,783.	32	98,079,497.
Se	33	Total liabilities and net assets/fund balances		108,649,509.	33	122,635,352.
BA			TEEA0111L 10/07/20	100,010,000.		Form 990 (2020

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Form	990 (2020) NORTHWEST CONNECTICUT COMMUNITY 06-1	L565733		Pa	age 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI.				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,12	21.4	152.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,42		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,70		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	36,3		
5	Net unrealized gains (losses) on investments.	5			527.
6	Donated services and use of facilities	6	0/0		<u></u>
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				<u> </u>
-	column (B))	10	98,0	79,4	197.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			r	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewer separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	d on a			
h	Were the organization's financial statements audited by an independent accountant?		2b	Х	
-	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separat basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	: 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?		2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		х
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audi or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
BAA	TEEA0112L 10/19/20		Form	99 0	(2020)

SCHEDULE A (Form 990 or 990-EZ)		Public Charity Status and Public Support	OMB No. 1545-004	7
		Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.	ction 2020	
		► Attach to Form 990 or Form 990-EZ.	Open to Publi	C
Departr Internal	nent of the Treasury Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest informat		C
_		NORTHWEST CONNECTICUT COMMUNITY	Employer identification number	
		FOUNDATION, INC.	06-1565733	
Part		r Public Charity Status. (All organizations must complete this part.)		
The o	rganization is not	t a private foundation because it is: (For lines 1 through 12, check only one box.)		
1	A church, con	vention of churches, or association of churches described in section 170(b)(1)(A)(i).		
2	A school desc	ribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)		
3		a cooperative hospital service organization described in section 170(b)(1)(A)(iii).		
4		search organization operated in conjunction with a hospital described in section 170	0(b)(1)(A)(iii). Enter the hospital's	
	name, city, a	nd state:		
5	An organizat section 170(I	ion operated for the benefit of a college or university owned or operated by a gover b)(1)(A)(iv). (Complete Part II.)	nmental unit described in	
6	A federal, sta	ate, or local government or governmental unit described in section 170(b)(1)(A)(v).		
7	X An organization in section 17	on that normally receives a substantial part of its support from a governmental unit or from 0(b)(1)(A)(vi). (Complete Part II.)	n the general public described	
8	A community	trust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9	An agricultura	I research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	a land-grant college	
	-	or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state	e of the college or	
	university:			
10	from activitie	ion that normally receives (1) more than 33-1/3% of its support from contributions, s related to its exempt functions, subject to certain exceptions; and (2) no more that ocome and unrelated business taxable income (less section 511 tax) from business 5. See section 509(a)(2). (Complete Part III.)	an 33-1/3% of its support from arc	DSS
11	An organizat	ion organized and operated exclusively to test for public safety. See section 509(a)	(4).	
12	An organizat or more publ lines 12a thro	ion organized and operated exclusively for the benefit of, to perform the functions c icly supported organizations described in section 509(a)(1) or section 509(a)(2) . Sec ough 12d that describes the type of supporting organization and complete lines 12e	of, or to carry out the purposes of e section 509(a)(3). Check the boy 12f. and 12g.	one (in
а	Type I. A support organization(s complete Participation)	porting organization operated, supervised, or controlled by its supported organization(s), ty the power to regularly appoint or elect a majority of the directors or trustees of the support IV, Sections A and B.	pically by giving the supported orting organization. You must	
b	Type II. A su management must comple	pporting organization supervised or controlled in connection with its supported orga of the supporting organization vested in the same persons that control or manage the support Part IV, Sections A and C.	nization(s), by having control or ported organization(s). You	
С		onally integrated. A supporting organization operated in connection with, and functionally int (s) (see instructions). You must complete Part IV, Sections A, D, and E.		
d	functionally instructions).	unctionally integrated. A supporting organization operated in connection with its supporte ntegrated. The organization generally must satisfy a distribution requirement and ar You must complete Part IV, Sections A and D, and Part V.	d organization(s) that is not n attentiveness requirement (see	
e	Check this bo integrated, or	ox if the organization received a written determination from the IRS that it is a Type r Type III non-functionally integrated supporting organization.	I, Type II, Type III functionally	
ľ		er 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?		(iv) Is the organization listed in your governing document?		(iv) Is the organization listed in your governing document?		(iv) Is the organization listed in your governing document?		(iv) Is the organization listed in your governing document?		(iv) Is the organization listed in your governing document?		(iv) Is the organization listed in your governing document?		(iv) Is the organization listed in your governing document?		(iv) Is the organization listed in your governing document?		(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																				
<u>(</u> A)																								
(B)																								
<u>(C)</u>																								
<u>(D)</u>																								
(E)																								
Total																								

Schedule A (Form 990 or 990-EZ) 2020	NORTHWEST	CONNECTICUT	COMMUNITY
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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

						-	
	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do Pft vi include any 'unusual grants.). Pft vi	1,050,409.	3,223,443.	1,884,065.	1,441,533.	2,624,682.	10,224,132.
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	1,050,409.	3,223,443.	1,884,065.	1,441,533.	2,624,682.	10,224,132.
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)						561,173.
6	Public support. Subtract line 5 from line 4						9,662,959.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,050,409.	3,223,443.	1,884,065.	1,441,533.	2,624,682.	10,224,132.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,433,109.	2,945,992.	2,332,214.	1,962,496.	1,643,539.	10,317,350.
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 TART VI	219,830.	233,426.	249,927.	334,007.	267,684.	1,304,874.
	Total support. Add lines 7 through 10						21,846,356.
12	Gross receipts from related activ	vities, etc. (see in:	structions)			12	184,755.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	, third, fourth, or f	ifth tax year as a	section 501(c)(3)	►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						44.23%
15	Public support percentage from	2019 Schedule A,	Part II, line 14			15	39.75%
16a	33-1/3% support test-2020. If t and stop here. The organization	he organization d qualifies as a pul	id not check the b blicly supported o	oox on line 13, an rganization	d line 14 is 33-1/3	3% or more, checl	< this box
b	33-1/3% support test-2019. If the and stop here. The organization	ne organization die n qualifies as a pu	d not check a box blicly supported c	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box ►
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test. check this I	box and stop here	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the facts-a d-circumstances'	nd-circumstances test. The organiza	s test, check this l ation qualifies as	box and stop here a publicly support	Explain in Part ed organization.	VI how the
18	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 1/a			
BAA					Sc	hedule A (Form 9	90 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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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.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services						
	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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or f	ifth tax year as a	section 501(c)(3)	
Sec	tion C. Computation of Pu	blic Support F	Percentage				
15	Public support percentage for 20	020 (line 8, colum	n (f), divided by li	ne 13, column (f))	15	00
-	11 1 5				<u></u>	16	010
Sec	tion D. Computation of Inv	estment Incol	ne Percentage	e		<u>-</u>	
17	Investment income percentage f	or 2020 (line 10c,	column (f), divide	ed by line 13, col	umn (f))	17	0\0
18	Investment income percentage f	rom 2019 Schedu	lle A, Part III, line	17		18	0/0
19a	33-1/3% support tests—2020. If is not more than 33-1/3%, check						
b	33-1/3% support tests — 2019. If the line 18 is not more than 33-1/3%	the organization o	lid not check a bo	x on line 14 or lir	ne 19a, and line 1	6 is more than 33-	1/3%, and
20	Private foundation. If the organi		•	• ·			
	· · · · 9-····		-				

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
	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.	3c		
4	a 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.	4a		
	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.	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.	4c		
5	a 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).	5a		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ</i>).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9	a 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.	9a		
	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>	9b		
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9c		
10	a 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.	10a		
	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.).	10b		

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

C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

- Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one 1 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 1 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					
	rganization's governing documents in effect on the date of notification, to the extent not previously provided?					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>					
th	be organization maintained a close and continuous working relationship with the supported organization(s).					
3	By reason of the relationship described in 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

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - The organization satisfied the Activities Test. Complete line 2 below. а
 - The organization is the parent of each of its supported organizations. Complete line 3 below. h
 - The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С

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 in 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.

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Yes

1

2

No

No

Yes

2a

2b

3a

3h

Schedule A (Form 990 or 990-EZ) 2020 NORTHWEST CONNECTICUT COMMUNITY

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	edule A (Form 990 or 990-EZ) 2020 NORTHWEST CONNECTICUT COMMUNITY			65733	Page
Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust instructions. All other Type III non-functionally integrated supporting organization	t on N ns mu	ov. 20, 1970 (explain ir st complete Sections A	Part VI). See through E.	
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current (option)	
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			
ec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current (option)	
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			
ł	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
C	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			
ec	tion C – Distributable Amount			Current \	rear
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 or 990-EZ) 2020

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continue	ed)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt put	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	ιs,	2		
3	Administrative expenses paid to accomplish exempt purposes of su	pported 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 in Part VI). See instructions.	on is responsive (provide	e details	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
ä	From 2015				
I	• From 2016				
	: From 2017				
(From 2018				
	€ From 2019				
	f Total of lines 3a through 3e				
Ģ	Applied to underdistributions of prior years				
I	Applied to 2020 distributable amount				
	i Carryover from 2015 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
č	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
i	Excess from 2016				
	Excess from 2017				
-	Excess from 2018				
(Excess from 2019				
	Excess from 2020				

BAA

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020	NORTHWEST	CONNECTICUT	COMMUNITY	06-1565733	Page 8
B, lines 1 and 2; P 3a, and 3b; Part V,	art IV, Section C, line	1; Part IV, Section D n B, line 1e; Part V,), lines 2 and 3; Par Section D, lines 5, 6	, line 10; Part II, line 17a or 17b; Part b, and 11c; Part IV, Section t IV, Section E, lines 1c, 2a, 2b, 5, and 8; and Part V, Section E, structions)	

PART II, LINE 1 - UNUSUAL GRANTS

2016	5	2017	 2018	2019		 2020	 TOTAL
\$	0.\$	2,500,300.	\$ 183,414.	\$	0.	\$ 1,644,739.	\$ 4,328,453.

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2020	2019	2018	2017	2016
INTER-ENTITY ADMIN FEES \$ MISC REVENUE UNFULLFILLED GRANT AWARDS	93,573. \$ 11.	85,912. \$ 5.	85,235. 35.	\$ 87,659. 900.	\$ 88,581. 4,317.
ADMINISTRATIVE FEES TOTAL <u>\$</u>	5,573. <u>168,527.</u> 267,684. \$	94,009. <u>154,081.</u> <u>334,007.</u> \$	5,289. <u>159,368.</u> 249,927.	1,873. <u>142,994.</u> \$ 233,426.	1,573. <u>125,359.</u> \$ 219,830.

(Fo	SCHEDULE D (Form 990) 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. > Bepartment of the Treasury Internal Revenue Service > Go to www.irs.gov/Form990 for instructions and the latest information.						
	of the organization				Employer i	Inspec dentification n	
FOU	JNDATION, INC				06-156	55733	
Par	Complete	ions Maintaining Dong if the organization ans	or Advised Funds or Other Similar F wered 'Yes' on Form 990, Part IV, li	ne 6.	counts.		
			(a) Donor advised funds		unds and	other acco	unts
1	Total number at e	end of year		i3			280
2	Aggregate value of con	tributions to (during year)	1,096,141			2,5	554,735.
3	Aggregate value of gra	nts from (during year)	1,776,599).			428,478.
4	Aggregate value a	at end of year	18,191,293			73,3	341,513.
5	Did the organizati are the organizati	on inform all donors and do on's property, subject to the	nor advisors in writing that the assets held in organization's exclusive legal control?	n donor advised	l funds	Yes	No
6	for charitable pur	poses and not for the benefit	rs, and donor advisors in writing that grant f of the donor or donor advisor, or for any ot	her purpose co	nferring	Yes	No
Par		tion Easements.					
			wered 'Yes' on Form 990, Part IV, li	ne 7.			
1	Purpose(s) of cor	nservation easements held by	y the organization (check all that apply).				
		f land for public use (for exam		vation of a histo	5 1		
		natural habitat	Preserv	vation of a cert	ified histori	ic structure	
~		of open space					
2	Complete lines 2a last day of the tax		held a qualified conservation contribution in the			ement on the	
	a Total number of c	conservation easements					
			ments				
	-	-	fied historic structure included in (a)				
(d Number of conser structure listed in	rvation easements included i the National Register	n (c) acquired after 7/25/06, and not on a hi	storic 2d			
3	Number of conserv tax year ►	ation easements modified, trar	nsferred, released, extinguished, or terminated b	by the organizati	on during th	ne	
4		where property subject to conse					
5			garding the periodic monitoring, inspection,		lations,		No
6			nts it holds?		asements d	Yes uring the yea	
7	Amount of expense	es incurred in monitoring, inspe	ecting, handling of violations, and enforcing con	servation easem	ents during	the year	
8	Does each consei	rvation easement reported on (4)(B)(ii)?	n line 2(d) above satisfy the requirements of	section 170(h)	(4)(B)(i)	Yes	No
9	In Part XIII, descr include, if applica conservation ease	ble, the text of the footnote	ports conservation easements in its revenue to the organization's financial statements that	and expense s at describes the	tatement a organizat	ind balance ion's accou	sheet, and inting for
Par	1 III Organizat	ions Maintaining Colle	ctions of Art, Historical Treasures, wered 'Yes' on Form 990, Part IV, li	or Other Sin ne 8.	nilar Ass	sets.	
1;	historical treasure	es, or other similar assets he	r FASB ASC 958, not to report in its revenue Id for public exhibition, education, or researce Il statements that describes these items.	e statement and ch in furtherand	d balance s e of public	sheet works service, p	s of art, rovide in
I	following amounts	s relating to these items:	r FASB ASC 958, to report in its revenue sta or public exhibition, education, or research in fu				art,
			line 1				
2	••						
2			historical treasures, or other similar assets for fi ASC 958 relating to these items: 1				
			Instructions for Form 990. TEEA33			dule D (For	m 990) 2020

BAA For Paperwork Reduction Act Notice, see the Instructions	for Form 99

Schedule D (Form 990) 2020 NORTH	HWEST CONNECT	ICUT COMMUNI	ТҮ	06-1565	5733	Page 2
Part III Organizations Mainta	ining Collections	s of Art, Histori	cal Treasures, or C	Other Similar Asse	ets (contin	ued)
3 Using the organization's acquisition items (check all that apply):	n, accession, and other	records, check any	of the following that mak	e significant use of its o	collection	
a Public exhibition		d Loan or	exchange program			
b Scholarly research		e Other				
c Preservation for future gener	rations					
4 Provide a description of the organiz Part XIII.			Ũ			
5 During the year, did the organiza to be sold to raise funds rather the					Yes	No
Part IV Escrow and Custodia line 9, or reported an				vered 'Yes' on For	m 990, Pa	rt IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian or oth	ner intermediary for	contributions or other	assets not included	Yes	No
b If 'Yes,' explain the arrangement				L		
				A	Amount	
c Beginning balance				. 1c		
d Additions during the year				. 1d		
e Distributions during the year				. 1e		
f Ending balance				. 1f		
2 a Did the organization include an a	amount on Form 990,	Part X, line 21, for	r escrow or custodial ad	count liability?	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII. Check h	nere if the explanat	ion has been provided	on Part XIII.	 	
Part V Endowment Funds. C	complete if the or	ganization ansv	vered 'Yes' on Forr	n 990, Part IV, lin	e 10.	
· · · · ·	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	irs back
1 a Beginning of year balance	104,769,391.	94,425,741	. 102,722,101.	87,660,248.	81,291	,486.
b Contributions	4,396,258.	1,503,253	· · · · · · · · · · · · · · · · · · ·	3,014,153.		,274.
c Net investment earnings, gains,						
and losses	14,583,974.	14,751,249	96,500,064.	15,559,816.	8,141	,174.
d Grants or scholarships	5,313,531.	5,178,085	5. 2,730,022.	2,972,726.	2,184	,599.
e Other expenditures for facilities and programs				0.		
f Administrative expenses	763,838.	732,767			517	,087.
g End of year balance	117,672,254.	104,769,391	. 94,242,975.	102,722,101.	87,660	,248.
2 Provide the estimated percentag	e of the current year	end balance (line	lg, column (a)) held as	:		
a Board designated or quasi-endowm	ient > 99	9.70 [%]				
b Permanent endowment	00					
c Term endowment ►(0.30 [%]					
The percentages on lines 2a, 2b, a	nd 2c should equal 100	0%.				
3a Are there endowment funds not in t	the possession of the c	proanization that are	held and administered for	or the		
organization by:		sigurization that are			Yes	No
(i) Unrelated organizations					3a(i)	Х
(ii) Related organizations					3a(ii)	Х
b If 'Yes' on line 3a(ii), are the rela	ated organizations lis	ted as required on	Schedule R?		3b	
4 Describe in Part XIII the intended	d uses of the organiz	ation's endowment	funds. SEE PART	XIII		
Part VI Land, Buildings, and	Equipment.					
Complete if the organ	ization answered	'Yes' on Form	990, Part IV, line 1	1a. See Form 990), Part X, I	ine 10.
Description of property	(a) Cos (ir	t or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	value
1 a Land	,	·	. ,			
b Buildings						
c Leasehold improvements			21,118.	5,381.	15	5,737.
d Equipment			60,729.	55,363.		5,366.
e Other			137,730.	90,588.		, <u>300.</u> ,142.
Total. Add lines 1a through 1e. (Colum		rm 990, Part X. col				, <u>142.</u> 3,245.
ВАА	.,	, ,			le D (Form 99	

Schedule D (Form 990) 2020 NORTHWEST CONNECT	ICUT COMMUNITY	06-156	5733 Page 3
Part VII Investments – Other Securities. Complete if the organization answered		N/A , Part IV, line 11b. See Form 99)0, 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			
(<u>A)</u>			
(B)			
(C)			
(D) (E)			
(F)			
(G)			
<u>`-</u>			
()			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) 🕨			
Part VIII Investments – Program Related.		N/A	Devit V line 12
Complete if the organization answered (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-c	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►			
Part IX Other Assets.			
Complete if the organization answered		, Part IV, line 11d. See Form 99	
(a) De	scription		(b) Book value
(2) AGENCY ENDOWMENTS			74,472,675.
(3) ALTERNATIVE INVESTMENTS			968,892.
(4) CHARITABLE REMAINDER TRUST			43,713.
(5) COMMODITIES			3,118.
(6) MUTUAL FUNDS (7) REITS			34,627,741.
(8) SECURITY DEPOSIT			<u>222,731.</u> 3,150.
(9) SHORT-TERM INVESTMENTS			2,292,828.
(10)			<u> </u>
Total. (Column (b) must equal Form 990, Part X, column (l	B) line 15.)	····· ►	112,634,848.
Part X Other Liabilities.		116 Oct. From 000 Deat V. Line 05	
Complete if the organization answered 'Yes' on F 1. (a) Descr	iption of liability	e or 11f. See Form 990, Part X, line 25.	(b) Book value
(1) Federal income taxes			
(2) AGENCY FUND ENDOWMENTS			21,924,503.
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)		·····	21,924,503.

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.

Page 3

Schedule D (Form 990) 2020 NORTHWEST CONNECTICUT COMMUNITY	06-1565733	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r 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		
b Other (Describe in Part XIII.)		
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		
c Other losses.		
d Other (Describe in Part XIII.)		
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.)		
c Add lines 4a and 4b.	-	
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 D (Form 990) 2020

SCHEDULEI	G	ants and Ot	her Assistance	to Organization	IS	I	OMB No. 1545-0047
(Form 990)	Gov	ernments, a	nd Individuals in	n the United Sta	ates		2020
Department of the Treasury	Comple	5	ion answered 'Yes' on F ► Attach to Form 99 irs.gov/Form990 for the	0.	21 or 22.		Open to Public Inspection
Internal Revenue Service			irs.gov/roringgo for the	latest information.		Employer identifi	•
Northwest Conne Foundation, INC		JNITY				06-15657	
Part I General Information on Gra		ance					
1 Does the organization maintain records to	substantiate the am	ount of the grants of	r assistance, the grantees'	eligibility for the grants	or assistance, and		X Yes No
the selection criteria used to award the grants or assistance?							
Part II Grants and Other Assistance				remente Comple			loc' on
Form 990, Part IV, line 21, for							
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non-cash	(f) Method of valuation	(a) Description of	
or government		(if applicable)	(d) Amount of cash grant	assistance	(book, FMV, appraisal, other)	noncash assistance	(h) Purpose of grant or assistance
(1) TRIARTS AT SHARONPLAYHOUSE					otricij		ORG. SUPPORT &
P.O. BOX 1187							CHILDREN'S
SHARON, CT 06069	14-1729925	501(C)(3)	27,500.	0.			PROGRAMS
(2) HOUSATONIC VALLEY ASSOC.		.,.,	· · ·				
150 KENT ROAD, P.O. BOX 28							ORGANIZATIONAL
WEST CORNWALL, CT 06754	06-6049295	501(C)(3)	38,000.	0.			SUPPORT
(3) UNITED CHURCH OF CHRIST							
8 BOLTON HILL ROAD, P.O. BOX							ORGANIZATIONAL
CORNWALL, CT 06753	13-1957221	501(C)(3)	30,200.	0.			SUPPORT
(4) SUSAN B. ANTHONY							
179 WATER STREET	0.6 1005000	F01 (C) (C)	24 702	0			CENEDAL CUDDOD
TORRINGTON, CT 06790 (5) GERMANTOWN FRIENDS SCHOOL	06-1085983	501(L)(3)	34,782.	0.			GENERAL SUPPORT
31 WEST COULTER ST							GENERAL &
PHILADELPHIA, PA 19144	13-5562167	501 (C) (3)	8,000.	0.			PROGRAM SUPPORT
(6) CENTER CANCER FUND LITCHHILLS							
PO BOX 1801							FOR PATIENT
LITCHFIELD, CT 06759	51-0474072	501(C)(3)	134,882.	0.			ASSISTANCE
(7) CORNWALL CONSERVATION TRUST							SCHOLARSHIPS &
POBOX74							GENERAL
WEST CORNWALL, CT 06796	06-1203660	501(C)(3)	42,700.	0.			SUPPORT
(8) LITCHFIELD COMMUNITY CENTER							
421 BANTAM ROAD	16 150005						
LITCHFIELD, CT 06759 2 Enter total number of section 501(c)(3)	16-1520254		7,150.	0.		•	PROGRAM SUPPORT
3 Enter total number of other organization	0	0				••••••	90
BAA For Paperwork Reduction Act Notice, s				TEEA3901L	07/15/20	Scho	

Schedule | (Form 990) 2020 NORTHWEST CONNECTICUT COMMUNITY

06-1565733

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	174	160,675.			
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.

SUBSEQUENT TO RECEIVING FUNDING, NON-PROFITS MUST COMPLETE A POST-GRANT COMMON

REPORT. IN ADDITION, A REPRESENTATIVE OF THE FOUNDATION MAY CONDUCT A SITE VISIT TO

DETERMINE: A) HOW THE GRANT FUNDS WERE USED, B) IF THE ANTICIPATED OUTCOME WAS

ACHIEVED, C) ANY CHALLENGES ENCOUNTERED BY THE GRANTEE, AND D) HOW THE COMMUNITY

IMPACT WAS MEASURED.

Page 2

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

Continuation Page 1 of 9

2020

Name of the organization

Employer identification number

NORTHWEST CONNECTICUT COMMU		06-1565733					
Part II Continuation of Grants and	d Other Assistar	nce to Domesti	c Organizations an	d Domestic Gover	mments. (Schedu	le 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 noncash assistance	(h) Purpose of grant or assistance
<u>NW CONNECTICUT YMCA</u>							
259_PROSPECT_STREET							GENERAL AND
TORRINGTON, CT 06790	22-2878484	501(C)(3)	181,986.				PROGRAM SUPPORT
CORNWALL LIBRARY ASSOC.							REFURBISHMENTS
<u>POBOX_126</u>							& GENERAL
CORNWALL, CT 06753	06-0669590	501(C)(3)	52,000.				SUPPORT
WASHINGTON ART ASSOCIATION							
POBOX_173							
WASHINGTON, CT 06794	06-0754956	501(C)(3)	9,385.				GENERAL SUPPORT
BEARDSLEY & MEMORIAL LIBRARY							
40 MUNRO PLACE							
WINSTED, CT 06098	06-0662106	501(C)(3)	114,610.				GENERAL SUPPORT
<u>COLEBROOK ASSOCIATES, INC.</u>							
POBOX118							
COLEBROOK, CT 06021	06-6059968	501(C)(3)	10,990.				GENERAL SUPPORT
COLEBROOK_CONGREGATIONAL							
471_ <u>SMITH_HILL_ROAD</u>							
COLEBROOK, CT 06021	45-0584878	501(C)(3)	23,550.				GENERAL SUPPORT
COLEBROOK_HISTORICAL_SOCIETY							
POBOX85							
COLEBROOK, CT 06021	06-6046798	501(C)(3)	6,280.				GENERAL SUPPORT
<u>COMMUNITY KITCHEN TORRINGTON</u>							CRITICAL NEEDS
POBOX852							& OPERATING
TORRINGTON, CT 06790	22-3070053	501(C)(3)	10,250.				SUPPORT
CORNELL UNIVERSITY							
<u>130 E SENECA ST SUITE400</u>							
ITHICA, NY 14850	15-0532082	501(C)(3)	10,990.				GENERAL SUPPORT
<u>GREENWOODS SCHOLARSHIP FOUND</u>							
PO_BOX_834							
WINSTED, CT 06098	06-0979169	501(C)(3)	69,080.				GENERAL SUPPORT

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

Continuation Page 2 of 9

2020

Name of the organization

Employer identification number

NORTHWEST CONNECTICUT COMMUN			• • • •			06-156573	
Part II Continuation of Grants and				d Domestic Gover		. ,	, ,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<u>115 SPENCER STREET</u>							
WINSTED, CT 06098	01-0853068	501(C)(3)	8,000.				COVID SUPPORT
LITTLE GUILD OF ST FRANCIS							
<u>PO_BOX_59</u>							
WEST CORNWALL, CT 06796	23-7131298	501(C)(3)	350,210.				GENERAL SUPPORT
<u>NW CT COMMUNITY COLLEGE</u>							GENERAL SUPPORT
PARK PLACE							& STUDENT
WINSTED, CT 06098	06-1044425	501(C)(3)	127,345.				EMERGFUND
_ 200 WESTBORO RD							
NORHT GRAFTON, MA 01536	22-2509193	501(C)(3)	10,990.				GENERAL SUPPORT
UNIVERSITY_OF_CT_FOUNDATION							GENERAL SUPPORT
<u>2390 ALUMNI DRIVE</u>							AND
STORRS, CT 06269	06-6070722	501(C)(3)	229,220.				SCHOLARSHIPS
WE ADOPT GREYHOUNDS, INC							
PO BOX 1114							
GLASTONBURY, CT 06033	22-3248255	501(C)(3)	45,530.				GENERAL SUPPORT
WINSTED AREA CHILD CARE CTR							
185 PROSPECT STREET							GENERAL & COVID
WINSTED, CT 06098	06-1016063	501(C)(3)	67,207.				SUPPORT
YANKEE GOLDEN RETRIEVER RESCU							
<u>110 CHAPIN ROAD, PO BOX 808</u>							
HUDSON, MA 01749	04-2857191	501(C)(3)	10,990.				GENERAL SUPPORT
FISH_OF_NORTHWESTERN_CT							
<u>332 SOUTH MAIN ST</u>							
TORRINGTON, CT 06790	06-0878637	501(C)(3)	48,962.				GENERAL SUPPORT
PRIME TIME HOUSE							
<u>836 MAIN STREET</u>							GENERAL & COVID
TORRINGTON, CT 06790	22-3316278	501(C)(3)	18,807.				SUPPORT

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

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Name of the organization

Employer identification number

Name of the organization						Employer identific	auon number
NORTHWEST CONNECTICUT COMMU	JNITY					06-156573	3
Part II Continuation of Grants an	d Other Assistar	ice to Domesti	c Organizations an	d Domestic Gover	nments. (Schedu	ile I (Form 990), I	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 noncash assistance	(h) Purpose of grant or assistance
<u>WINCHESTER YOUTH SERVICE</u> 480 MAIN STREET							GENERAL
WINCHESTER, CT 06098	22-2878484	501(C)(3)	32,580.				SUPPORT,
<u>COMMUNITY MENTAL HEALTH AFF</u>							TELE-HEALTH
NEW BRITIAN, CT 06051	06-0934544	501(C)(3)	8,417.				THERAPY SUPPORT
_ ED_ADVANCE							
LITCHFIELD, CT 06759	06-0842189	501(C)(3)	17,075.				PROGRAM SUPPORT
_ <u>MUSIC MOUNTAIN</u>							VIRTUAL
LAKEVILLE, CT 06039	23-7219961	501(C)(3)	65,596.				PROGRAMMING
<u>NEW BEGINNINGS OF NW HILLS</u> 110 PROSPECT ST							
TORRINGTON, CT 06790	46-3594265	501(C)(3)	14,238.				GENERAL SUPPORT
<u>NW HILLS COUNCIL OF GOV</u> 251 CANAAN RD							FUEL PROGRAM &
SALISBURY, CT 06068	06-0891344	501(C)(3)	7,000.				WEBSITE SUPPORT
<u>MCCALL FOUNDATION</u> 58 HIGH STREET							PROGRAMMING &
TORRINGTON, CT 06790	06-0961756	501 (C) (3)	54,250.				GENERAL SUPPORT
W.L. GILBERT TRUST CORP			01/2001				
_ 200_WILLIAMS_AVENUE							SEMI-ANNUAL
WINSTED, CT 06098	06-0669114	501(C)(3)	45,530.				DISTRIBUTIONS
<u>WARNER THEATRE</u>							
TORRINGTON, CT 06790	06-1048713	501(C)(3)	167,750.				GENERAL SUPPORT
<u>100 WHITING STREET</u> WINSTED, CT 06098	26-3993911	501(C)(3)	10,350.				GENERAL SUPPORT

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Schedule I Cont (Form 990) 2020

2020

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

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2020

Name of the organization

Employer identification number

NORTHWEST CONNECTICUT COMMU	INITY					06-156573	3
Part II Continuation of Grants an	d Other Assistar	nce to Domesti	c Organizations an	d Domestic Gover	nments. (Schedu	lle I (Form 990), I	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 noncash assistance	(h) Purpose of grant or assistance
KIDSPLAY_CHILDREN'S_MUSEUM							
61 MAIN STREET							ON-LINE PROGRAM
TORRINGTON, CT 06790	45-4928276	501(C)(3)	24,417.				SUPPORT
GREENWOODS COUNSELING REFERAL							
<u>25 SOUTH STREET</u>							TELEHEALTH
LITCHFIELD, CT 06759	06-1351190	501(C)(3)	5,325.				SUPPORT
FIVE POINTS GALLERY							
33 MAIN STREET							VIRTUAL PROGRAM
TORRINGTON, CT 06790	46-1555586	501(C)(3)	12,865.				SUPPORT
COLEBROOK PRESERVATION SOCIET							
<u>P.O. BOX 24</u>							
COLEBROOK, CT 06021	20-8602135	501(C)(3)	34,000.				BELL TOWER
CRESCENDO INC.							
POBOX_245							
LAKEVILLE, CT 06039	56-2537454	501(C)(3)	10,000.				GENERAL SUPPORT
EDUCATED CANINES ASSIST DISAB							
POBOX831							
TORRINGTON, CT 06790	06-1436718	501(C)(3)	11,190.				GENERAL SUPPORT
HERTITAGE LAND PRES TRUST							
PO BOX 596							
TORRINGTON, CT 06790	51-0172264	501(C)(3)	12,000.				GENERAL SUPPORT
KENT LIBRARY ASSOCIATION							
32 NORTH MAIN STREET							
KEND, CT 06757	06-1787760	501(C)(3)	36,733.				GENERAL SUPPORT
<u>NORFOLK CT CHILDREN'S FOUND</u>							
<u>11 EMERSON STREET</u>							GRANT REQUESTS
NORFOLK, CT 06058	22-2715950	501(C)(3)	32,000.				& SCHOLARSHIPS
PARTNERS SUST. HEALTH COM							
34 HUTCHINSON PARKWAY							SUPPORT FOOD
LITCHFIELD, CT 06759	30-0401605		34,600.				PANTRY

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

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2020

Name of the organization

Employer identification number

NORTHWEST CONNECTICUT COMMUN			- One sting			06-156573	
Part II Continuation of Grants and							,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							SELECTMEN'S
POBOX_5082							DISCRETIONARY
NORFOLK, CT 06058	06-0002050	5201(C)(3)	20,000.				FUND
FRIENDLY HANDS FOOD BANK, INC							
<u>50 KING STREET</u>							GENERAL &
TORRINGTON, CT 06790	31-1639994	501(C)(3)	7,450.				PROGRAM SUPPORT
LAST POST CAT REFUGE (VIL)							
POBOX259							
FALLS VILLAGE, CT 06031	13-1921665	501(C)(3)	138,160.				GENERAL SUPPORT
THE LICIA & MASON BEEKLEY LIB							
PO BOX 247							SAFETY
NEW HARTFORD, CT 06057	22-2536042	501(C)(3)	10,945.				IMPROVEMENTS
WINSTED HEALTH CTR FOUNDATION							
115_SPENCER_ST, PO_BOX_888							
WINSTED, CT 06098	06-1488440	501(C)(3)	24,000.				GENERAL SUPPORT
AMERICAN FRIENDS SERVICE COM							
POBOX98015							
WASHINGTON, DC 20090	23-1352010	501(C)(3)	20,000.				GENERAL SUPPORT
CANAAN_CHILD_CARE_CENTER							
20 WHITING DRIVE							GENERAL & COVID
CANAAN, CT 06018	06-1931866	501(C)(3)	15,975.				SUPPORT
CIVIC LIFE PROJECT							
60 FURNACE BROOK_ROAD							PROGRAM
CORNWALL BRIDGE, CT 06754	45-3455554	501(C)(3)	22,940.				EXPENSES
CORNWALL FOUNDATION FUND							
<u>P.O. BOX 116</u>							
WEST CORNWALL, CT 06796	43-2096093	501(C)(3)	10,000.				GENERAL SUPPORT
GOSHEN_COMMUNITY_CARE&HOSPICE							
<u>P.O. BOX 202</u>							
GOSHEN, CT 06756	06-1198075	501(C)(3)	5,680.				GENERAL SUPPORT

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

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2020

Name of the organization

Employer identification number

						Employer identifie	
NORTHWEST CONNECTICUT COMMUN						06-156573	
Part II Continuation of Grants and	Other Assistan		c Organizations an	d Domestic Gover	nments. (Schedu	ıle I (Form 990), I	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 noncash assistance	(h) Purpose of grant or assistance
<u>HOUSATONIC YOUTH SERVICES BUR</u>							
<u>P.O. BOX 356</u>							GENERAL SUPPORT
FALLS VILLAGE, CT 06031	22-3124429	501(C)(3)	16,200.				& SOFTWARE
JR ACHIEVEMENT OF SW NE							SUPPORT
70 FARMINGTON_AVENUE							MULTIPLE
HARTFORD, CT 06105	84-1267604	501(C)(3)	7,655.				PROGRAMS
<u>NUTMEG_BALLET_CONSERVATORY</u>							
_ <u>58 MAIN STREET</u>							
TORRINGTON, CT 06790	23-7396180	501(C)(3)	11,000.				GENERAL SUPPORT
FOOD RESCUE (COMM. PLATES)							
<u>27 ANN STREET</u>							
NORWALK, CT 06854	27-4486556	501(C)(3)	12,217.				FOOD PURCHASES
NEW HARTFORD VILLAGE CEMETERY							
POBOX154							
NEW HARTFORD, CT 06057	06-6023988	501(C)(3)	25,000.				GENERAL SUPPORT
<u>NEW_OPPORTUNITIES_INC</u>							
59 FIELD_STREET							HOUSING & FOOD
TORRINGTON, CT 06790	06-6071847	501(C)(3)	22,792.				ASSISTANCE
<u>NWCT REGIONAL WORKFORCE INV</u>							
_ 249 THOMASTON AVENUE							
WATERBURY, CT 06702	06-1623757	501(C)(3)	6,000.				PROGRAM SUPPORT
<u>ST. JOHN'S EPISCOPAL CHURCH</u>							
_ <u>PO BOX 1278</u>							
WASHINGTON, CT 06793	06-0895815	501(C)(3)	6,000.				PROGRAM SUPPORT
UNITED CONG. CHURCH							
<u>PO BOX 506</u>							
LITTLE COMPTON, RI 02837	05-6011792	501(C)(3)	38,000.				PROGRAM SUPPORT
AHA-AFTER SCHOOL PROGRAM							CLASSROOM
<u>90 PEASE_STREET</u>							IMRPOVMENTS &
CANAAN, CT 06018	06-6002052	501(C)(3)	8,750.				SUPPLIES

TEEA4001L 07/15/20

 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

Employer identification number

	ORTHWEST CONNECTICUT COMMUNITY								
Part II Continuation of Grants and	Other Assistar	nce to Domesti	c Organizations an	d Domestic Gover	nments. (Schedu	ıle 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 noncash assistance	(h) Purpose of grant or assistance		
<u>CAFTA-CT_ACADEMY_FOR_THE_ARTS</u>									
100_PROSPECT_STREET							SUPPORT VIRTUAL		
TORRINGTON, CT 06790	27-3460511	501(C)(3)	17,170.				PROGRAMMING		
CARING_FOR_BETHLEHEM									
							FOOD PANTRY		
BETHLEHEM, CT 06751	82-2473303	501(C)(3)	9,250.				SUPPORT		
DAVID M. HUNT LIBRARY									
PO_BOX_127									
FALLS VILLAGE, CT 06031	06-0764953	501(C)(3)	5,350.				PROGRAM SUPPORT		
DOCTOR'S WITHOUT BOARDERS									
333 SEVENTH AVE 2ND FL							UNRESTRICTED		
NEW YORK, NY 10001	13-3433452	501(C)(3)	17,000.				SUPPORT		
FALLS VILLAGE DAY CARE									
35 PAGE ROAD							CLASSROOM		
FALLS VILLAGE, CT 06031	06-1450256	501(C)(3)	6,500.				EQUIPMENT		
75 WEST ST									
DANBURY, CT 06810	06-0888719	501(C)(3)	16,500.				PROGRAM SUPPORT		
GEER_CORPORATION									
<u>99 SOUTH CANAAN ROAD</u>									
CANAAN, CT 06018	06-6071065	501(C)(3)	5,925.				COVID SUPPORT		
HOUISATONIC_CHILD_CARE_CENTER_									
POBOX_28									
CORNWALL BRIDGE, CT 06754	23-7055646	501(C)(3)	13,800.				COVID SUPPORT		
LITCHFIELD CTY FIRE CHIEFS EM									
PO_BOX_335							FIRST RESPONDER		
PLEASANT VALLEY, CT 06063	06-1004314	501(C)(3)	13,000.				VEHICLE		
LITCHFIELD MONTESSORI SCHOOL									
5_KNIFE_SHOP_ROAD							PROGRAM & COVID		
NORTHFIELD, CT 06778	23-7320463	501(C)(3)	60,025.				SUPPORT		

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Schedule I Cont (Form 990) 2020

2020

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

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2020

Name of the organization

Employer identification number

NORTHWEST CONNECTICUT COMMUN		06-1565733					
Part II Continuation of Grants and	Other Assistar	nce to Domesti	c Organizations an	d Domestic Gover	mments. (Schedu	ıle I (Form 990), I	⊃art 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 noncash assistance	(h) Purpose of grant or assistance
LITCHFIELD PERFORMING_ARTS							
POBOX69							SUPPORT VIRTUAL
LITCHFIELD, CT 06759	06-1083202	501(C)(3)	12,775.				CAMP & FESITVAL
<u>MARIA SEYMOUR BROOKERMEMORIAL</u> <u>157 LITCHFIELD STREET</u>							
TORRINGTON, CT 06790	06-0646712	501(C)(3)	21,267.				PROGRAM SUPPORT
<u>NE AIREDALE RESCUE-NEAR</u> 3 CARTER ROAD							SUPPORT ANIMAL
CORNWALL BRIDGE, CT 06754	14-1992810	501(C)(3)	20,907.				PROGRAMS
<u>NE PARALYZED VETERANS OF AM</u> 1208 VFW PARKWAY WEST							
ROXBURY, MA 02132	13-1946868	501(C)(3)	10,000.				PROGRAM SUPPORT
<u>NW CT LAND CONSERVANCY</u> 5 MAPLE STREET							CONSERVATIION PARTNERSHIP
KENT, CT 06757	06-6082034	501(C)(3)	6,715.				PROG
<u>SALISBURY VISITING NURSE ASSO</u> <u>30A SALMON KILL ROAD</u>							
SALISBURY, CT 06068	06-0646887	501(C)(3)	5,500.				GENERAL SUPPORT
<u>SALISBURY_VOLUNTEER_AMB_SERV</u> 8_UNDERMOUNTAIN_ROAD							
SALISBURY, CT 06068	23-7121173	501(C)(3)	6,000.				GENERAL SUPPORT
<u>SCHOOL ON THE GREEN</u>							
POBOX_1496							
LITCHFIELD, CT 06759	06-0885844	501(C)(3)	10,000.				COVID SUPPORT
<u>SOAR EDUCATIONAL ENRICHMENT</u>							VIRTUAL
<u>PO BOX 593</u>							ENRICHMENT
SALISBURY, CT 06068	47-1188127	501(C)(3)	7,950.				CLASSES
<u>ST. PAUL'S HILLTOP CHRISTIIAN</u> 837 <u>CHARLES STREET</u>							UNRESTRICTED
TORRINGTON, CT 06790	06-1861366	501(C)(3)	5,250.				SUPPORT

TEEA4001L 07/15/20

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

Continuation Page 9 of 9

Name of the organization

Employer identification number

NORTHWEST CONNECTICUT COMM	UNITY					06-156573	3
Part II Continuation of Grants ar	nd Other Assistan	ice to Domestic	c Organizations an	d Domestic Gover	nments. (Schedu	le I (Form 990), I	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 noncash assistance	(h) Purpose of grant or assistance
<u>SUPPORTIVE HOUSING WORKS</u> 815 MAIN STRRET STE 201 BRIDGEPORT, CT 06604	20-5529890	501 (C) (3)	61,677.				RELOCATION HOMELESS RESIDENTS
WARREN PUBLIC LIBRARY <u>15 SACKETT HILL ROAD</u> WARREN, CT 06754	06-1353369	501 (C) (3)	66,585.				GENERAL SUPPORT
YALE_UNIVERSITY							SWENSON
<u>NEW HAVEN, CT 06510</u>	06-0646973	501 (C) (3)	20,000.				EXTRAVAGANZA

TEEA4001L 07/15/20

2020

SCHEDULE J	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.		OMB No. 1	545-004	47
(Form 990)			2020		
Department of the Treasury Internal Revenue Service	 Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. 		Open to Public Inspection		ic
	NORTHWEST CONNECTICUT COMMUNITY	Employer identification	-		
	FOUNDATION, INC.	06-1565733			
Part I Question	s Regarding Compensation				
				Yes	No
1 a 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 persor					
Travel for companions Payments for business use of personal res					
Tax indemnification and gross-up payments		ion 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		
	tion require substantiation prior to reimbursing or allowing expenses incurred by all ficers, 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 Direct	nsation of the CEO/Executive Director, but explain in Part III.	anization to			
	on committee	PART II	I		
	t compensation consultant				
Form 990 of	other organizations Approval by the board or compens	ation 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?			4a		Х
	receive payment from a supplemental nonqualified retirement plan?				X
c Participate in or receive payment from an equity-based compensation arrangement?					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 50	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5 For persons listed contingent on th	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compen e revenues of:	isation			
-	1?				Х
	anization?		5b		Х
If 'Yes' on line 5a	or 5b, describe in Part III.				
6 For persons listed contingent on th	d on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compen e net earnings of:	isation			
•	1?		6a		Х
-	anization?				X
If 'Yes' on line 6a	or 6b, describe in Part III.				
7 For persons lister payments not de	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfix escribed on lines 5 and 6? If 'Yes,' describe in Part III	ed	7		Х
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject					
to the initial con	tract exception described in Regulations section 53.4958-4(a)(3)?				
	e in Part III		8		Х
9 If 'Yes' on line 8, section 53.4958	did the organization also follow the rebuttable presumption procedure described in Regulat 6(c)?	ions	9		
			e J (Form	ı 990)	2020

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-MI	SC compensation				(F) Companyation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
GUY ROVEZZI	(i)	0.	0.	0.	0.	0.	0.	0.
1 PRESIDENT	(ii)	187,320.	0.	0.	16,859.	7,654.	211,833.	0.
	(i)					,		
2	(ii)				+			
	(i)							
3	(ii)				+		+	
	(i)							
4	(ii)				+			
	(i)							
5	(ii)				+			
	(i)							
6	(ii)				+			
	(i)							
7	(ii)				T			
	(i)							
8	(ii)				+			
	(i)							
9	(ii)				+			
	(i)							
10	(ii)				+			
	(i)							
11	(ii)		T		T			
	(i)							
12	(ii)				T			
	(i)							
13	(ii)				T			
	(i)							
14	(ii)				T			
	(i)							
15	(ii)		†		 			
	(i)							
16	(ii)		†		 			
BAA			TEEA4102L 09/2	5/20	•	•	Schedule	J (Form 990) 2020

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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)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

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

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

Open to Public Inspection

Employer identification number

06-1565733

Name of the	organization NORTHWEST CONNECTICUT COMMUNITY FOUNDATION, INC.	
	FOUNDATION, INC.	
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	Х	21	589,576.	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 d organization completed Form 8283, Part V, Donee				29
	organization completed Form 8283, Fart V, Donee	ACKIIOWIEU	gement		Yes No
30a	During the year, did the organization receive by contri	bution any p	operty reported in Part I	, lines 1 through 28, that	
	it must hold for at least three years from the date for exempt purposes for the entire holding period?				
h	If 'Yes,' describe the arrangement in Part II.	• • • • • • • • • • • • •			
31	Does the organization have a gift acceptance polic	cy that requi	res the review of any r	nonstandard contributio	ns? 31 X
	Does the organization hire or use third parties or r				
	noncash contributions?				32а Х
	If 'Yes,' describe in Part II.				
33	If the organization didn't report an amount in colu describe in Part II.	mn (c) for a	type of property for wh	nich column (a) is chec	ked,

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

Schedule M (Form 990) 2020

06-1565733 Page 2 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.

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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

1	OMB No. 1545-0047
	2020
	Open to Public Inspection

Name of the organization NORTHWEST	CONNECTICUT	COMMUNITY	Employer identification number
FOUNDATION			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 REGUALARLY 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 OUESTIONS 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 EXAMINIATION 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 AND BY REQUEST.

SCHEDULE R (Form 990)

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

Open to Public Inspection

Employer identification number

06-1565733

Department of the Treasury Internal Revenue Service

Name of the organization

NORTHWEST CONNECTICUT COMMUNITY FOUNDATION, INC.

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
<u>(1)</u>					
<u>(3)</u>					

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	Sec 512 controlled	j) ((b)(13) d entity?
						Yes	No
(1) TORRINGTON AREA FOUND. FOR PUBLIC							
P.OBOX_1144							
TORRINGTON, CT_06790	COMMUNITY						
06-6114199	FOUNDATION TRUST	CT	501(C)(3)	8	N/A		Х
(2) JOHN T. & JANE A. WIEDERHOLD FOUND							
185 ASYLUM STREET, 3RD FLOOR	TO SUPPORT THE						
HARTFORD, CT_06103	WELFARE OF						
06-1830842	ANIMALS	СТ	501(C)(3)	TYPE 1	N/A		Х
(3) FOUNDATION FOR COMMUNITY HEALTH							
478 CORNWALL BRIDGE ROAD	MAINTAIN &						
CORNWALL, CT 06069	IMPROVE HEALTH						
20-0057897	OF RESIDENTS	СТ	501(C)(3)	TYPE III	N/A		Х
<u>(4)</u>							
							1
							1
DAA Fax Damanuarde Daduction Act Nation and the Instrum					Cabadula D (

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Schedule R (Form 990) 2020 NORTHWEST CONNECTICUT COMMUNITY

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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	(d) Direct controlling entity	(e) Predominant in (related, unre excluded fror under section	lated, inco n tax	of total	(g Shar end-ot ass	re of f-year	Dispr tior	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedul K-1 (Form		ral or Figing ((k) ercentage ownership
		country)		512-514)					Yes	No	1065)	Yes	No	
<u>(1)</u>														
	-													
	-													
(2)														
	1													
(2)														
(3)														
	-													
Part IV Identification of line 34, because	of Related Organ se it had one or	nizations more rela	Taxable as ated organiz	a Corporation ations treated	n or Trust. C d as a corpor	omplete ation or	if the o trust du	rganizat	ion a tax y	nswei ear.	red 'Yes' on	Form 99	90, Par	t IV,
(a) Name, address, and EIN	of related organizat	ion Prima	(b) ary activity	(c) Legal domicile state or foreign	(d) Direct controlling	(e Type of (C corp,	S corp,	(f) Share total inc			(g) are of end-of- year assets	(h) Percentage ownership	e Sec 5 control	(i) 12(b)(13) led entity?
				country)	entity	ortr	ust)						Yes	No
(1)														
													1	

(2)

(3)

BAA

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.				Yes	No				
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations lis	sted in Parts II-IV?								
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		Х				
b Gift, grant, or capital contribution to related organization(s)			1b		Х				
c Gift, grant, or capital contribution from related organization(s)			1c	Х					
d Loans or loan guarantees to or for related organization(s).			1d		Х				
e Loans or loan guarantees by related organization(s)			1e		Х				
f Dividends from related organization(s)					Х				
g Sale of assets to related organization(s)			1g		Х				
h Purchase of assets from related organization(s)			1h		Х				
i Exchange of assets with related organization(s)			1i		Х				
j Lease of facilities, equipment, or other assets to related organization(s)			1j		Х				
k Lease of facilities, equipment, or other assets from related organization(s)			1k		Х				
I Performance of services or membership or fundraising solicitations for related organization(s)			11	Х					
m Performance of services or membership or fundraising solicitations by related organization(s)			1m		Х				
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	Х					
o Sharing of paid employees with related organization(s)									
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses.									
r Other transfer of cash or property to related organization(s).			1r		Х				
s Other transfer of cash or property from related organization(s)			1s		Х				
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including cover	ed relationships and trans								
(a) Name of related organization	(b) Transaction	(c) Amount involved	(c Method of d) Natarm	ninina				
	type (a-s)		amount	involve	ed				
(1) TORRINGTON AREA FOUND. FOR PUBLIC GIVING	С	202,764.0	COST						
(2) TORRINGTON AREA FOUND. FOR PUBLIC GIVING	L	100,104.		ר חק	יחכיד				
() TORALINGTON MALLY TOOND: TOK TODELC GIVING		100,104.1			001				
(2) TODDINGTON ADEA FOUND FOR DUDITC CIVING	Ν	12 770	AT TOCAT	ים מים	- - - - - -				
(3) TORRINGTON AREA FOUND. FOR PUBLIC GIVING	IN	13,779.2	ALLUCAI	ED C	051				
	0	100 000							
(4) TORRINGTON AREA FOUND. FOR PUBLIC GIVING	0	127,036.1	ALLOCAT.	ED C	OST				
(5) JOHN T. & JANE A. WIEDERHOLD FOUNDATION	L	108,836.2	ALLOCAT	ED C	OST				
(6) JOHN T. & JANE A. WIEDERHOLD FOUNDATION	N	16,245.4							
BAA TEEA5003L 07/15/20		Schedu	ile R (Form	1 990)	2020				

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)	lated, excluded	Are all sec 501(organiz	tion	(f) Share of total income	(g) Share of end-of-year assets	tior	h) ropor- nate ntions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	i) ral or aging ner?	(k) Percentag ownership
			from tax under sections 512-514)	Yes	No			Yes	No	(FOITH 1065)	Yes	No	ł
(1)													
]												
]												
<u>(2)</u>													
]												
	-												
(3)													
	_												
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	1												
RAA				E 4 5 0 0 41						Sabadi			

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Part VII Supplemental Information

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

Schedule R Cont (Form 990) 2020 NORTHWEST CONNECTICUT COMMUNITY

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
JOHN T. & JANE A. WIEDERHOLD FOUNDATION	0	101,629.	ALLOCATED COST
FOUNDATION FOR COMMUNITY HEALTH	L	11,424.	COST

Form	99	0
------	----	---

Department of the Treasury

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.
Co to www.irs.gov/Ecrm900 for instructions, and the latest information

Open to Public Inspection

OMB No. 1545-0047

		enue Service							
Α	For th	ne 2020 calen		year, or tax year beginning , 2020, and endi	ing		,	20	
в	Check if	f applicable:	С			D Employ	er identifi	cation number	
	Ad	ldress change	NC	RTHWEST CT COMMUNITY FOUNDATION TRUST		06-6	51141	99	
	X Na	me change		0. BOX 1144		E Telepho	ne numbe	er	
		tial return	ТC	RRINGTON, CT 06790-1144		860-	-626-	1245	
						000	020	1245	
		al return/terminated					č	5.07	
		nended return	_			G Gross re			3,665.
	Ap	plication pending		Name and address of principal officer: GUY ROVEZZI	• • •	this a group return			
				ME AS C ABOVE	п(b) _A	re all subordinates "No," attach a list.	See instr	vuctions	s No
I	Tax-e	exempt status:	Х	501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527					
J	Web	bsite: ► 🛛 WW	W.	NORTHWESTCF.ORG	H(c) G	roup exemption nu	mber 🕨		
Κ	Form	of organization:		Corporation X Trust Association Other► L Year of forma	ation: 1	.970 M s	tate of leg	gal domicile: C	T
Pa	art I	Summar	v						
	1	Briefly descri	be t	he organization's mission or most significant activities: TO ENHANC	CE OU	JALITY OF	LTFF	FOR	
				N ITS SERVICE AREA BY IDENTIFYING AND RESPO					BY
Activities & Governance				FINANCIAL ASSISTANCE IN THE FORM OF SCHOLAR					
nal		ORGANIZA			<u> </u>		<u> </u>		<u>·/_(_/_</u>
Vel	2	Check this bo			nore that	an 25% of its i	net ass		
ဗိ	3			members of the governing body (Part VI, line 1a)			3	0101	14
ార	4			endent voting members of the governing body (Part VI, line 1b)			4		14
ies	5			ndividuals employed in calendar year 2020 (Part V, line 2a)			5		10
<u>sit</u>	6			volunteers (estimate if necessary)			6		75
Act	7a	Total unrelate	ed b	usiness revenue from Part VIII, column (C), line 12			7a		0.
				siness taxable income from Form 990-T, Part I, line 11			7b		0.
				· ·		Prior Year		Current	
	8	Contributions	an	d grants (Part VIII, line 1h)		133,8	02		9,486.
Revenue				revenue (Part VIII, line 2g)		10070	02.		<i>y</i> , 100.
ven		-		ne (Part VIII, column (A), lines 3, 4, and 7d)		902,8	39	46	4,179.
Be				Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,0		10	<u>1/1/5.</u>
				add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,037,6		58	3,665.
				ar amounts paid (Part IX, column (A), lines 1-3)		165,5			3,465.
				or for members (Part IX, column (A), line 4)		105,5	05.	50	J, 40J.
ŝ	15			ompensation, employee benefits (Part IX, column (A), lines 5-10)					
nse	16a	Professional	fund	draising fees (Part IX, column (A), line 11e)					
Expenses	b	Total fundrais	sing	expenses (Part IX, column (D), line 25) ►					
ш	17	Other expens	es	(Part IX, column (A), lines 11a-11d, 11f-24e)		132,4	34	14	1,128.
	18	Total expense	es.	Add lines 13-17 (must equal Part IX, column (A), line 25)		298,0			4,593.
		•		penses. Subtract line 18 from line 12		739,6			9,072.
<u>ہ</u>			o			inning of Curren		End of	•
ts c	20	Total assets	Pa	t X, line 16)		5,834,0			7,099.
Bal	21		-	Part X, line 26)		71,5			2,250.
Net Assets or Fund Balances				-					
_				d balances. Subtract line 21 from line 20	• •	5,762,5	28.	6,01	4,849.
	art II	Signatur							
Unde	er penalt plete. De	ties of perjury, I de eclaration of prepa	clare rer (that I have examined this return, including accompanying schedules and statements, and to other than officer) is based on all information of which preparer has any knowledge.	o the best	t of my knowledge	and beliet	f, it is true, corre	ect, and
~.		Signatu	re of	officer		Date			
Sig	yn								
He	re				PR	ESIDENT			
				name and title					
		Print/Type p				Check	_ ''	TIN	
Ра	id	ROBERT	<u>'</u> E	. KING, CPA ROBERT E. KING, CPA 7/12	/21	self-employe	d F	0008364	3
Pre	epare	Firm's name		► KING, KING & ASSOCIATES, CPAS					
Us	e On	ly Firm's addre	ess	► 170 HOLABIRD AVE		Firm's EIN	06-	1392255	
				WINSTED, CT 06098		Phone no.	(860		215
Mar	y the II	RS discuss th	is r	eturn with the preparer shown above? See instructions				X Yes	No
				• •				1 1	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

orm 990 (2020)	NORTHWEST CT COMMUN		06-6114199	Pa
	ment of Program Service			
		nse or note to any line in this Part III		
-	be the organization's mission:			_
		OR CITIZENS IN ITS SERVICE		
		S_BY_PROVIDING_FINANCIAL_AS	SSISTANCE IN THE FORM OF	<u> </u>
<u>SCHOLARS</u>	HIPS AND GRANTS TO 5	01(C)(3)_ORGANIZATIONS		
2 Did the organi	zation undertake any significant pr	ogram services during the year which were no	t listed on the prior	
Ũ	,		·	Х
	ibe these new services on Schedu			
		ake significant changes in how it conducts,	any program services?	X
	ibe these changes on Schedule O.			
	-	accomplishments for each of its three large	est program services, as measured by	expens
Section 501(c)(3) and 501 (c)(4) organizations if any, for each program service	s are required to report the amount of grant	ts and allocations to others, the total	expense
4a (Code:) (Expenses \$ 39	91,998. including grants of \$	363,465.)(Revenue \$	
INCOME F		O BE DISTRIBUTED ANNUALLY		CIPIE
		MMITTEE. FUNDS HAVE BEEN H		
		E RESIDENTS OF BARKHAMSTED,		
		, GOSHEN, HARTLAND, HARWIN		
		AAN, SALISBURY, TORRINGTON,		
WINSTED.		L, AS DESIGNATED BY THE DOM		XPAN
		PIC ACTIVITIES WITHOUT RESTR		
		NCIAL ASSISTANCE IN THE FOR		
		IG HIGHER EDUCATION. IN 202		
		NANCIAL ASSISTANCE IN THE P		
	IN THE AMOUNT OF \$1			<u> </u>
		<u> </u>		
4b (Code:) (Expenses \$	including grants of \$) (Revenue \$	
			· · ·	
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$	
	m services (Describe on Schedu		+	
(Expenses) (Revenue \$)
• • · ·				
4e Total progran	n service expenses 🕨	391,998.		m 990

Form 990 (2	2020)	NORTHWEST	СТ	COMMUNITY	FOUNDATION	TRUST	
Part IV	Chec	klist of Requi					

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i> .	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		Х
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	11 b		Х
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	11 c		Х
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.	11 d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
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	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	

BAA

Form 990 (2020)

 Form 990 (2020)
 NORTHWEST
 CT
 COMMUNITY
 FOUNDATION
 TRUST

 Part IV
 Checklist of Required Schedules (continued)
 Continued)
 Continued
 Continget Continued
 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	22	X	no
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23	Х	
24	a 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	24a		Х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a 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	25a		Х
	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.	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27		27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> 'Yes,' complete Schedule L, Part IV	28a		Х
	b A family member of any individual described in line 28a? <i>If 'Yes,' complete Schedule L, Part IV</i>	28b		Х
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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.	33		Х
	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.	34	Х	37
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	· No
	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1 a0b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1 b0	-		
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
BA/	(gambling) winnings to prize winners?	1c	990 ((2020)
DA4		LOIU	530(/1/11

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 2a Extent the number of segregoryses reported on Form V(2), Trapsmitted VMage and Tax State 10 b If at least one is reported on Ima 2a, dd the organization Rie at required fact malworks, the verification of the segregory of t		990 (2020) NORTHWEST CT COMMUNITY FOUNDATION TRUST 06-611419	9	F	Page 5
2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax State 2a 10 bit at less of one reported on the 2A, of the organization fire at leyeure (bedral endowment Tax returns? 2b X bit at less of one reported on the 2A, of the organization fire at leyeure (bedral endowment Tax returns? 2b X bit At less of the 2A, of the organization have an interest in, or a signature or other authority over, a firefunction to the series of W to bite 3D, not are equivator to State 1D. 3a X bit Yes, 'and time Tax endows and the comparison have an interest in, or a signature or other authority over, a financial account? 3b X bit Yes, 'and the comparison have an interest in, or a signature or other authority over, a financial account? 3b X bit Yes, 'and the comparison have an interest in, or a signature or other authority over, a financial accounts? 3a X bit Yes, 'and the comparison have an interest in, or a signature or other authority over, a financial accounts? 3a X bit Yes, 'and the comparison have endows the sheart researching the signature or other authority over, a financial accounts? 3a X bit Yes, 'and the comparison have an interve of the vertice orbitolitons? 5b X bit Yes, 'and the comparison have an interve orbitolitons that may receive deductible ac chrintalitons or approximation are present in authorin a comparison andina transmital of the organizatin anterve in th	Par	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
bit at last one is reported on line 2a, du the organization file all required federal employment tax returns? 2b X Note: The sum of line 1 and 2a greater has 250, you may be required to <i>e</i> //6 (see structurdow) 3a 3a X 3a Dut the organization have unclated business gross income of \$1,000 or more during the year? 3a 3b X bit Yes, i the ching the collection of the year? 3b X X bit Yes, i the ching the collection of the granization have an intenset in, or a significate or other financial account? 3a X bit Yes, i the the reganization have an intenset in or sole financial account? 5a X bit Yes, i onthe the organization in the regin granith Report of Fereing Bark and Financial Accounts (FBAP). 5a X bit any taxable party notly the organization there in the most of the financial Accounts (FBAP). 5a X bit any taxable party notly the organization there on this other than stance on the during the tax year? 5a X bit the organization nucle went bax stellate transaction at any time during the tax year? 5a X bit any taxable party notly the organization there an ormally greater than \$100,000, and did the organization stellate any orthotion state any taxable activation any taxable activatia activation any taxable activation any taxabl				Yes	No
b) If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b A Bit will not be a did by a greater bina 250, you may be required to 6.6 (see instructions) 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a A Law y line during the calcend period bin bax an interest in, or a signification of the framesolitic transcale account). 3b b) If 'ves,' enter the name of the foreign country's 4a See instructions for filing requirements for FinCEN Ferm 114, Report of Fereign Baak and Financial accounts (FBAR). 5a 5a Wits the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for the organization from 836 f71. 5c 6a Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible ac charabias contributions or gifts were not tax deductible. 6b 7 Organizations that may receive deductible contributions or services provided? 7b 7 U Tes, ' did the organization nickle with every solicitation an express statement that such and party as a contribution son the are required. 7a 8 Did the organization nickle with every solicitation are express statement that such and party as a contribution of the service for X f0. 7a 9 Did the organization nickle with every solicitation are express statement that such and file form 839 (a services provided?)	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
Note: If the sum of ines 1a and 2a is greater than 250, you may be required to ~file (see instructions) Image: Construction Section 2005 (Section 2005 (Sectio			2 b	Х	
b If Yes, ' has tilled a Form 99-T for this year? If Mo' to fine 3b, provide as exploration or Schedule 0. 3b 4a Af any time during the calendar year, did the organization have an inferest in, or a signiture or ofter authority over, a time of the foreign country 'set. In securities accountly, or other financial accountly. 4a b If Yes, ' note the neam of the foreign country 'set. This Accounts (FBAR). 5a X 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 twas or is a party to a prohibited tax shelter transaction? 5c X c If Yes,' to the so to 5b, did the organization fulle Form 8866-T? 5c C 6a Dase, the organization inclue with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and party to a prohibited tax shelter transaction? 6a X b If Yes,' id the organization inclue with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions and party to growtheat to tax party to a prohibited tax shelter transaction? 7a X b If Yes,' idd the organization notify the dorn of the value of the goods or services provided? 7a X b If Yes,' idd the organization notify the dorn of the value of the goods or services provided? 7a X l If Yes,' indicate the					
4 A try time during the calendar year, diff the organization have an interest in or a signature or other authority exe., at the financial account): 4 a X bit "Yes," other the name of the foreign country." 4 a X 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a X 5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 a X 5 a Use the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for the rest were not tax discuble as christible contributions at the rest count is discuble as christible contributions and rest rest is the organization naux errors statement that such contributions or gifts were for tax discuble as christible contributions and rest rest is the organization receive any function and express statement that such contributions or gifts were for the value of the value of the goods or services provided? 6 a 7 organization receive any funct, directly or indirectly, to a personal benefit contract? 7 a X 16 "Yes,' indicate the number of Forms 8282 filed during the year. 2 d 7 a X 17 the organization receive any funct, directly or indirectly, to a personal benefit contract? 7 t X 16 the organization facture were discuble directly, to pay premiums on a personal benefit contract? 7 t X 16 the organization indice acchange, or otherwise dispose of langi	3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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excess parachute payment(s) during the year? 15 X If 'Yes,' see instructions and file Form 4720, Schedule N. 16 X 16 X			1-10		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	13	excess parachute payment(s) during the year?	15		X
	16		16		Х
			-		

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

Sec	tion A. Governing Body and Management			
			Yes	No
1 a	a Enter the number of voting members of the governing body at the end of the tax year 1 a 14 If there are material differences in voting rights among members of the governing body delegated broad 1 14			
	authority to an executive committee or similar committee, explain on Schedule O.			
	Enter the number of voting members included on line 1a, above, who are independent 1b 14			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7 a	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?	7 a		Х
k	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
Ł	Each committee with authority to act on behalf of the governing body?	8 b	Х	
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? <i>If 'Yes,' provide the names and addresses on Schedule Q</i>	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	ie Co	ode.)
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
t) 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?	10 b		
11 a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
t	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
Ł	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
C	bid the organization regularly and consistently monitor and enforce compliance with the policy? <i>If 'Yes,' describe in Schedule O how this was done</i> SEESCHEDULE .Q	12 c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	15 a		Х
Ł	Other officers or key employees of the organization	15b		Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		Х
ŀ	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?	16 b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► <u>NONE</u>			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 50 available for public inspection. Indicate how you made these available. Check all that apply. X Own website X Upon request Other (explain on Schedule O))1(c)(3)s on	ıly)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availa	ble to		
20	the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records ►			
20	GUY ROVEZZI PO BOX 1144 TORRINGTON CT 06790-1144 860-626-1245			

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06-6114199

Form 990 (2020)	NORTHWEST C	T COMMUNITY	FOUNDATION TRUST	06-6114199	Page 7
Part VII Com Inde	pensation of Off pendent Contrac	ficers, Director ctors	rs, Trustees, Key Employ	vees, Highest Compensated Employe	es, and
Check	if Schedule O conta	ains a response or	note to any line in this Part V	11	
Section A. Of	ficers, Directors	, Trustees, Key	/ Employees, and Highe	st Compensated Employees	
organization's tax y	ear.			endar year ending with or within the	
 List all of th 	e organization's cur i	rent officers, affec	tors, trustees (whether individi	uals or organizations), regardless of amount of	

compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the

organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

				(C)					
(A) Name and title		(B) Average hours	Pos thar is	ition (de n one bo s both a direc	n offi	icer ar ustee)	nd a)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
		per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	empioyee Kev employee	Former Highest compensated	the organization (W-2/1099-MISC)	relatéd organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)	GUY_ROVEZZI	5								
	PRESIDENT	35		Σ	ζ			187,320.	0.	24,513.
	ANNE_SUTHERLAND_FUCHS CHAIRMAN	$\frac{1}{1}$	Х					0.	0.	0.
(3)	CHRISTOPHER WALL-RESIGNED	$-\frac{1}{2}$	Х	Σ	ζ			0.	0.	0.
(4)	DON MAYLAND TREASURER	12	Х	Σ	ζ			0.	0.	0.
(5)	ADRIAN SELBY 1ST VICE CHAIR	<u>1</u> 2	Х	Σ				0.	0.	0.
(6)	EMILY DALTON DIRECTOR	$\frac{1}{1}$	X		-			0.	0.	0.
(7)	RONALD ROSENSTEIN, ESQ	$\frac{1}{1}$	Х					0.	0.	0.
(8)	VINCENT_INCONIGLIOS DIRECTOR	$-\frac{1}{1}$	Х					0.	0.	0.
<u>(9)</u>	F. ROBERT PETRICONE 2ND VICE CHAIR	<u>1</u>	Х	Σ	ζ			0.	0.	0.
(10)	JIM BLACKKETTER SECRETARY	$-\frac{1}{2}$ -	х	Σ	ζ			0.	0.	0.
(11)	VICTOR M. MUSCHELL, ESQ.	$\frac{1}{1}$	Х					0.	0.	0.
(12)	ROD PLEASANTS	$\frac{1}{1}$	Х					0.	0.	0.
(13)	NORMAN ROGERS, ESQ.	$-\frac{1}{1}$	Х					0.	0.	0.
(14)	LORI RISKA, CPA DIRECTOR	$\frac{1}{1}$	X		T			0.	0.	0.
BAA		TEEA0		10/07/2	20					Form 990 (2020)

06-6114199

Page 8

DIRECTOR 1 X 0. 0. 0. 0. DIRECTOR 1 X 0.	Part VII Section A. Officers, Directors, Tru	stees,	Key	Em	plo	bye	es, a	nd	l Highest Com	pensated Emp	loyees	(contin	nued)
(A) Name and title Average model (b) out dicks more than area (b) out dicks more than area (c) out d		(B)			•	•							
Obtaining of an optimized on the matrix of the optimization of		hours per	box	, unle cer an	heck ss pe nd a d	more erson direct	is both a or/truste	an e)	Reportable compensation from	Reportable compensation from	Estima	ited amo	ount
Control Set of a bit of a		(list any hours	or dir	Institu	Offic	Key e	Highe	Form	(W-2/1099-MISC)	(W-2/1099-MISC)	comper the or	nsation f ganizati	on
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(19) ANTTA BAXTER 1 X 0. 0. 0. 0. (19) BARBARA SPIEGEL 1 X 0. 0. 0. 0. (19) DIRECTOR 1 X 0. 0. 0. 0. (19) Image: Construction of the second o		below dotted	rustee	trust		/ee	npens						
DIRECTOR 1 X 0. 0. 0. 0. IBARBARA SPIEGEL 1 X 0.		line)		8			ated						
(16) BARBARA SPIECEL 1 X 0 0 0 0 (17) 1 X 0 0 0 0 0 (18) 1 X 0 0 0 0 0 (19) 1 X 0 0 0 0 0 (20) 1 1 X 0 0 0 0 0 (21) 1 1 X 0 0 0 0 0 (22) 1		1_											
DIRECTOR 1 X 0. 0. 0. 0. (17)			Х						0.	0.			0.
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(19)	(17)												
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 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. 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 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. 5 X 5 Section B. Independent Contractors 									····· • • • • • • • • • • • • • • • • •			•	
on line 1a? If 'Yes,' complete Schedule J for such individual. 3 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 4 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 5 X Section B. Independent Contractors 5 X												Yes	No
the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual. 4 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 5 X Section B. Independent Contractors 5 X	on line 1a? If 'Yes,' complete Schedule J for such	tor, truste h individu	ее, ке <i>ial</i>	ey er	mpio	oyee	e, or hi	ign · · · ·	est compensated		. 3		Х
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	the organization and related organizations greate	r than \$1	50,00	20'?	lf 'Y	′es,	' сотр	olet	te Schedule J for		. 4	X	
Section B. Independent Contractors	5 Did any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes	e comper .' <i>comple</i>	nsatio ete So	n fro ched	om i lule	any <i>J fo</i>	unrela r such	ateo	d organization or	individual	. 5		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.	 Complete this table for your five highest compensation from the organization. Report compensation 	sated ind sation for	epen the c	dent aleno	cor dar	ntrao year	ctors t ending	hat g w	t received more th vith or within the or	nan \$100,000 of ganization's tax year			
(A) Name and business address (C) Description of services Compensation		ess									Compe	;) nsatio	n
								-					
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			ited to	o tho	se l	isteo	above	e) v	who received more	than			

Form 990 (2020) NORTHWEST CT COMMUNITY FOUNDATION TRUST Part VIII Statement of Revenue

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i ui		Check if Schedule O contains a	resp	onse or note to any	line in this Part VII	L		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts		a Federated campaigns	1 a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues	1 b					
Am Am		Fundraising events	1 c					
Gif İlar		Related organizations	1 d					
ns, Sim		e Government grants (contributions)	1 e					
utio Ter		similar amounts not included above	1 f	119,486.				
<u>e</u> f	ç	g Noncash contributions included in lines 1a-1f.	1 g	6,673.				
non	ŀ	1 Total. Add lines 1a-1f			119,486.			
				Business Code	119,400.			
Veni	2 a	a						
Be	k	>						
<u>vic</u>	C	:						
Sei	C	¹						
ram	e f	All other program service revenue						
Program Service Revenue		g Total. Add lines 2a-2f		•				
<u> </u>	3	Investment income (including divide						
	Ŭ	other similar amounts)		▶	170,081.			170,081.
	4	Income from investment of tax-ex	•					
	5	Royalties						
	6.	a Gross rents 6a	al	(ii) Personal				
		b Less: rental expenses 6b						
		Rental income or (loss) 6c						
		I Net rental income or (loss)		▶				
	7 2	a Gross amount from (i) Secur	ities	(ii) Other				
		sales of assets	ngg					
	k	• Less: cost or other basis	0.00	•				
		and sales expenses 7b						
		c Gain or (loss) 7c 294, Net gain or (loss)			204 000			204 000
	-	o ()			294,098.			294,098.
Other Revenue	88	a Gross income from fundraising events (not including \$						
Vel		of contributions reported on line 1c).	-					
ď		See Part IV, line 18	88	a 📃				
her		Less: direct expenses	8 ł					
δ	C	: Net income or (loss) from fundrais	sing e	vents ►				
	9 a	a Gross income from gaming activities. See Part IV, line 19	9a					
	ŀ	b Less: direct expenses	91					
		Net income or (loss) from gaming	-					
		a Gross sales of inventory, less						
		returns and allowances.	10a	a				
		Less: cost of goods sold	101	-				
	C	: Net income or (loss) from sales o	f inve					
Sno	11 a	<u>, </u>		Business Code				
Miscellaneous Revenue	112	*)	· — — -					
<u>sllar</u> ver		, ;	· — — -					
Re		All other revenue						
Σ	e	e Total. Add lines 11a-11d	ـــــــــــــــــــــــــــــــــــــ	· · · · · · · · · · · · · · · · · · ·				
	12	Total revenue. See instructions			583,665.	0.	0.	464,179.

Form 990 (2020) NORTHWEST CT COMMUNITY FOUNDATION TRUST

Part IX Statement of Functional Expenses

0.0 0114100	D 10
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	Check if Schedule O contains a r	esponse or note to any			
		(4)			
Do no 6b, 7b	ot include amounts reported on lines o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic				
	organizations and domestic governments. See Part IV, line 21	348,465.	348,465.		
2	Grants and other assistance to domestic ndividuals. See Part IV, line 22	15,000.	15,000.		
	Grants and other assistance to foreign	15,000.	15,000.		
C	organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors, rustees, and key employees	0.	0.	0.	0
	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described n section 4958(c)(3)(B)	0.	0.	0.	0.
7 (Other salaries and wages				
Ũ (Pension plan accruals and contributions finclude section 401(k) and 403(b) employer contributions)				
9 (Other employee benefits				
10 F	Payroll taxes				
11 F	ees for services (nonemployees):				
a M	Management	93,573.		93,573.	
b L	_egal				
c /	Accounting				
d١	_obbying				
e F	Professional fundraising services. See Part IV, line 17				
f I	nvestment management fees	47,555.	28,533.	19,022.	
(Other. (If line 11g amount exceeds 10% of line 25, column A) amount, list line 11g expenses on Schedule 0.) Advertising and promotion				
	Office expenses				
	nformation technology				
	Royalties				
	-				
e	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 (Conferences, conventions, and meetings				
20	nterest				
21 F	Payments to affiliates				
22 [Depreciation, depletion, and amortization				
23	nsurance				
	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 b					
ч С					
d _					
	All other expenses		201 000	110 505	^
2 3]	Total functional expenses. Add lines 1 through 24e	504,593.	391,998.	112,595.	0.
t j c	Joint costs. Complete this line only if he organization reported in column (B) oint costs from a combined educational campaign and fundraising solicitation. Check here ► if following				
BAA	SOP 98-2 (ASC 958-720)				Earm 000 (2020)

Pa	irt X	Balance Sheet			_
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing		1	
	2	Savings and temporary cash investments.	240,177.	2	156,899.
	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	
ŝ	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
Ä	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10 c	
	11	Investments – publicly traded securities.	4,747,643.	11	4,771,987.
	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	846,257.	15	<u>1,148,213.</u> 6,077,099.
	16	Total assets. Add lines 1 through 15 (must equal line 33).	5,834,077.	16	6,077,099.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	71,549.	18	62,250.
	19	Deferred revenue	•	19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	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	
Ξ	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	71,549.	26	62,250.
nces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alai	27	Net assets without donor restrictions	5,569,204.	27	5,741,168.
č	28	Net assets with donor restrictions	193,324.	28	273,681.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
Net Assets or	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS)	31	Retained earnings, endowment, accumulated income, or other funds		31	
∋t A	32	Total net assets or fund balances	5,762,528.	32	6,014,849.
ž	33	Total liabilities and net assets/fund balances	5,834,077.	33	6,077,099.
BA	A	TEEA0111L 10/07/20			Form 990 (2020)

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Form	990 (2020) NORTHWEST CT COMMUNITY FOUNDATION TRUST 06-	6114	199		Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1		58	3,6	65.
2	Total expenses (must equal Part IX, column (A), line 25)	2		50	4,5	593.
3	Revenue less expenses. Subtract line 2 from line 1	3		7	9,0)72.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5			528.
5	Net unrealized gains (losses) on investments	5				392.
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		8	0,3	357.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	6	,01	4,8	849.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🔲
				`	í es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_ [
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a	a			
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis					
	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?			2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?			3 a		Х
	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required autor audits, explain why on Schedule O and describe any steps taken to undergo such audits			3 b		
BAA	TEEA0112L 10/19/20		F	orm 9	990 ((2020)

SCH	EDUL	E A	
(Form	990 o	r 990-l	ΕZ

Department of the Treasury

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.

Open	to	Public
		ction

OMB No. 1545-0047

2020

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

			-					
	e organization いたくせー (アーク		OUNDATION TRU	וכיי			Employer identification 06-611419	
				organizations must	comple	ete thi		
				For lines 1 through 12,				
1	A church, cor	vention of church	es, or association of cl	hurches described in sec	tion 1 70(b)(1)(A)(i).	
2	A school desc	cribed in section 1	70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ).)		
3	A hospital or	r a cooperative h	ospital service organ	ization described in sec	ction 17)(b)(1)(A	.)(iii).	
4			tion operated in conju	unction with a hospital of	describe	d in sec	tion 170(b)(1)(A)(iii). E	nter the hospital's
	name, city, a	and state:						
5	An organizat section 170(tion operated for (b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II.)	ege or university owned	or oper	ated by	a governmental unit de	scribed in
6	A federal, st	ate, or local gove	ernment or governme	ental unit described in s	ection 1	70(b)(1)	(A)(v).	
7	An organizati in section 1 7	on that normally r 70(b)(1)(A)(vi). ((eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	t or from the general pub	olic described
8 X	A community	y trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)			
9				c tion 170(b)(1)(A)(ix) oper e (see instructions). Enter				
	university:	-						
10	from activitie	es related to its encome and unrel	exempt functions, sub	han 33-1/3% of its supp oject to certain exceptio e income (less section Part III.)	ns; and	(2) no r	nore than 33-1/3% of it	s support from gross
11	-			ely to test for public safe	ety. See	sectior	1 509(a)(4).	
12	An organiza	tion organized ar	nd operated exclusive	ely for the benefit of, to	perform	the fun	ctions of, or to carry ou	It the purposes of one
	or more pub	licly supported o	rganizations describe	ed in section 509(a)(1) of upporting organization	or sectio	n 509(a)(2). See section 509(a)	(3). Check the box in
а	organization(porting organizations) the power to report of the power to repower to report of the power to repower to report of the power to report of	gularly appoint or elect	d, or controlled by its sup t a majority of the directo	ported or trus	rganizat tees of t	ion(s), typically by giving he supporting organization	the supported on. You must
b	management	of the supporting of the supporting ete Part IV, Secti	organization vested in	controlled in connection the same persons that c	with its ontrol or	support manage	ed organization(s), by l the supported organizati	having control or on(s). You
c	· ·	,		tion operated in connectio plete Part IV, Sections	n with, ai A. D. an	nd functio d E.	onally integrated with, its	supported
d	Type III non-f	unctionally integrated. The c	r ated. A supporting org	anization operated in cor must satisfy a distribu must and D, and Part V.	nection	with its a	supported organization(s)	that is not
е	Check this b	ox if the organiz	ation received a writt	en determination from	the IRS	that it is	a Type I, Type II, Type	e III functionally
f Fr				supporting organizatior				
			n about the supported					
(i) Na	ame of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your g	s the ion listed overning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
					105	110		
(A)								
(B)								
(C)								
(D)								
(E)								
_								
Total				tione fan Fann 000 an f			Cabadula A (Far	

Schedule A (Form 990 or 990-EZ) 2020 NORTHWEST CT COMMUNITY FOUNDATION TRUST 06-6114199

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

	· · · · · · · · · · · · · · · · · · ·						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)	109,167.	109,820.	96,669.	133,802.	119,486.	568,944.
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	109,167.	109,820.	96,669.	133,802.	119,486.	568,944.
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)						0.
6	Public support. Subtract line 5 from line 4						568,944.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	109,167.	109,820.	96,669.	133,802.	119,486.	568,944.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	126,664.	147,705.	245,351.	164,205.	170,081.	854,006.
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	500.	134.		1,032.		1,666.
11	Total support. Add lines 7 through 10						1,424,616.
12	Gross receipts from related activ	vities, etc. (see ins	tructions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and						►
Sec	tion C. Computation of Pul	blic Support P	ercentage				
	Public support percentage for 20						39.94%
	Public support percentage from a					I	38.61 %
16a	33-1/3% support test-2020. If the and stop here. The organization	he organization di qualifies as a pub	d not check the b blicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	3% or more, check	this box X
b	33-1/3% support test-2019. If the and stop here. The organization	e organization did qualifies as a put	I not check a box plicly supported o	on line 13 or 16a rganization	a, and line 15 is 3	3-1/3% or more, c	check this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-ar	nd-circumstances	test, check this t	box and stop here	. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the facts-ar d-circumstances' t	nd-circumstances est. The organiza	test, check this b tion qualifies as	box and stop here a publicly support	e. Explain in Part ed organization.	VI how the
18	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a	, or 17b, check th	is box and see ins	structions ►
BAA					Sch	pedule A (Form 99	90 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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.)

 Calendar year (or fiscal year 1 Gifts, grants, cor and membership received. (Do no any 'unusual gra Gross receipts fromerchandise sold performed, or far furnished in any related to the organization's be organization's be either paid to or its behalf The value of ser facilities furnished governmental ur organization with Total. Add lines Amounts include 2, and 3 received fis disqualified pers exceed the great 1% of the amour for the year Section B. Total S Calendar year (or fiscal year (or fisc	ntributions, fees t include nts.')	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
 and membership received. (Do no any 'unusual gra Gross receipts fro merchandise sold performed, or far furnished in any related to the org tax-exempt purp Gross receipts fr that are not an u or business unde Tax revenues lew organization's be either paid to or its behalf The value of sen facilities furnishe governmental un organization witt Total. Add lines Amounts include 2, and 3 received disqualified pers exceed the great 1% of the amount for the year Section B. Total S Calendar year (or fiscal ye 9 Amounts from lin payments received for in payments received or in payments rec	tees tinclude nts.')	(a) 2016	(b) 2017				
 Gross receipts from merchandise sold performed, or far furnished in any related to the organization far that are not an u or business under that are not an u or business under the paid to or its behalf The value of ser facilities furnishe governmental ur organization with Total. Add lines Amounts include 2, and 3 received fisqualified pers exceed the great 1% of the amour for the year Add lines 7a and Public support. 7c from line 6.). Section B. Total S Calendar year (or fiscal ye 9 Amounts from lin payments received for in payments received or the year in the year of the year o	m admissions, or services cilities activity that is janization's ose	(a) 2016	(b) 2017				
 3 Gross receipts fr that are not an u or business unde 4 Tax revenues lev organization's be either paid to or its behalf 5 The value of sen facilities furnishe governmental ur organization witt 6 Total. Add lines 7a Amounts include 2, and 3 received disqualified pers b Amounts include and 3 received fi disqualified pers exceed the great 1% of the amour for the year c Add lines 7a and 8 Public support. 7c from line 6.). Section B. Total S Calendar year (or fiscal ye 9 Amounts from lin payments received no rents, royalties, and i 	om activities nrelated trade er section 513. vied for the expended on vices or d by a it to the nout charge 1 through 5 d on lines 1, d from ons d on lines 2 rom other than ons that er of \$5,000 or it on line 13 (Subtract line Support ar beginning in) ►	(a) 2016	(b) 2017				
organization's be either paid to or its behalf 5 The value of sen facilities furnishe governmental un organization with 6 Total. Add lines 7a Amounts include 2, and 3 received disqualified pers b Amounts include and 3 received fu disqualified pers exceed the great 1% of the amount for the year c Add lines 7a and 8 Public support. 7c from line 6.). Section B. Total S Calendar year (or fiscal ye 9 Amounts from lin ng Gross income from in payments received on rents, royalties, and i	enefit and expended on vices or id by a it to the iout charge 1 through 5 d on lines 1, d from ons d on lines 2 om other than ons that er of \$5,000 or it on line 13 7b	(a) 2016	(b) 2017				
 5 The value of serifacilities furnishe governmental ur organization with 6 Total. Add lines 7a Amounts include 2, and 3 received disqualified pers b Amounts include and 3 received full disqualified pers exceed the great 1% of the amour for the year c Add lines 7a and 8 Public support. 7c from line 6.). Section B. Total S Calendar year (or fiscal ye 9 Amounts from lin payments received or rents, royalties, and in the section of the sect	vices or d by a it to the iout charge 1 through 5 d on lines 1, d from ons d on lines 2 rom other than ons that er of \$5,000 or it on line 13 1 7b (Subtract line Support ar beginning in) ► ne 6	(a) 2016	(b) 2017				
 7a Amounts include 2, and 3 received disqualified pers b Amounts include and 3 received find disqualified pers exceed the great 1% of the amour for the year c Add lines 7a and 8 Public support. 7c from line 6.). Section B. Total S Calendar year (or fiscal ye 9 Amounts from lin payments received on rents, royalties, and in 	d on lines 1, d from ons d on lines 2 om other than ons that er of \$5,000 or it on line 13 (Subtract line Support ar beginning in) ► ne 6	(a) 2016	(b) 2017				
and 3 received fr disqualified pers exceed the great 1% of the amour for the year c Add lines 7a and 8 Public support. 7c from line 6.). Section B. Total S Calendar year (or fiscal ye 9 Amounts from lin 10a Gross income from in payments received or rents, royalties, and i	rom other than ons that er of \$5,000 or it on line 13 7b	(a) 2016	(b) 2017				
 8 Public support. 7c from line 6.). Section B. Total S Calendar year (or fiscal ye 9 Amounts from lin 10a Gross income from in payments received or rents, royalties, and i 	(Subtract line iupport ar beginning in) ► ne 6	(a) 2016	(b) 2017				
7c from line 6.). Section B. Total S Calendar year (or fiscal ye 9 Amounts from lin 10a Gross income from in payments received or rents, royalties, and i	upport ar beginning in) ► ne 6	(a) 2016	(b) 2017				
Calendar year (or fiscal ye 9 Amounts from lin 10a Gross income from in payments received or rents, royalties, and i	ar beginning in) ► ne 6	(a) 2016	(b) 2017				
 9 Amounts from lin 10a Gross income from in payments received or rents, royalties, and it 	ne 6	(a) 2016	(b) 2017				
10a Gross income from in payments received or rents, royalties, and i			(5) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
payments received or rents, royalties, and i	terest, dividends.	1					
b Unrelated busine income (less sec	n securities loans, ncome from ss taxable tion 511						
taxes) from busin acquired after Ju c Add lines 10a ar	ne 30, 1975						
 11 Net income from unru activities not included whether or not the bu regularly carried on. 	elated business I in line 10b, siness is						
12 Other income. I gain or loss from capital assets (E Part VI.)	i the sale of xplain in						
13 Total support. (<i>A</i> 10c, 11, and 12.)							
	eck this box and	stop here		, third, fourth, or	fifth tax year as a	section 501(c)(3)	►
Section C. Compu	tation of Pu	blic Support	Percentage				
15 Public support p	ercentage for 20	20 (line 8, colur	mn (f), divided by I	ine 13, column (f))	15	olo
16 Public support p	ercentage from 2	2019 Schedule	A, Part III, line 15.				olo
Section D. Compu	tation of Inv	estment Inco	ome Percentag	e			
17 Investment incor	ne percentage f	or 2020 (line 10	c, column (f), divid	ed by line 13, co	lumn (f))	17	olo
18 Investment incor	ne percentage f	rom 2019 Scheo	dule A, Part III, line	. 17		18	010
19a 33-1/3% support is not more than						than 33-1/3%, and	
b 33-1/3% support			i did not check a bo	ox on line 14 or li	ne 19a, and line 1	-	1/3%, and 🛛
			x and stop here. If	- '	•		
	re than 33-1/3%	, check this boy	x and stop nere. If heck a box on line	14, 19a, or 19b.	check this box and		

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.	1	105	
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).	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.	3a		
ļ	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.	3b		
	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.	3c		
4	a 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.	4a		
ļ	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.	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.	4c		
5	a 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 ElN 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).	5a		
l	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If 'Yes,' provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)</i> .	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9	a 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 .	9a		
I	b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>	9b		
	c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9c		
	a 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.	10a		
l	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.).	1 0 b		

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Schedule A (Form 990 or 990-EZ) 2020 NORTHWEST CT COMMUNITY FOUNDATION TRUST Part IV Supporting Organizations (continued)

Yes

1

2

No

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

- 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).
 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).			
	nization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in 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.
- **b** Did the activities described in 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.

Yes

2a

2b

3a

3h

No

Schedule A (Form 990 or 990-EZ) 2020 NORTHWEST CT COMMUNITY FOUNDATION TRUST Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 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. 1 (B) Current Year (A) Prior Year Section A – Adjusted Net Income (optional) 1 1 Net short-term capital gain 2 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 Add lines 1 through 3. 4 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross 6 income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 7 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 8 (B) Current Year Section B – Minimum Asset Amount (A) Prior 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 1b **b** Average monthly cash balances 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 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by 0.035 6 7 Recoveries of prior-year distributions 7 Minimum Asset Amount (add line 7 to line 6) 8 8 Section C – Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency 6 temporary reduction (see instructions)

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

Schedule A (Form 990 or 990-EZ) 2020

06-6114199

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Schedule A (Form 990 or 990-EZ) 2020 NORTHWEST CT COMMUNITY FOUNDATION TRUST 06-6114199

9 Page	e 7
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Par	t V Type III Non-Functionally Integrated 509(a)(3) Si	upporting Organiza	ations (continue	a)						
Sec	tion D – Distributions				Current Year					
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		1						
2	Amounts paid to perform activity that directly furthers exempt purposes	IS,								
	in excess of income from activity		2							
3		Administrative expenses paid to accomplish exempt purposes of supported organizations								
4	Amounts paid to acquire exempt-use assets		4							
	Qualified set-aside amounts (prior IRS approval required - provide		5							
6	Other distributions (describe in Part VI). See instructions.			6						
	Total annual distributions. Add lines 1 through 6.			7						
8	Distributions to attentive supported organizations to which the organization	ion is responsive (provide	e details	8						
9	in Part VI). See instructions. Distributable amount for 2020 from Section C, line 6			9						
	Line 8 amount divided by line 9 amount			10						
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020					
1	Distributable amount for 2020 from Section C, line 6									
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i>). See instructions.									
3	Excess distributions carryover, if any, to 2020									
а	From 2015									
b	Prom 2016									
C	From 2017									
c	From 2018									
e	e From 2019									
t	f Total of lines 3a through 3e									
ġ	Applied to underdistributions of prior years									
h	Applied to 2020 distributable amount									
	Carryover from 2015 not applied (see instructions)									
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.									
4	Distributions for 2020 from Section D, line 7: \$									
а	Applied to underdistributions of prior years									
_	Applied to 2020 distributable amount									
C	Remainder. Subtract lines 4a and 4b from line 4.									
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.									
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.									
7	Excess distributions carryover to 2021. Add lines 3j and 4c.									
8	Breakdown of line 7:									
а	Excess from 2016									
-	Excess from 2017									
C	Excess from 2018									
C	Excess from 2019									
e	Excess from 2020									

BAA

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020	NORTHWEST CT	COMMUNITY F	OUNDATION TRU	ST 06-61141	L99 Page 8			
Part VISupplemental 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	2020	2019	2018	2017	2016			

NATURE AND SOURCE	2020	 2019	Z	018	 2017	 2016
UNFULLFILLED GRANT AWARDS						
		\$ 1,000.				\$ 500.
MISCELLANEOUS INCOME		32.			\$ 134.	
TOTAL \$	0.	\$ 1,032.	\$	0.	\$ 134.	\$ 500.

		nlomental Financial Sta	tomonto		OMB No. 1545-0047			
SCHEDULE D (Form 990)	► Comple	plemental Financial Sta ete if the organization answered 'Ye	s' on Form 990.	-	2020			
	Part IV, line	6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11 ► Attach to Form 990.	e, 11f, 12a, or 12b.		Open to Public			
Department of the Treasur Internal Revenue Service	^y ► Go to www.irs	s.gov/Form990 for instructions and	the latest information.	L Employer id	Inspection			
Name of the organization				Employer id	entification number			
NORTHWEST CT	COMMUNITY FOUNDATIO	ON TRUST		06-611	4199			
Part I Organi	zations Maintaining Don	or Advised Funds or Other S	Similar Funds or Acc	counts.				
Comple	ete if the organization and	swered 'Yes' on Form 990, Pa	;					
1 Total number	at end of year	(a) Donor advised fund	s (b) F	unds and o	other accounts			
	f contributions to (during year).							
	f grants from (during year)							
4 Aggregate val								
are the organi	zation's property, subject to the	onor advisors in writing that the asse organization's exclusive legal cont	rol?	· · · · · · · ·	Yes No			
for charitable	purposes and not for the benef	ors, and donor advisors in writing the it of the donor or donor advisor, or	for any other purpose co	nferring 👝	Yes No			
	vation Easements.			L				
		swered 'Yes' on Form 990, Pa						
_	conservation easements held t on of land for public use (for exan	by the organization (check all that a	pply). Preservation of a histo	vrically imp	ortant land area			
	of natural habitat		Preservation of a certi	5 1				
Preservati	on of open space	L						
2 Complete lines last day of the		held a qualified conservation contribut	tion in the form of a conser	vation ease	ment on the			
	×			Held at the	End of the Tax Year			
		ements.						
		ified historic structure included in (a						
d Number of cor	nservation easements included	in (c) acquired after 7/25/06, and n	ot on a historic					
	-	insferred, released, extinguished, or te		on during the	e			
	es where property subject to cons	ervation easement is located ►						
5 Does the orga and enforcem	nization have a written policy r ent of the conservation easeme	egarding the periodic monitoring, in ents it holds?	spection, handling of vio	lations,	Yes No			
		inspecting, handling of violations, and						
7 Amount of expe ►\$	enses incurred in monitoring, insp	pecting, handling of violations, and enfo	orcing conservation easem	ents during	the year			
8 Does each cor and section 17	nservation easement reported o 70(h)(4)(B)(ii)?	on line 2(d) above satisfy the require	ements of section 170(h)	(4)(B)(i)	Yes No			
include, if app conservation e	licable, the text of the footnote easements.	ports conservation easements in its to the organization's financial state	ements that describes the	organizati	on's accounting for			
Part III Organi Comple	zations Maintaining Collected to the organization and	ections of Art, Historical Tre swered 'Yes' on Form 990, Pa	asures, or Other Sir art IV, line 8.	nilar Ass	ets.			
historical treas	sures, or other similar assets h	er FASB ASC 958, not to report in it eld for public exhibition, education, al statements that describes these i	or research in furtheranc	l balance s e of public	heet works of art, service, provide in			
historical trease following amo	ures, or other similar assets held unts relating to these items:	er FASB ASC 958, to report in its re for public exhibition, education, or rese	earch in furtherance of pub	lic service, p	works of art, provide the			
		, line 1						
2 If the organizat	ion received or held works of art,	historical treasures, or other similar as			owing			
amounts requ	red to be reported under FASE	ASC 958 relating to these items:			5			
		e 1						
		e Instructions for Form 990.			ule D (Form 990) 202			

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

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 NORTH Part III Organizations Maintai				06-6114 Other Similar Asse		Page 2
					•	
 Using the organization's acquisition, items (check all that apply): a Public exhibition 	, accession, and othe		of the following that ma exchange program	ke significant use of its c	collection	
b Scholarly research		e Other				
c Preservation for future genera	ations					
4 Provide a description of the organize Part XIII.		d explain how they fu	irther the organization's	exempt purpose in		
5 During the year, did the organizat to be sold to raise funds rather th	tion solicit or receiv nan to be maintaine	e donations of art, l d as part of the org	nistorical treasures, or anization's collection?	other similar assets	Yes	No
Part IV Escrow and Custodia	Arrangements	. Complete if the	e organization ans		m 990, Pa	rt IV,
line 9, or reported an a	amount on Forn	n 990, Part X, lir	ne 21.			
1 a Is the organization an agent, trus on Form 990 , Part X?	stee, custodian or o	ther intermediary fo	r contributions or other	assets not included	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII and co	mplete the following	table:			
					Amount	
c Beginning balance						
d Additions during the year						
e Distributions during the year						
f Ending balance2a Did the organization include an a					Yes	
b If 'Yes,' explain the arrangement				-		No
			ion has been provided		· · · · · · · · · · · · [
Part V Endowment Funds. Co	omplete if the o	rganization ans	vered 'Yes' on For	m 990 Part IV lin	e 10	
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four yea	rs back
1 a Beginning of year balance	5,522,350	,			4,695	
b Contributions	- / - /	, , , , , ,		, , , , , ,		,000.
c Net investment earnings, gains,						·
and losses	589,873	. 1,060,26	9384,205	. 791,847.	314	,530.
d Grants or scholarships	160,700	. 165,08	5. 157,790	. 140,012.	146	,425.
e Other expenditures for facilities and programs				0.		
f Administrative expenses	93,573	. 85,912	2. 85,235	. 87,659.	88	,581.
g End of year balance	5,857,950				4,776	,132.
2 Provide the estimated percentage	,	•	1g, column (a)) held a	s:		
a Board designated or quasi-endowme		95.33 [%]				
b Permanent endowment ►	%					
	1.67 %					
The percentages on lines 2a, 2b, ar	nd 2c should equal 1	00%.				
3a Are there endowment funds not in the second second	he possession of the	organization that are	held and administered f	or the	<u> </u>	
organization by:					Yes	No
(i) Unrelated organizations					3a(i)	X
(ii) Related organizationsb If 'Yes' on line 3a(ii), are the rela					3a(ii) 3b	Х
4 Describe in Part XIII the intended	-	•			30	
Part VI Land, Buildings, and I			IUIIUS. SEE PARI	VIII		
Complete if the organi		d 'Yes' on Form	990 Part IV line	11a See Form 990) Part X I	ine 10
	1					
Description of property	(st or other basis investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1 a Land						
b Buildings						
c Leasehold improvements						
d Equipment						
e Other Total. Add lines 1a through 1e. (Colum		orm 000 Dort V	ump (D) line 10=)	•		
BAA	n (u) must equal F	יווו ששט, דמון א, COI	uווווו (ם), וווופ וטכ.)		ıle D (Form 99	0.
2703				••••••		

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 NORTHWEST CT COMMU	NITY FOUNDATIO	N TRUST	06-6114199	Page 3
Part VII Investments – Other Securities.		N/A		. 10
Complete if the organization answered (a) Description of security or category (including name of security)	(b) Book value		e Form 990, Part X, I Cost or end-of-year market value	
(1) Financial derivatives	(D) BOOK Value		Cost of enu-of-year market value	
(2) Closely held equity interests.				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G) 4 b				
(H) (I)				
(I) Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►				
Part VIII Investments – Program Related.		N/A		
Complete if the organization answered		, Part IV, line 11c. Se		
(a) Description of investment	(b) Book value	(c) Method of valuation: (Cost or end-of-year market	value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►				
Part IX Other Assets. Complete if the organization answered	'Ves' on Form 990	Part IV/ line 11d Se	e Form 990 Part X I	ino 15
	scription		(b) Book va	
(1) AGENCY ENDOWMENT			44	,808.
(2) CHARITABLE REMAINDER TRUSTS				,681.
(3) COMMODITIES				<u>,754.</u>
(4) EXCHANGE TRADED FUNDS (5) HEDGE FUNDS				<u>,283.</u> ,277.
(6) PERPETUAL TRUST				<u>,277.</u> ,255.
(7) SHORT TERM INVESTMENTS				,155.
(8)				,
(9)				
(10)				
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15.)		1,148	,213.
Part X Other Liabilities. Complete if the organization answered 'Yes' on Fi	orm 990 Part IV line 11	e or 11f See Form 990 Par	t X line 25	
	ption of liability		(b) Book va	lue
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)				
C. LIADULTY FOR UNCERTAIN TAX DOSITIONS IN PART XIII provide the text of the too	nuote to the organization's tin	aucial statements that reports the	organization's liability for uncerta	ur)

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.

Schedule D (Form 990) 2020 NORTHWEST CT COMMUNITY FOUNDATION TRUST	06-6114199 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Reve	enue 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	
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	
c Recoveries of prior year grants 2c	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d	
3 Subtract line 2e from line 1.	
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.)	
c Add lines 4a and 4b	4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Exp	penses 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	
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	
c Other losses	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	
3 Subtract line 2e from line 1.	
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.)	
c Add lines 4a and 4b	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	
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 D (Form 990) 2020

SCHEDULE I				her Assistance			ļ	OMB No. 1545-0047
(Form 990)			,	nd Individuals i ion answered 'Yes' on F				2020
Department of the Treasury Internal Revenue Service		Comple	-	► Attach to Form 99 irs.gov/Form990 for the	0.	21 OF 22.		Open to Public Inspection
Name of the organization				•			Employer identifi	cation number
NORTHWEST CT CO							06-61141	99
		rants and Assista						
the selection crite	ria used to award t	he grants or assistand	ce?	r assistance, the grantees				X Yes No
				unds in the United States.			PART IV	
Part II Grants and Form 990,				and Domestic Gov more than \$5,000. I				
1 (a) Name and address or gover	ess of organization ment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ED ADVANCE								SUPPORT
355 GOSHEN ROAD								CHILDCARE
LITCHFIELD, CT		06-0842189	511(C)(3)	20,000.	0.			CENTERS/COLLAB
(2) CT COUNCIL FOR								EARLY CHILDHOOD
75_CHARTER_OAK					_			COLLAB
HARTFORD, CT 06	106	23-7024016	501(C)(3)	7,500.	0.			MEMBERSHIP
<u>(3)</u>								
(4)								-
<u>`</u>								
(5)								
								_
(6)								
(7)								
(7)								
(8)								
<u>`</u>								
2 Enter total numbe	r of section 501(c)	(3) and government o	rganizations listed	in the line 1 table			•••••	2
					· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	•••••••••••••••••••••••••••••••••••••••	· C
BAA For Paperwork Re	eduction Act Notic	e, see the Instruction	s for Form 990.		TEEA3901L	07/15/20	Schee	dule I (Form 990) 2020

Schedule | (Form 990) 2020 NORTHWEST CT COMMUNITY FOUNDATION TRUST

06-6114199

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 STUDENT SCHOLARSHIPS	20	15,000.			
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.

SCH	IEDULE J	Compensation Information		OME	3 No. 1	545-004	47
(Forr	n 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compe			202	20	
		 Complete if the organization answered 'Yes' on Form 990, Part IV, Attach to Form 990. 	ine 23.	On	en to	Publ	ic
-	ment of the Treasury I Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest info		1	nspe	ction	Ĩ
	of the organization		Employer iden		ıber		
Par		COMMUNITY FOUNDATION TRUST s Regarding Compensation	06-6114	199			
r ar	uestion	s Regarding Compensation				Yes	No
1 a	Check the approp VII, Section A, li	riate box(es) if the organization provided any of the following to or for a person lister ne 1a. Complete Part III to provide any relevant information regarding these it	1 on Form 990, Par ems.	ť		163	
	First-class o	r charter travel Housing allowance or resider	ice for personal u	se			
	Travel for co	ompanions Payments for business use o	f personal resider	nce			
	Tax indemni	fication and gross-up payments Health or social club dues or	initiation fees				
	Discretionary	y spending account Personal services (such as m	iaid, chauffeur, ch	nef)			
h	If any of the boxe	s on line 1a are checked, did the organization follow a written policy regarding paym	ent or				
5		or provision of all of the expenses described above? If 'No,' complete Part III to			1 b		
-	D : 1 H						
2		tion require substantiation prior to reimbursing or allowing expenses incurred li ficers, including the CEO/Executive Director, regarding the items checked on line in the second s			2		
3	Executive Direct	any, of the following the organization used to establish the compensation of the orga or. Check all that apply. Do not check any boxes for methods used by a related nsation of the CEO/Executive Director, but explain in Part III.	d organization to				
		on committee Written employment contract	PAF	RT III			
		compensation consultant Compensation survey or stud					
		other organizations Approval by the board or con	5	ittee			
	<u>N</u> i oni ooo oi		.periediteri eenini				
4	During the year, organization or a	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to a related organization:	o the filing				
		ance payment or change-of-control payment?		_	4 a		Х
	•	receive payment from a supplemental nonqualified retirement plan?			4 b		X
С	•	receive payment from an equity-based compensation arrangement?			4 c		Х
	IT TES to any of		in Fait III.				
	Only section 50	1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed contingent on th	t on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any co	ompensation				
а	The organization	1?			5 a		Х
b		anization?			5 b		Х
	If 'Yes' on line 5a	or 5b, describe in Part III.					
	contingent on th	I on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any co e net earnings of:					
	0	l?		_	6 a		X
D		nrization?			6 b		Х
_			a an fille a				
7	payments not de	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any r escribed on lines 5 and 6? If 'Yes,' describe in Part III			7		Х
8	to the initial con	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that tract exception described in Regulations section 53.4958-4(a)(3)?			8		Х
9	If 'Yes' on line 8,	did the organization also follow the rebuttable presumption procedure described in R 6(c)?	equlations	-	9		
BAA		Reduction Act Notice, see the Instructions for Form 990.		hedule J	(Form	ı 990)	2020

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.

		(B) Breakdown	of W-2 and/or 1099-MI	SC compensation				
(A) Name and Title	-	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable 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
GUY ROVEZZI	(i)	187,320.	0.	0.	16,859.	7,654.	211,833.	0.
1 PRESIDENT	(ii)		0.	0.	0.	0.	0.	0.
	(i)							
2	(ii)				†		<u>+</u>	
	(i)							
3	(ii)				†		<u>+</u>	
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)				L		L	
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)				L			
9	(ii)							
	(i)				+		+	
10	(ii)							
	(i)				+		+	
11	(ii)							
	(i)		+		+		+	
12	(ii)							
	(i)		+		+		+	
13	(ii)							
	(i)		+		+		+	
14	(ii)							
15	(i)		+		+		+	
15	(ii)							
10	(i)		+		+		+	
<u>16</u>	(ii)		TEE 0 41001 00/07					
BAA			TEEA4102L 09/25	5/20			Schedule	J (Form 990) 2020

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Page 3

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.

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

OMB No. 1545-0047	
2020	

Open to Public Inspection

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, NONPROFIT GOVERNING DOCUMENTS, AND DUE

DILIGENCE EFFORTS SURROUNDING COMMUNITY AFFILIATIONS AND ASSOCIATIONS.

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

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

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

TEEA4901L 07/28/20

SCHEDULE R (Form 990)

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

Open to Public Inspection

Employer identification number

06-6114199

Department of the Treasury Internal Revenue Service

Name of the organization

zation NORTHWEST CT COMMUNITY FOUNDATION TRUST

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 er	itity	(b) Primary ac	tivity	Legal dom or foreign	;) icile (state country)	То	(d) tal income	End-o	(e) f-year assets	Direc	(f) ct contro entity	Illing
<u>(1)</u>												
(2)												
Part II Identification of Related Tax-Exempt Or had one or more related tax-exempt orga	ganization anization	ons. Complete s during the ta	if the org ix year.	ganization	answered	d 'Yes'	on Form 990	0, Part	IV, line 34,	becau	se it	
(a) Name, address, and EIN of related organization	Prim	(b) ary activity	(Legal dom or foreigr	c) iicile (state i country)	(d) Exempt (sectio	Code on	(e) Public charity (if section 501	status (c)(3))	(f) Direct contro entity	olling	(g Sec 5120 controlled) (b)(13) d 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)	501 (C) (3)			N/A		Yes	No X
(2) JOHN T. & JANE A. WIEDERHOLD FOUND 185 ASYLUM STREET, 3RD FLOOR HARTFORD, CT 06103 06-1830842	WEL	PPORT THE FARE OF VIMALS	(CT	501 (C)) (3)	TYPE SUPPORTIN		N/A			Х
<u>(3)</u> 												

Schedule R (Form 990) 2020 NORTHWEST CT COMMUNITY FOUNDATION TRUST

06-6114199 Page **2**

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	(d) Direct controllin entity	excluded from under secti	ncome Share elated, inc m tax ons	f) of total ome	Sha end-c	g) ire of of-year sets	Dispi tior alloca	h) ropor- nate itions?	(i) Code V-UBI amount in bo 20 of Schedul K-1 (Form	e parti	ral or nging ner?	(k) Percentage ownership
		country)		512-514))				Yes	No	1065)	Yes	No	
<u>(1)</u>														
<u>(3)</u>														
Part IV Identification of line 34, because	of Related Organise it had one or	nizations more rela	Taxable and the definition of	s a Corporation	on or Trust. (d as a corpo	Complete ration or	if the c trust du	organiza uring the	tion a tax y	nswei 'ear.	red 'Yes' on	Form 99	90, Pa	rt IV,
(a) Name, address, and EIN	of related organizat	ion Prima	(b) ary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e Type of (C corp, or tr	S corp,	(f) Share total in	e of		(g) are of end-of- year assets	(h) Percentag ownership	e Sec s contro	(i) 512(b)(13) Iled entity?
				country	entry	01 11	usty						Yes	5 No
<u>(1)</u>														
(2)														

TEEA5002L 07/15/20

Schedule **R** (Form 990) 2020

(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.				Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations lis	ted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		Х
b Gift, grant, or capital contribution to related organization(s)			1b	Х	
c Gift, grant, or capital contribution from related organization(s)			1c		Х
d Loans or loan guarantees to or for related organization(s).			1d		Х
e Loans or loan guarantees by related organization(s)			1e		Х
f Dividends from related organization(s).			1f		Х
g Sale of assets to related organization(s)			1g		Х
h Purchase of assets from related organization(s)			1h		Х
i Exchange of assets with related organization(s)			1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)			1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)			1k		Х
Performance of services or membership or fundraising solicitations for related organization(s)			11		X
m Performance of services or membership or fundraising solicitations by related organization(s)				Х	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				X	
o Sharing of paid employees with related organization(s)				X	
			-		
p Reimbursement paid to related organization(s) for expenses			1p		Х
q Reimbursement paid by related organization(s) for expenses.					X
4 ····································					
r Other transfer of cash or property to related organization(s).			1r		Х
s Other transfer of cash or property from related organization(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 covere					
			(0	i)	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(c Method of c		
	type (a-s)		amount	Πνοιν	ea
	_				
(1) NORTHWEST CT COMMUNITY FOUNDATION	В	202,764.0	COST		
(2) NORTHWEST CT COMMUNITY FOUNDATION	М	100,104.2	ALLOCAT	ED C	OST
(3) NORTHWEST CT COMMUNITY FOUNDATION	Ν	16,779.	ALLOCAT	ED C	OST
(4) NORTHWEST CT COMMUNITY FOUNDATION	0	127,036.4	AT.LOCAT	ED C	OST
· · · · · · · · · · · · · · · · · · ·	<u> </u>			0	
(5)					
<u>\\</u>					

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)	lated, excluded	income secti ated, unre- 501(c ed. excluded organiza		(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	
			from tax under sections 512-514)	Yes	No			Yes	No	(FOIII 1065)	Yes	No	ł	
(1)														
]													
]													
<u>(2)</u>														
]													
	-													
(3)														
(4)]													
	-													
(5)														
	-													
	-													
(6)														
	_													
(7)											<u> </u>	<u> </u>		
	1													
	-													
(8)	<u> </u>													
	4													
PAA											ulo D (l			

BAA

Part VII Supplemental Information

ON TRUST 06-6114199

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