# **TAX RETURN FILING INSTRUCTIONS**

FORM 990

# FOR THE YEAR ENDING

JUNE 30, 2022

Prepared for	THE COMMUNITY FUND OF DARIEN 30 OLD KINGS HIGHWAY SOUTH DARIEN, CT 06820
Prepared by	WALTER J. MCKEEVER & COMPANY, LLC P.O. BOX 5147 15 VALLEY DRIVE GREENWICH, CT 06831
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

### Form 8879-TF

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning  $\ \ JUL\ \ 1$  , 2021, and ending  $\ \ JUN\ \ 30$  , 20  $\ 22$ 

▶ Do not send to the IRS. Keep for your records.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form8879TE for the latest information.

Form **8879-TE** (2021)

OMB No. 1545-0047

EIN or SSN Name of filer THE COMMUNITY FUND OF DARIEN 06-0737286 SHELLY SKOGLUND Name and title of officer or person subject to tax PRESIDENT Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here \_\_\_\_\_ ▶ X \_\_\_ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ 1b 1, 011, 639. 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here 3a Form 1120-POL check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here ...... b Balance due (Form 8868, line 3c) 5b 5a Form 990-T check here \_\_\_\_ > b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here ..... 8a Form 5227 check here ..... **b FMV** of assets at end of tax year (Form 5227, Item D) Form 5330 check here ..... b Tax due (Form 5330, Part II, line 19) 9b 9a 10a Form 8038-CP check here ▶ **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | authorize WALTER J. MCKEEVER & COMPANY, LLC 04495 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. 🔟 As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 06574725456 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature **ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So

102521 01-11-22

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

# Form **990**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

and ending JUN 30, 2022 Open to Public Inspection

В	Check if applicable	C Name of organization	D Employer identific	cation number
Г	Addre	S MILE COMMINITAL BILLIO OF DADIEN		
F	chang Name chang		06-07372	86
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)  Room/st		
F	Final	30 OLD KINGS HIGHWAY SOUTH	203-655-	
	termin ated		G Gross receipts \$	1,204,477.
	Ameno		H(a) Is this a group re	
	Applic	F Name and address of principal officer:SHELLY SKOGLUND	for subordinates	
	pendir	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No
1	Tax-exe		527 If "No," attach a	list. See instructions
		e: ► WWW.COMMUNITYFUNDDARIEN.ORG	H(c) Group exemptio	
			ear of formation: $1951$ N	1 State of legal domicile: ${ m CT}$
Р		Summary	c GUDDODE MUD	THEODER OF
9	1	Briefly describe the organization's mission or most significant activities: PROMOTE	& SUPPORT THE	EFFORTS OF
Governance		VARIOUS LOCAL CHARITABLE ORGANIZATIONS & NEW		
Veri	2	Check this box  if the organization discontinued its operations or disposed of m	1 _ 1	ssets.
Ĝ	3 4	Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)		25
ა ა		Total number of individuals employed in calendar year 2021 (Part V, line 2a)		7
Activities &		Total number of volunteers (estimate if necessary)		400
Ę		Total unrelated business revenue from Part VIII, column (C), line 12		0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.
			Prior Year	Current Year
ō	8	Contributions and grants (Part VIII, line 1h)	1,158,857.	972,271.
eun	9	Program service revenue (Part VIII, line 2g)	0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,586.	43,001.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-6,145.	-3,633.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,180,298.	1,011,639.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	595,350.	558,499.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	264 120
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	343,719.	364,129.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ă	D	Total fundraising expenses (Part IX, column (D), line 25)   150,583.	157,011.	117,753.
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,096,080.	1,040,381.
		Revenue less expenses. Subtract line 18 from line 12	84,218.	-28,742.
Or or	3	Teveride less expenses. Oubtract line 10 from line 12	Beginning of Current Year	End of Year
ets	20	Total assets (Part X, line 16)	2,839,312.	2,562,096.
ASS	21	Total liabilities (Part X, line 26)	614,177.	569,694.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20	2,225,135.	1,992,402.
P	art II	Signature Block		
		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	arer has any knowledge.	
		Signature of officer	l Date	
Sig			Date	
He	re	SHELLY SKOGLUND, PRESIDENT Type or print name and title		
			Date Check	X   PTIN
Pai	id	Print/Type preparer's name  WALTER J. MCKEEVER, JR.	if	D000C440E
	parer	Firm's name WALTER J. MCKEEVER & COMPANY, LLC	self-employ	06-1253566
	e Only	Firm's address P.O. BOX 5147 15 VALLEY DRIVE	THIII 3 LIN	
-	,	GREENWICH, CT 06831	Phone no. (2	03)6228625
Ma	ıy the If	RS discuss this return with the preparer shown above? See instructions	1	X Yes No

Form **990** (2021)

	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: PROMOTE AND SUPPORT THE EFFORTS OF VARIOUS LOCAL CHARITABLE
	ORGANIZATIONS AND NEW COMMUNITY INITIATIVES
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
40	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 717,326 • including grants of \$ 558,499 • ) (Revenue \$ )
44	(Code: ) (Expenses \$ /1/,326 • including grants of \$ 558,499 • ) (Revenue \$)  GRANTS AND ALLOCATIONS:
	DIRECT TO COMMUNITY: INFORMATION AND REFERRAL, COMMUNITY BUILDING,
	NEEDS ASSESSMENTS, STUDIES AND REPORTS, OVER 30 LOCAL ORGANIZATIONS
	RECEIVED ALLOCATIONS. AGENCY RELATIONS: INFORMATION SHARING, PROGRAM
	AND BUDGET REVIEW AND EVALUTION, VOLUNTEER MANAGEMENT AND TRAINING,
	TECHNICAL SUPPORT AND FACT FINDING.
	DURING THE FYE 6/30/22, THE ORGANIZATION ALSO RECEIVED DONATED
	FACILITIES (PROGRAM ONLY) OF \$9,299 AND DONATED OFFSITE STORAGE (PROGRAM ONLY) \$945 THAT IS NOT INCLUDED IN THE TOTALS.
	(PROGRAM ONLY) \$945 THAT IS NOT INCLUDED IN THE TOTALS.
4b	(Code:) (Expenses \$
TIJ.	THRIVING YOUTH:
	DIRECT TO COMMUNITY: NEEDS ASSESSMENT, STRATEGIC PLANNING, COMMUNITY
	NEEDS ASSESSMENT, INFORMATION AND REFERRAL, COMMUNITY PROGRAMS AND
	EDUCATIONAL MATERIALS. AGENCY RELATIONS: TASK FORCE/COALITION
	DEVELOPMENT, INFORMATION SHARING, VOLUNTEER TRAINING, STRATEGIC PLAN
	COLLABORATION AND DEVELOPMENT.
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 845,786.

132002 12-09-21

# 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	<u> </u>
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			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b>-</b>		
0	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		
3	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	١Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	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	11a		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	11b		X
С	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	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	and the first of the control of the	144		
J	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	<u> </u>		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	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	Х	<u> </u>
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		X
	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		7.7	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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# Form 990 (2021) THE COMMUNITY FUND OF DARIEN Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			<del></del>
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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			3,7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	٥		Х
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	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			X
	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
<del>-</del>	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pal				
	Check if Schedule O contains a response or note to any line in this Part V			
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
ıa b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ü	(gambling) winnings to prize winners?	1c		

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			l
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		X
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7-		Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
g h	If the organization received a contribution of qualified intellectual property, and the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/!!		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
D	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c			
		14a		Х
	Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<del></del>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	. 10		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
		1 1	٥		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other				
	officer, director, trustee, or key employee?		L	2		X
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form			4		Х
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?		г	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a		····· [			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		·····			
	persons other than the governing body?	•		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		·····			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?		Г	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re		·····			
_	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F					
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such or		·····			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	ay water a mining and tank				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "		·····			
·	on Schedule O how this was done			12c	Х	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
 15	Did the process for determining compensation of the following persons include a review and approx					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official			15a	Х	
	Other officers or key employees of the organization		·····	15b		X
~	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		·····			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a				
·Ju	taxable entity during the year?			16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			IOa		
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluation to ev					
				16b		
Sec	exempt status with respect to such arrangements?tion C. Disclosure			IOD		
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ▶CT					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 990-T (section 50	1(c)(3)	s only	avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	aa 000 i (000ti0ii 00	. (0)(0)3	July)	uvalle	AD 10
		n on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	,	-V and	l finar	ncial	
נו	statements available to the public during the tax year.	omior or interest polic	Jy, aliC	ı ııılal	icidi	
20	State the name, address, and telephone number of the person who possesses the organization's be	ooke and records				
20	THE ORGANIZATION - 203-655-8775	oons and records P				
	30 OLD KINGS HIGHWAY SOUTH, DARIEN, CT 06820					
	of the fitting fitting of the fittin					

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				<b>C</b> )			(D)	(E)	(F)
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	CCI aii	lu a u	liecic	Jiraus	100)	from	from related	other
	(list any hours for	or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or (	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trustee	ıal tru		)yee	ompe		1099-NEC)	,	and related
	below	Individual	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			organizations
	line)	ibu	Inst	Officer	Key	High	Former			
(1) JANET KING	40.00							444		
EXECUTIVE DIRECTOR						Х		111,270.	0.	0.
(2) SHELLY SKOGLUND	4.00	ļ								
PRESIDENT	4 00	Х		Х				0.	0.	0.
(3) CHARLES GALANTE	4.00	ļ								
FIRST VICE PRESIDENT		Х		Х				0.	0.	0.
(4) JEN FALLON	4.00	↓								
SECRETARY	4 00	Х		Х				0.	0.	0.
(5) TAMMY SLOAD	4.00	ļ								
TREASURER	1 22	Х		Х				0.	0.	0.
(6) CINDY BANKS	4.00	↓								
VP COMMUNITY INITIATIVES	1 22	Х		Х				0.	0.	0.
(7) SANDI SUFRIN	4.00	ļ								
VP ADVANCEMENT	1 22	Х		Х				0.	0.	0.
(8) KRISTINE MILLER	4.00	ļ		l						
VP GOVERNANCE	1 00	Х		Х				0.	0.	0.
(9) HEATHER SCHUDDEBOOM	4.00	ļ		l						
VP COMMUNITY INVESTMENTS	0.00	Х		Х				0.	0.	0.
(10) CAROLINA COPPE	2.00	١,,								_
DIRECTOR	2 00	Х						0.	0.	0.
(11) ADAM ELGERT	2.00	١,,								_
DIRECTOR	2 00	Х						0.	0.	0.
(12) ELIZABETH FITZPATRICK	2.00	Į.,							0	_
DIRECTOR	2 00	Х						0.	0.	0.
(13) TODD HALLORAN	2.00	Į.,							0	_
DIRECTOR	2 00	Х						0.	0.	0.
(14) JAKE HENNEMUTH	2.00	<b>.</b> ,							0	_
DIRECTOR (15) GUEDER FRANK	2.00	Х				-	_	0.	0.	0.
(15) SHEREE FRANK	2.00	<b>↓</b>						0.	0.	_
DIRECTOR	2.00	Х				-	_	0.	0.	0.
(16) SUSANNAH LEWIS	2.00	<b>₩</b>						0.	0.	_
DIRECTOR	2 00	Х				-	_	0.	0.	0.
(17) JENN MOLLER	2.00	<b>↓</b>							0.	_
DIRECTOR		Х						0.	U •	0.

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Section A. Officers, Directors, Trus	I	ploy	/ees			gne	St (					<b>(</b> E\	
(A)	(B) Average			Pos	-	1		(D)	(E)		Ec	( <b>F)</b> stimate	ad.
Name and title	hours per		not c	heck ss pe	more	than		Reportable compensation	Reportable compensation	,		nount (	
	week			nd a d				from	from related			other	•
	(list any	ector						the	organizations			pensa	
	hours for related	or dir	8			ated		organization	(W-2/1099-MISO	0/		om the	
	organizations	ustee	truste		e e	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		•	anizati d relati	
	below	dual tr	tional	١.	ploye	st con	_	· · · · · · · · · · · · · · · · · · ·				anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				o, g.	ar neach	5110
(18) GINGER MORGAN	2.00	<del>                                     </del>	<del>                                     </del>	Ť	_								
DIRECTOR		Х						0.		0.			0.
(19) DOUG RYDER	2.00												
DIRECTOR		Х						0.		0.			0.
(20) FRANK HUCK	2.00	١,,											^
DIRECTOR	2 00	Х						0.		0.			0.
(21) BRANDI MANISCALCO	2.00	<b>.</b> ,								٦			0
DIRECTOR	2.00	Х					-	0.		0.			0.
(22) ANDREW VOJT	2.00	X						0.		0.			0.
DIRECTOR (23) NICK PAOLAZZI	2.00	^					_	0.		٠.			<u> </u>
DIRECTOR	2.00	x						0.		0.			0.
(24) HEATHER RAKER	2.00	<del> </del>											
DIRECTOR		X						0.		0.			0.
(25) COLLEEN THOMPSON	2.00												
DIRECTOR		Х						0.		0.			0.
(26) MELISSA WILLIAMS	2.00												
DIRECTOR		Х						0.		0.			0.
1b Subtotal							ightharpoons	111,270.		0.			0.
c Total from continuation sheets to Part V								0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	111,270.		0.			0.
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wi	no r	received more than \$100	,000 of reportable	9			1
compensation from the organization												Yes	No
3 Did the organization list any former officer,	director trust	ee l	kev (	emn	love	e 0	r hic	nhest compensated emp	lovee on	-			
line 1a? If "Yes," complete Schedule J for s	,	,	,		,	,			,		3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$15			-					· ·			4		Х
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion 1	from	any	/ uni	elat	ted organization or indivi	dual for services				
rendered to the organization? If "Yes," com	plete Schedul	le J f	for s	uch	pers	son					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co										oens	ation 1	from	
the organization. Report compensation for	the calendar y	ear	endi	ing v	vith	or w	ithir I		/ear.				
<b>(A)</b> Name and business	address	NO	INC	FC				( <b>B)</b> Description of s	ervices	С	<b>))</b> ompe	<b>ر)</b> nsatio	n
-				_				'			•		
							_						
2 Total number of independent contractors (i	includina but r	not li	mite	d to	tho	se li	ster	d above) who received m	ore than				
\$100,000 of compensation from the organi						0		, - : - : - : : : : : : : : : : : : : :					

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Pa	rt VI	III Statement of Revenue				
		Check if Schedule O contains a response or note to any line	e in this Part VIII			
			<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
ıts	1 a	a Federated campaigns 1a				
irar oun		b Membership dues1b				
S, C		c Fundraising events 1c 73,757.				
Gif	C	d Related organizations				
ns,		e Government grants (contributions) 1e 101,344.				
e tio	f	f All other contributions, gifts, grants, and				
Sign		similar amounts not included above   1f   797,170.   g   Noncash contributions included in lines 1a-1f   1g   \$ 156,760.				
Contributions, Gifts, Grants and Other Similar Amounts	•		972,271.			
<u> </u>		h Total. Add lines 1a-1f Business Code	J12,211.			
g,	2 8					
Program Service Revenue		b				
Se	(	с				
ran eve	(	d				
rog	6	e				
_		f All other program service revenue				
$\overline{}$		g Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest, and other similar amounts)	40,889.			40,889.
	4	Income from investment of tax-exempt bond proceeds	20,000			10,000
	5	Royalties				
		(i) Real (ii) Personal				
	6 a	a Gross rents 6a				
	k	b Less: rental expenses 6b				
		c Rental income or (loss) 6c				
		d Net rental income or (loss)				
	7 8	a Gross amount from sales of assets other than inventory 7a 140,079.				
	ŀ	b Less; cost or other basis				
e	•	and sales expenses 76 137,967.				
Revenue	(	and sales expenses 76 137,967.  c Gain or (loss) 7c 2,112.				
Be	c	d Net gain or (loss)	2,112.			2,112.
Other	8 8	a Gross income from fundraising events (not				
δ		including \$ 73 , 757 . of				
		contributions reported on line 1c). See Part IV, line 18 8a 51,238.				
	ı	Part IV, line 18				
		c Net income or (loss) from fundraising events	-3,633.			-3,633.
		a Gross income from gaming activities. See				, , ,
		Part IV, line 19 9a				
		b Less: direct expenses9b				
		c Net income or (loss) from gaming activities				
	10 a	a Gross sales of inventory, less returns				
		and allowances 10a				
		b Less: cost of goods sold				
_		Business Code				
Miscellaneous Revenue	11 a					
ane	k	b				
Sel Sev		с				
Mis		d All other revenue				
	12	e Total. Add lines 11a-11d	1.011.639.	0.	0.	39.368.

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

	Check if Schedule O contains a respon-	olete all columns. All otherse or note to any line in t		. , ,	
	not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	EE0 400	EE0 400		
	and domestic governments. See Part IV, line 21	558,499.	558,499.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	111,270.	55,635.	11,127.	44,508
6	trustees, and key employees	111,2700	33,033.	11,1276	44,500
О	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		208,162.	144,074.	8,555.	55,533
7 8	Other salaries and wages	200,1020		0,333.	33,333
3	section 401(k) and 403(b) employer contributions)	12,077.	7.827.	823.	3.427
9	Other employee benefits	6,213.	7,827. 3,914.	373.	3,427 1,926
10	Payroll taxes	26,407.	16,637.	1,584.	8,186
11	Fees for services (nonemployees):	= - , , -	= = , = =	=,	5,230
	Management				
b	Legal				
c	Accounting	6,075.	1,215.	3,645.	1,215
d		,	•	,	<u> </u>
e	5 ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )				
f	Investment management fees				
g					
J	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	3,818.	2,404.	230.	1,184
14	Information technology	8,102.	5,500.	545.	2,057
15	Royalties				
16	Occupancy	16,000.	10,080.	960.	4,960
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,251.	1,418.	135.	698
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,906.	1,201.	114.	591
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а	CAMPAIGN EXPENSES	25,448.			25,448
b	SUPPLIES & MATERIALS -	24,522.	24,522.		
С	OUTSIDE SERVICES	22,612.	6,177.	15,794.	641
d	DONOR DESIGNATED SUPPOR	3,000.	3,000.		
е	All other expenses	4,019.	3,683.	127.	209
25	<b>Total functional expenses.</b> Add lines 1 through 24e	1,040,381.	845,786.	44,012.	150,583
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 <b>990</b> (202

Form **990** (2021)

# Part X | Balance Sheet

Pan	t X	Balance Sheet					
		Check if Schedule O contains a response or	note to	any line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			1,253,063.	2	1,106,875
	3	Pledges and grants receivable, net			130,432.	3	66,907
	4	Accounts receivable, net			119.	4	14,241
	5	Loans and other receivables from any currer	nt or for	mer officer, director,			
		trustee, key employee, creator or founder, su	ubstant	ial contributor, or 35%			
		controlled entity or family member of any of	these p	ersons		5	
	6	Loans and other receivables from other disq	ualified	persons (as defined			
		under section 4958(f)(1)), and persons descr	ribed in	section 4958(c)(3)(B)		6	
ş	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			3,515.	9	7,763
	10a	Land, buildings, and equipment: cost or other	er				
		basis. Complete Part VI of Schedule D		)a			
	b	Less: accumulated depreciation	10	)b		10c	
	11	Investments - publicly traded securities	1,450,558.	11	1,364,685		
	12	Investments - other securities. See Part IV, li		12			
	13	Investments - program-related. See Part IV, I		13			
	14	Intangible assets	1 10-	14			
	15	Other assets. See Part IV, line 11			1,625.	15	1,625
_	16	Total assets. Add lines 1 through 15 (must e			2,839,312.	16	2,562,096
	17	Accounts payable and accrued expenses	13,977.	17	19,694		
	18	Grants payable	570,000.	18	530,000		
	19	Deferred revenue			30,200.	19	20,000
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	ete Parl	IV of Schedule D		21	
es	22	Loans and other payables to any current or					
≝		trustee, key employee, creator or founder, su					
Liabilities		controlled entity or family member of any of				22	
	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unrel				24	
	25	Other liabilities (including federal income tax					
		parties, and other liabilities not included on li	lines 17	·24). Complete Part X			
		of Schedule D			614 177	25	F60 604
+	26	Total liabilities. Add lines 17 through 25			614,177.	26	569,694
န္တ		Organizations that follow FASB ASC 958,	check	nere 🕨 🔼			
ğ		and complete lines 27, 28, 32, and 33.			350,111.		217 020
	27	Net assets without donor restrictions			1,875,024.	27	347,838 1,644,564
<u> </u>	28	Net assets with donor restrictions			1,073,024.	28	1,044,304
<u> </u>		Organizations that do not follow FASB AS	C 958,	check here 🕨 📖			
<u> </u>	00	and complete lines 29 through 33.				00	
ets	29	Capital stock or trust principal, or current fur				29	
1SS	30	Paid-in or capital surplus, or land, building, o				30	
* I	31	Retained earnings, endowment, accumulate			2,225,135.	31	1,992,402
	32	Total net assets or fund balances			2,839,312.	32	2,562,096
	33	Total liabilities and net assets/fund balances	š		4,033,314.	33	Eorm <b>990</b> (202

Ра	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			1,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2			0,3	
3					8,7	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			5,1	
5	Net unrealized gains (losses) on investments	5	_	20	3,9	91.
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)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,	99	2,4	02.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,				
	consolidated basis, or both:					
	X Separate basis 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	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule C	).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Aud	tit			
	Act and OMB Circular A-133?			3а		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	lit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
			_	_	000	

# **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE COMMUNITY FUND OF DARIEN 06-0737286 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

# 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.)

Sec	ction A. Public Support			,			
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	` ,	, ,	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	1253627.	1270074.	2296524.	1128066.	972,271.	6920562.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1050605	1000001	0006504	1100066	0.00	6000560
4	Total. Add lines 1 through 3	1253627.	1270074.	2296524.	1128066.	972,271.	6920562.
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)						
	Public support. Subtract line 5 from line 4.						6920562.
	ction B. Total Support				г	· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019 2296524.	(d) 2020	(e) 2021 972, 271.	(f) Total 6920562.
	Amounts from line 4	1253627.	1270074.	2296524.	1128066.	9/2,2/1.	6920562.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	E 255	0 665	14 067	21 070	40 000	01 746
	and income from similar sources	5,255.	9,665.	14,067.	21,870.	40,889.	91,746.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						7012308.
11	• • • • • • • • • • • • • • • • • • • •		,			40	7012300.
12	Gross receipts from related activities,			for which are 6:641- 4-11		12	
13	<b>First 5 years.</b> If the Form 990 is for the organization, check this box and <b>stop</b>						ightharpoonup
Sec	ction C. Computation of Publ		rcentage				·····
	Public support percentage for 2021 (I			column (f))		14	98.69 %
	Public support percentage from 2020					15	99.28 %
	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2020. If the o						
	and <b>stop here.</b> The organization qual	-					
17a							
	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances tes	-	· · · · · · · · · · · · · · · · · · ·		-		
	more, and if the organization meets the	-					
	organization meets the facts-and-circu				-		<b>&gt;</b>
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ▶□

Schedule A (Form 990) 2021

# 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	qualify under the tests listed be ction A. Public Support	elow, please com	plete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(a) 2017	(b) 2010	(6) 2019	(u) 2020	(e) 2021	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🖊	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	e organization's f	irst second third	fourth or fifth tax	vear as a section	I 501(c)(3) organizat	ion
••		· ·			•	. , . ,	<b>▶</b> □
Sec	ction C. Computation of Publi						
	Public support percentage for 2021 (li			column (f))		15	%
	Public support percentage for 2021 (iii					16	
	ction D. Computation of Inves					1 10 1	70
17						17	%
18	Investment income percentage from 2					18	
	33 1/3% support tests - 2021. If the						
196	more than 33 1/3%, check this box ar						17 13 1101
<b>L</b>	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20							
20	O Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
_		
8		
9a		
9b		
9c		
90		
10a		
401		
10b dule A (Forr	n 990)	2021

Par	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's o	fficers,		
	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 sup	ported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion 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			
<u> </u>	the supported organization(s).	1		
Seci	tion 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			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion 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 yeafsee inst	ructions)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	detions).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	itv (see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	., (	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			-110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	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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Pai	t V   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on I	Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	1
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see
	instructions).	-		

Schedule A (Form 990) 2021

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anızatıons <sub>(continu</sub>	ıed)	
Secti	on D - Distributions				Current Year
_1_	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide 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	ne organization is responsive	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
<u>i</u>	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

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

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

OMB No. 1545-0047

06-0737286

2021

Name of the organization Employer identification number

THE COMMUNITY FUND OF DARIEN

Organization type (check one): Filers of: Section: X 501(c)( 3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules

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

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

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

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

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

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

# THE COMMUNITY FUND OF DARIEN

06 - 0737286

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CORNELIA T. BAILEY  515 N FLAYLER DRIVE #260  WEST PALM BEACH, FL 33401	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	JANE AND DAVID OTT  80 DELAFIELD ISLAND ROAD  DARIEN, CT 06820	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	CHARLOTTE AND JOHN SUHLER  200 LONG NECK POINT ROAD  DARIEN, CT 06820	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	PETER AND LAURIE MAGLATHLIN  9 PRATT ISLAND  DARIEN, CT 06820	\$ 27,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	DAVID AND TRICIA ROGERS  60 SUNSWYCK ROAD  DARIEN, CT 06820	\$ <u>20,000.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Name of organization Employer identification number

# THE COMMUNITY FUND OF DARIEN

06 - 0737286

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				

Name of organization **Employer identification number** 06-0737286 THE COMMUNITY FUND OF DARIEN Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

THE COMMUNITY FUND OF DARIEN

**Employer identification number** 06 - 0737286

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.				
		(a) Donor advised	funds (	b) Funds and other accounts		
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets hel	d in donor advised fun	nds		
	are the organization's property, subject to the organization's	exclusive legal control?		Yes		
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that gra	nt funds can be used	only		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any	other purpose confer	ring		
_	impermissible private benefit?					
Par		-	on Form 990, Part IV	, line 7.		
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (for example, recrea			orically important land area		
	Protection of natural habitat		Preservation of a certi	fied historic structure		
_	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribu	tion in the form of a co			
	day of the tax year.			Held at the End of the Tax Year		
	Total number of conservation easements			2a		
b				2b		
C	Number of conservation easements on a certified historic str			2c		
d	Number of conservation easements included in (c) acquired					
_	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or te	erminated by the organ	lization during the tax		
4	year ▶ Number of states where property subject to conservation ea	soment is leasted				
4 5	Does the organization have a written policy regarding the pe		on handling of			
3	violations, and enforcement of the conservation easements i			Yes No		
6	Staff and volunteer hours devoted to monitoring, inspecting,		d enforcing conservati			
Ŭ		Transming of Violations, and	a critorolling conscivati	on easements daming the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enf	orcina conservation ea	asements during the year		
	<b>▶</b> \$	<b>g</b>	<b>g</b>			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirement	s of section 170(h)(4)(E	B)(i)		
	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservat					
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statements th	nat describes the		
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections o	f Art, Historical Tre	asures, or Other	Similar Assets.		
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its reve	nue statement and ba	lance sheet works		
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education,	or research in furthera	nce of public		
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that desc	cribes these items.			
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	art, historical treasures, or other similar assets held for public	e exhibition, education, or	research in furtheranc	e of public service,		
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre		- ·	provide		
	the following amounts required to be reported under FASB A					
a	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2021		

132051 10-28-21

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oth	er Simila	ar Asse	<b>ts</b> (continu	ıed)
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following that make	significant	use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	n how they further the	he organization's ex	empt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma	intained as part of the	he organization's co	ollection?			Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	<b>gements.</b> Comple	te if the organizatio	n answered "Yes" o	n Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermed	iary for contribution	s or other assets no	t included		_	
	on Form 990, Part X?					$\square$	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
							Amount	
С	Beginning balance				1c			
	Additions during the year							
	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo					L	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII.							
Pai	t V Endowment Funds. Complete if	the organization and	swered "Yes" on Fo					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance	1,845,421.	1,411,316.	241,000.				
b	Contributions	6,390.	135,153.	1,183,076.	2	41,000.		
	Net investment earnings, gains, and losses	-158,899.	333,952.	7,437.				
d	Grants or scholarships	63,323.	35,000.	20,000.				
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses			197.				
g	End of year balance	1,629,589.	1,845,421.	1,411,316.	2	41,000.		
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С	Term endowment ▶	6						
	The percentages on lines 2a, 2b, and 2c should	uld equal 100%.						
За	Are there endowment funds not in the posses	ssion of the organiza	ation that are held a	nd administered for	the organiz	ation		
	by:						`	Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as requir	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	t VI Land, Buildings, and Equipm							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part X	(, line 10.			
	Description of property	(a) Cost or ot	her <b>(b)</b> Cost	or other (c) A	Accumulate	d	(d) Book	value
		basis (investm	nent) basis	(other) de	epreciation			
1a	Land							
	Buildings							
	Leasehold improvements							
d	Equipment							
<u>e</u>	Other							
Total	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, column (B), line 1	0c.)				0.

Schedule D (Form 990) 2021

Investments - Other Securities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Description of security or category (including name of security)  (b) Book value  (c) Method of valuation: Cost or end-of-year market value  (1) Financial derivatives  (2) Closely held equity interests	Schedule D (Form 990) 2021 THE COMMUNI	TY FUND OF DA	RTEN 06	-0737286 <sub>Page</sub>
(a) Description of Security of calegory (encluders name of security)		11 1010 01 211		Tage
17   Financial derivatives	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
2) Closely held equity interests	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
2) Closely held equity interests	(1) Financial derivatives			
(A) (B) (C) (C) (D) (E) (F) (G) (H) (H) (H) (H) (H) (II) (II) (III) (II	(2) Closely held equity interests			
(B) (C) (C) (D) (E) (E) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (G) (F) (G) (G) (F) (G) (G) (F) (G) (G) (G) (F) (G) (G) (G) (F) (G) (G) (G) (G) (G) (G) (G) (G) (G) (G	(3) Other			
C	(A)			
(D) (E) (E) (F) (G) (G) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (9) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part X  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (9) (1) (9) (1) (1) (9) (1) (1) (9) (1) (1) (9) (1) (1) (9) (1) (9) (1) (9) (1) (1) (9) (1) (9) (1) (9) (1) (9) (1) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (9) (1) (1) (9) (1) (1) (9) (1) (9) (1) (1) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (6) (7) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(B)			
(E) (F) (F) (F) (G) (G) (H) (F) (F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(C)			
(F) (G) (H) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(D)			
(G) (H) (Fibal. (Col. (b) must equal Form 990, Part X, col. (8) line 12.) ▶  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5) (5) (6) (6) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	(E)			
(th)				
Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.)   Part VIII   Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value     (1)				
Investments - Program Related.   Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market value     (1)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value  (2)  (3)  (4)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Coll. (b) must equal Form 990, Part X, coll. (B) line 13.) ▶  Part IX  Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (7)  (8)  (9)  (9)  (9)  (9)  (9)  (9)  (9				
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1)		I on Form OOC Part IV !!	11a Caa Farm 000 Bart V Bas 10	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (7) (8) (9) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (1) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9		-		d of year market value
(2) (3) (4) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (4) (5)		(b) Book value	(c) Method of Valuation: Cost or end	u-or-year market value
(3) (4) (5) (6) (7) (8) (9) Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) (3) (4) (4) (5)				
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part X Other Assets.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Col.umn (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description (b) Book value  (1) Federal income taxes (2) (3) (4) (4) (5)				
(5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (7) Federal income taxes (2) (3) (4) (4) (5)	. ,			
(6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (4) (5)		<del> </del>		
(7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (9) (7) (8) (7) (8) (9) (7) (8) (9) (8) (9) (1) (1) (2) (3) (4) (5) (6) (7) (8) (9) (7) (8) (9) (9) (1) (1) (8) (9) (1) (1) (8) (9) (1) (1) (8) (9) (1) (1) (1) (8) (9) (1) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (7) (8) (9) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (5) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (5) (6) (6) (7) (8) (9) (9) (1) (1) (1) (2) (2) (3) (4) (4) (5) (5) (6) (6) (7) (8) (9) (9) (9) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (17) (18) (19) (19) (19) (19) (10) (10) (10) (11) (11) (12) (13) (14) (15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (19) (19) (19		<del> </del>		
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (77) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (4) (5)	. ,	<del> </del>		
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (4)  (5)		+		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.   (a) Description   (b) Book value	. ,			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value  (1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (4)				
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(1) (2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)				(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)		'		,
(3) (4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)				
(4) (5) (6) (7) (8) (9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)				
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(6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5)				
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(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) (3) (4) (5)	. ,			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)				
Part X Other Liabilities.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2) (3) (4) (5)	(9)			
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) (3) (4) (5)	Total. (Column (b) must equal Form 990, Part X, col. (B) lir	ne 15.)	<b>&gt;</b>	
1. (a) Description of liability (b) Book value  (1) Federal income taxes  (2)  (3)  (4)  (5)		on Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	5
(1) Federal income taxes (2) (3) (4) (5)	(a) Description of liability	5 5 555, Fart IV, III 16		
(2) (3) (4) (5)	1. (7 1 7			(E) BOOK VAIGO
(3) (4) (5)				
(4) (5)				
(5)				
	. ,			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2021

(7) (8)

Sche	dule D (Form 990) 2021 THE COMMUNITY FUND OF DAR	IEN		06-	0737286 <sub>Page</sub>
_	t XI Reconciliation of Revenue per Audited Financial Statem		n Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.	•		
1	Total revenue, gains, and other support per audited financial statements			1	823,908
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-203,991. 16,260.		
b	Donated services and use of facilities		16,260.		
С	Recoveries of prior year grants	2c			
	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	-187,731
3	Subtract line 2e from line 1			3	1,011,639
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0
_5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,011,639
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	ments Wit	th Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	1,056,641
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		15 050		
а	Donated services and use of facilities		16,260.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	2d			16 060
е	Add lines 2a through 2d			2e	16,260
3	Subtract line <b>2e</b> from line <b>1</b>			3	1,040,381
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b			_	
b	Other (Describe in Part XIII.)	4b			0
С	Add lines 4a and 4b			4c	1 040 201
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,040,381
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			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 ac	dditional info	mation.		
DλI	RT V, LINE 4:				
PAI	XI V, DINE 4:				
SIII	PPORT OF ORGANIZATION ACTIVITIES WITH AN	ΔΝΝΙΤΔΤ.	WTTHDRAWAT	. RA	TE DER
501	TORT OF OROMITANTION ACTIVITIES WITH ANY	MINOME	WIIIDIWM	1 1(2)	111111
PΩI	JICY				
PAI	RT X, LINE 2:				
ηυι	ORGANIZATION ACCOUNTS FOR UNCERTAINITY	TN TNC	NF	ידיידי	ONG TH THE
	ORGINIZATION ACCOUNTS FOR UNCERTAINTIT	T14 T14C(	JIII IAA IOS	, <u> </u>	C14D 114 111E
FI	NANCIAL STATEMENTS BY APPLYING A RECOGNIT	ION THE	RESHOLD AND	ME.	ASUREMENT
AT:	RIBUTE FOR FINANCIAL STATEMENT RECOGNITION	ON AND	MEASUREMEN	IT O	F A TAX
-					

POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS OF JUNE 30, 2022, THERE ARE NO UNCERTAIN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN

Schedule D (Form 990) 2021

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE COMMINITY FIND OF DARTEN

Employer identification number

	MUNITI FUND OF DAK				00-0737	
<b>Part I</b> Fundraising Activities. required to complete this part	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	I filers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Person b If "Yes," list the 10 highest paid individual</li> </ul>	eed funds through any of the following Solicitates Gamma Solicitates Gamma Special Special or oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursur	ion of ion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees, or Yes	
compensated at least \$5,000 by the	organization.					
(i) Name and address of individual or entity (fundraiser)	and address of individual		Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	ontrib	utions	s or has been notified	d it is exempt from re	egistration

132081 10-21-21

Schedule G (Form 990) 2021

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, IIIIES I AIIO 60. LIST	events with gross receip	ots greater than \$5,000.						
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events						
				COMMUNITY	4	(add col. (a) through						
			RACE	DINNER	(total number)	col. <b>(c)</b> )						
ine			(event type)	(event type)	(total number)							
Revenue	1	Gross receipts	76,231.	11,845.	36,919.	124,995.						
	2	Less: Contributions	52,639.	5,511.	15,607.	73,757.						
	3	Gross income (line 1 minus line 2)	23,592.	6,334.	21,312.	51,238.						
	4	Cash prizes										
Ø	5	Noncash prizes	13,491.		6,495.	19,986.						
pense	6	Rent/facility costs	4,060.		960.	5,020.						
Direct Expenses	7	Food and beverages	14.	6,334.	3,170.	9,518.						
՝	8	Entertainment			1,150.	1,150.						
	9	Other direct expenses	^ == ^		10,643.	19,196.						
	10					54,870.						
	11	Net income summary. Subtract line 10 from I				-3,632.						
Pa	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than							
		\$15,000 on Form 990-EZ, line 6a.	1	# > Dull take (instant		 						
ne			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)						
Revenue				3 1 3								
ď	1	Gross revenue										
es	2	Cash prizes										
Direct Expenses	3	Noncash prizes										
Direct	4	Rent/facility costs										
	5	Other direct expenses										
	Ŭ	Other direct expenses	Yes %	Yes %	Yes %							
	6	Volunteer labor	No No	No No	No No							
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>							
_	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<u></u>							
a	Ent	ter the state(s) in which the organization condu	icts gaming activities.									
		the organization licensed to conduct gaming a		states?		Yes No						
		No," explain:				•						
			_		_							
	_					Yes No						
	0a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?											
b	IT "	Yes," explain:										

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021	THE	COMMUNITY	FUND	OF	DARIEN	(	06-07	137	286	Page 3
11	Does the organization conduct of	gaming act	tivities with nonmen	nbers?						Yes	No No
12	Is the organization a grantor, be	neficiary o	r trustee of a trust,	or a memb	er of a	partnership or ot	ther entity formed				
	to administer charitable gaming	?						[		Yes	☐ No
13	Indicate the percentage of gami										
а	The organization's facility							L	13a		%
b	An outside facility							L	13b		%
14	Enter the name and address of t	he person	who prepares the	organizatio	n's ga	ming/special ever	nts books and record	s:			
	Name ►										
	Address >										
15a	Does the organization have a co	ntract with	a third party from	whom the	organi	zation receives ga	aming revenue?	[		Yes	☐ No
b	If "Yes," enter the amount of gar	mina rever	nue received by the	organizati	on <b>&gt;</b>	\$	and the amou	nt			
	of gaming revenue retained by the				•	*					
c	: If "Yes," enter name and addres										
	Name										
	Address >										
16	Gaming manager information:										
	Name										
	Gaming manager compensation	<b>&gt;</b> \$									
	Description of services provided	<b>•</b>									
	'										
	Director/officer	L Em	ployee	Inde	pende	nt contractor					
47	Mandatan, diatributiona										
	Mandatory distributions:	or state la	u to make charitabl	a diatributi	ono fra	am the gemine ar	aaaada ta				
•	Is the organization required under retain the state gaming license?									Yes	☐ No
b	Enter the amount of distributions						anizations or spent in				
_	organization's own exempt activ	•				outer exemptions	anizationio or oponit ii				
Pa	rt IV Supplemental Info				quired	by Part I, line 2b,	columns (iii) and (v);	and Part	III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, a		· · · · · · · · · · · · · · · · · · ·		•	•					

Schedule G (Form 990)

#### SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 06-0737286 THE COMMUNITY FUND OF DARIEN Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other)

AMERICARES FREE CLINICS	18,000.	0.	сом	MUNITY GRANT AWARD
BOYS & GIRLS CLUB OF STAMFORD	10,000.	0.	сом	MUNITY GRANT AWARD
BUILDING ONE COMMUNITY	22,000.	0.	сом	MUNITY GRANT AWARD
CARVER CENTER	30,000.	0.	сом	MUNITY GRANT AWARD
CHILD GUIDANCE CENTER OF MID				
FAIRFIELD	33,000.	0.	сом	MUNITY GRANT AWARD
CHILD GUIDANCE CENTER OF SOUTHERN				
СТ	35,000.	0.	сом	MUNITY GRANT AWARD

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

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

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

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HILDREN'S LEARNING CENTERS			17,000.	0.			COMMUNITY GRANT AWARD
OMESTIC VIOLENCE CRISIS CENTER			18,000.	0.			COMMUNITY GRANT AWARD
CALLED CALLED			20,000	<u> </u>			
OOMUS KIDS			14,000.	0.			COMMUNITY GRANT AWARD
UTURE FIVE			10,000.	0.			COMMUNITY GRANT AWARD
AMILY CENTERS			32,000.	0.			COMMUNITY GRANT AWARD
ILLING IN THE BLANKS			12,000.	0.			COMMUNITY GRANT AWARD
NSPIRICA			28,000.	0.			COMMUNITY GRANT AWARD
IDS IN CRISIS			26,000.	0.			COMMUNITY GRANT AWARD
LAUREL HOUSE			15,000.	0.			COMMUNITY GRANT AWARD

Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash	(f) Method of valuation	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
		п аррисало	ouen gram	assistance	(book, FMV, appraisal, other)		0, 400,044
IBERATION PROGRAMS			19,000.	0.			COMMUNITY GRANT AWARD
EW COVENANT CENTER			20,000.	0.			COMMUNITY GRANT AWARD
PEN DOOR SHELTER			35,000.	0.			COMMUNITY GRANT AWARD
ACIFIC HOUSE			25,000.	0.			COMMUNITY GRANT AWARD
ERSON-TO-PERSON			32,000.	0.			COMMUNITY GRANT AWARD
ERSON-10-FERSON			32,000.	0.			COMMONITI GRANI AWARD
HE ROWAN CENTER			10,000.	0.			COMMUNITY GRANT AWARD
TAR LIGHTING THE WAY			14,000.	0.			COMMUNITY GRANT AWARD
HE DEPOT			10,000.	0.			COMMUNITY GRANT AWARD
							PROVIDE EMERGENCY ASSISTANCE TO THOSE I NEED IN DARIEN AS
COUCH A LIFE			14,499.	0.			NEED IN DARIEN AS IDENTIFIED BY THE TOW

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							PROVIDES HIGH SCHOOL STUDENTS FROM DARIEN TH OPPORTUNITY FOR
UTH COMMUNITY FUND			12,500.	0.			PHILANTHROPIC LEADERSH

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the informat	ion required in Part I, lin	ne 2; Part III, columi	h (b); and any other a	dditional information.	
ART I, LINE 2:					
GENCY ALLOCATIONS FOR FYE 6/30	)/22 WERE AP	PROVED BY	THE BOARD	OF DIRECTORS	
EFORE THE END OF THE FISCAL YE	EAR. THE AL	LOCATIONS	ARE GENERA	LLY PAID IN	
UARTERLY INSTALLMENTS IN JULY,	, OCTOBER, J.	ANUARY ANI	O APRIL OF	THE FOLLOWING	
ISCAL YEAR. WITH ACCEPTANCE (	OF THE ALLOC	ATION, THE	E AGENCY AG	REES TO	
UBMIT REQUIRED PROGRAM AND FIN					
CCEPTABLE TO THE COMMUNITY FUN			S MANNER, T		
RGANIZATION CAN MONITOR USE OF			-		
TABILITY AND PERFORMANCE OF THE			Y THE THE F	THUMCTUT	

Part IV | Supplemental Information

PERIOD.

TOUCH A LIFE PROVIDES EMERGENCY ASSISTANCE TO THOSE IN NEED IN DARIEN AS IDENTIFIED BY THE TOWN OF DARIEN, DEPARTMENT OF HUMAN SERVICES. GRANT OF \$1,000 PER CLIENT, PER REQUEST AT THE DISCRETION OF THE EXECUTIVE DIRECTOR, UNDER SUPERVISION OF THE FINANCE COMMITTEE AND PRESIDENT.

SPECIAL GRANTS AND VENTURE GRANTS ARE SMALL IN NATURE AND ARE EXPENSED ON AN ANNUAL BASIS AND DISBURSED PER EXECUTIVE COMMITTEE APPROVAL. THEREFORE, THE ORGANIZATION KNOWS HOW FUNDS WILL BE USED UPON DISBURSEMENT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: TOUCH A LIFE

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE EMERGENCY ASSISTANCE TO THOSE IN NEED IN DARIEN AS IDENTIFIED BY THE TOWN OF DARIEN DEPT OF HUMAN SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH COMMUNITY FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDES HIGH SCHOOL STUDENTS FROM DARIEN THE OPPORTUNITY FOR PHILANTHROPIC LEADERSHIP, DEVELOPS AN UNDERSTANDING OF LOCAL NEEDS AND THOSE ORGANIZATIONS ADDRESSING THOSE NEEDS, AND PROVIDES THE OPPORTUNITY TO EFFECT POSITIVE CHANGE IN THEIR COMMUNITY

NAME OF ORGANIZATION OR GOVERNMENT: SMALL GRANTS

(H) PURPOSE OF GRANT OR ASSISTANCE: ONE TIME FUNDING FOR SPECIAL PROJECTS, INITIATIVES, PROGRAMMING AND EMERGENCIES IN A TIMELY MANNER

Schedule I (Form 990)

### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Types of Property

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

Attach to Form 990.

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

Name of the organization THE COMMUNITY FUND OF DARIEN Employer identification number 06-0737286

		(a)	(b) Number of	(c)	(d)			
		Check if applicable	contributions or	Noncash contribution amounts reported on	Method of de noncash contribu	•	nte	
		арріюцью	items contributed	Form 990, Part VIII, line 1g	TIOTIOGOTI COTTENDO	ation amoun		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	8	137,967	FMV AT DONA	TION		
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 ► (SPECIAL EVENT)	X	30		RETAIL VALU			
26	Other ► ( TY - DIGITAL )	X	1		RETAIL VALU			
27	Other ► ( SPECIAL EVENT)	X	2		RETAIL VALU			
28	Other ► ( SPECIAL EVENT)	X	1	300	RETAIL VALU	ΙE		
29	Number of Forms 8283 received by the organi	ization durin	g the tax year for c	contributions				
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	jement 29				
						Yes	No	
30a	During the year, did the organization receive b							
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be	used for			
	exempt purposes for the entire holding period	?				30a	X	
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?							
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncasl	า			
	contributions?					32a	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is ch	ecked,			
	describe in Part II.							
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule N	/I (Form 990	) 2021	

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and a is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution this part for any additional information.	33, and whether the organization ombination of both. Also complete
PART I, OTHER TYPES OF PROPERTY:	
YCF - SUPPLIES	
(A) CHECK IF APPLICABLE = X	
(B) NUMBER OF CONTRIBUTIONS = 2	
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 183.	
(D) METHOD OF DETERMINING REVENUE: RETAIL VALUE	
132142 11-17-21	Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

# SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
Open to Public Inspection

Name of the organization

THE COMMUNITY FUND OF DARIEN

Employer identification number 06-0737286

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

AUDIT COMMITTEE REVIEWS 990 WITH AUDITORS TO DISCUSS QUESTIONS. FULL

AUDITED FINANCIAL STATEMENTS & 990 ARE GIVEN TO EACH VOTING MEMBER OF THE

BOARD OF DIRECTORS PRIOR TO FILING. A BOARD VOTE IS TAKEN AT A BOARD

MEETING WITH A QUOROM PRESENT TO APPROVE THE AUDIT & 990 FOR FILING.

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

BOARD MEMBERS ARE ASKED TO SIGN THE "TCF VOLUNTEER ACKNOWLEDGEMENT" FORM
WHEN THEY BEGIN THEIR TERM, INDICATING THAT THEY HAVE RECEIVED A COPY OF
THE CODE OF ETHICS, THEY UNDERSTAND THE POLICIES CONTAINED IN IT, AND THEY
HAVE HAD AN OPPORTUNITY TO ASK QUESTIONS AND DISCUSS THE POLICIES WITH THE
EXECUTIVE DIRECTOR. THEY FURTHER AGREE THAT THEY WILL CONFORM TO THOSE
POLICIES.

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

THE EXECUTIVE COMMITTEE CONDUCTED A COMPENSATION REVIEW.

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

A COPY OF FORM 990 IS AVAILABLE ON THE ORGANIZATION'S WEBSITE AND ON GUIDESTAR. ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

PARY XI, RECONCILIATION OF NET ASSETS

DURING THE FYE 6/30/22, THE ORGANIZATION RECEIVED DONATED FACILITIES

VALUED AT \$14,761 AND DONATED OFFSITE STORAGE VALUED AT \$1,500. IN

ACCORDANCE WITH IRS GUIDANCE, THIS REVENUE AND CORRESPONDING EXPENSES

HAVE NOT BEEN INCLUDED IN THE REVENUE AND EXPENSE DETAIL REPORTED ON

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

Schedule O (Form 990) 2021

132211 11-11-21