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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
CONNECTICUT COMMUNITY FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
43 FIELD STREET

City or town, state or country, and ZIP + 4
WATERBURY, CT 06702

D Employer identification number
06-6038074

E Telephone number
(203)753-1315

G Gross receipts $ 40,943,263

F Name and address of principal officer
PAULA VAN NESS
43 FIELD STREET
WATERBURY,CT 06702

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ CONNCF ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1923 | **M** State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE FOUNDATION'S PURPOSE AS A CENTER OF PHILANTROPHY IS TO INCREASE CHARITABLE RESOURCES AVAILABLE TO ITS COMMUNITY THROUGH ITS OWN ENDOWMENT, DONOR ADVISED FUNDS, PRIVATE FOUNDATIONS AND OTHER OUTSIDE FUNDERS

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	11
6	Total number of volunteers (estimate if necessary)	**6**	195
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	7,373,346	1,174,903
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,422,056	7,512,804
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	120,255	119,057
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,915,657	8,806,764
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,202,357	2,447,297
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	773,100	680,704
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶325,255		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	239,361	436,616
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,214,818	3,564,617
	19 Revenue less expenses Subtract line 18 from line 12	5,700,839	5,242,147

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	74,470,932	71,632,394
	21 Total liabilities (Part X, line 26)	866,642	1,337,672
	22 Net assets or fund balances Subtract line 21 from line 20	73,604,290	70,294,722

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

****** | 2012-05-04
Signature of officer | Date

CHARLES BOULIER III TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ CHRISTOPHER A GALLO | Date | Check if self-employed ▶ ☐ | Preparer's taxpayer identification number (see instructions) P00007198

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BLUM SHAPIRO & COMPANY PC
2 ENTERPRISE DRIVE
SHELTON, CT 064844640

EIN ▶ 06-1009205

Phone no ▶ (203) 944-2100

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

FOUNDATION GRANTS AND COMMUNITY SERVICE ARE INTENDED TO IMPROVE ALL ASPECTS OF THE QUALITY OF LIFE OF RESIDENTS IN THE SERVICE AREA AND SUPPORT ALL MANNER OF SERVICES FOR SENIOR CITIZENS LIVING IN THE AREA

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 2,929,530 including grants of $ 2,447,297) (Revenue $)

PROVIDES FINANCIAL SUPPORT TO CHARITABLE ORGANIZATIONS IN THE CENTRAL NAUGATUCK VALLEY AND LITCHFIELD HILLS REGION FOR GENERAL SUPPORT OF EDUCATION, MEDICAL PREVENTION, DETECTION AND TREATMENT PROGRAMS, MEDICAL INSTITUTIONS, SUPPORT OF BASIC NEEDS FOR THOSE IN NEED AND YOUTH DEVELOPMENT AND SERVICES ALSO PROVIDE FOR SCHOLARSHIPS FOR INDIVIDUALS IN THE SAME AREA

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

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 2,929,530

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	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
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		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
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*	17		No
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		No
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		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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**		No
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**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	9		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in 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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**		No
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			**9a**		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		No
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CT

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

CONNECTICUT COMMUNITY FOUNDATION INC
43 FIELD STREET
WATERBURY,CT 06702
(203)753-1315

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

Check if Schedule O contains a response to any question 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD LAU PRESIDENT	1 00	X		X				0	0	0
(2) JACK BAKER VICE PRESIDENT	1 00	X		X				0	0	0
(3) CHARLES BOULIER III TREASURER	1 00	X		X				0	0	0
(4) CHRISTINE REARDON SECRETARY	1 00	X		X				0	0	0
(5) AJ WASSERMAN TRUSTEE	1 00	X						0	0	0
(6) JOHN MICHAELS TRUSTEE	1 00	X						0	0	0
(7) MARTHA BERSTEIN TRUSTEE	1 00	X						0	0	0
(8) JAMES LAWLOR ESQ TRUSTEE	1 00	X						0	0	0
(9) ANNE DELO TRUSTEE	1 00	X						0	0	0
(10) ATTY FRANK SCINTO TRUSTEE	1 00	X						0	0	0
(11) ANNE SLATTERY TRUSTEE	1 00	X						0	0	0
(12) MARGARET FIELD TRUSTEE	1 00	X						0	0	0
(13) JOHN MCCARTHY TRUSTEE	1 00	X						0	0	0
(14) WAYNE MCCORMACK TRUSTEE	1 00	X						0	0	0
(15) CRAIG CARRAGIN TRUSTEE	1 00	X						0	0	0
(16) JOHN MILLINGTON TRUSTEE	1 00	X						0	0	0
(17) INGRID MANNING CEO	40 00			X				118,173	0	7,176

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								118,173	0	7,176

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 1,174,903				
	g	Noncash contributions included in lines 1a-1f $ 111,636				
	h	**Total.** Add lines 1a-1f . . . . . ▶	1,174,903			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶				
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	2,105,029			2,105,029
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 37,544,274				
	b	Less cost or other basis and sales expenses: 32,136,499				
	c	Gain or (loss): 5,407,775				
	d	Net gain or (loss) . . . . . ▶	5,407,775	5,407,775		
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
Other Revenue		Miscellaneous Revenue / Business Code				
	11a	PRVT FOUND FEES & MISC 900099	119,057	119,057		
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	119,057			
	12	**Total revenue.** See Instructions . . . ▶	8,806,764	5,526,832	0	2,105,029

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,846,028	1,846,028		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	601,269	601,269		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	118,173		82,638	35,535
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	455,979	252,446	71,877	131,656
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	27,962	12,543	7,085	8,334
9	Other employee benefits	33,646	6,663	15,256	11,727
10	Payroll taxes	44,944	18,470	15,090	11,384
11	Fees for services (non-employees)				
a	Management				
b	Legal	47,284	20,805	12,767	13,712
c	Accounting				
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	26,170	11,515	7,066	7,589
g	Other	17,000	7,480	4,590	4,930
12	Advertising and promotion	2,285	1,005	617	663
13	Office expenses	29,514	12,986	7,969	8,559
14	Information technology				
15	Royalties . .				
16	Occupancy	87,789	38,627	23,703	25,459
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,285	1,885	1,157	1,243
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,441	634	389	418
23	Insurance	10,931	4,810	2,951	3,170
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CONSULTANTS	79,471	34,967	21,457	23,047
b	COMMITTEE EXPENSE	72,606	31,946	19,604	21,056
c	ANNUAL REPORT AND NEWSL	32,207	14,171	8,696	9,340
d	DEVELOPMENT	16,041	7,058	4,331	4,652
e					
f	All other expenses	9,592	4,222	2,589	2,781
25	**Total functional expenses.** Add lines 1 through 24f	3,564,617	2,929,530	309,832	325,255
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,328,101	1	1,639,879
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		3,665,825	3	0
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		5,679	9	5,680
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 48,082			
	b	Less accumulated depreciation	10b 45,891	3,633	10c	2,191
	11	Investments—publicly traded securities		68,700,488	11	69,452,679
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		767,206	15	531,965
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		74,470,932	16	71,632,394
Liabilities	17	Accounts payable and accrued expenses		34,802	17	29,648
	18	Grants payable		429,860	18	757,916
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		401,980	25	550,108
	26	**Total liabilities.** Add lines 17 through 25		866,642	26	1,337,672
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		73,373,167	27	70,055,774
	28	Temporarily restricted net assets		231,123	28	238,948
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		73,604,290	33	70,294,722
	34	Total liabilities and net assets/fund balances		74,470,932	34	71,632,394

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	8,806,764
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,564,617
3	Revenue less expenses Subtract line 2 from line 1	3	5,242,147
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	73,604,290
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-8,551,715
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	70,294,722

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CONNECTICUT COMMUNITY FOUNDATION INC

Employer identification number
06-6038074

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,392,761	4,836,767	3,004,696	2,102,671	1,174,903	13,511,798
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	2,392,761	4,836,767	3,004,696	2,102,671	1,174,903	13,511,798
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						4,259,178
6 **Public Support.** Subtract line 5 from line 4						9,252,620

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2,392,761	4,836,767	3,004,696	2,102,671	1,174,903	13,511,798
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,680,213	1,468,219	1,479,410	2,024,759	2,105,029	8,757,630
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	57,838	31,014	114,432	138,542	119,057	460,883
11 **Total support** (Add lines 7 through 10)						22,730,311

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

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	**14**	40 710 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	**15**	35 670 %

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2011.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CONNECTICUT COMMUNITY FOUNDATION INC

Employer identification number
06-6038074

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	83	311
2	Aggregate contributions to (during year)	271,633	4,742,615
3	Aggregate grants from (during year)	503,066	1,820,654
4	Aggregate value at end of year	8,707,294	62,178,697

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☑ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	73,217,849	61,708,018	41,600,847	53,767,790	
b	Contributions	1,052,438	7,290,957	12,060,431	4,734,298	
c	Investment earnings or losses	-1,085,279	7,226,594	10,527,278	-13,409,359	
d	Grants or scholarships	2,353,092	2,181,341	1,835,669	2,690,432	
e	Other expenditures for facilities and programs					
f	Administrative expenses	953,062	826,379	644,869	801,450	
g	End of year balance	69,878,854	73,217,849	61,708,018	41,600,847	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 100 000 %
- b Permanent endowment ▶
- c Term endowment ▶

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		48,082	45,891	2,191
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,191

Part VII Investments—Other Securities. 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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
LIABILITY UNDER SPLIT-INTEREST AGREEMENTS	98,015
ANNUITY PAYABLE	77,651
FUNDS HELD AS AGENCY ENDOWMENTS	374,442
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	550,108

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,806,764
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,564,617
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	5,242,147
4	Net unrealized gains (losses) on investments	4	-8,551,715
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-8,551,715
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,309,568

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	255,049
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-8,551,715		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-8,551,715
3	Subtract line **2e** from line **1**			3	8,806,764
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	8,806,764

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	3,564,617
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	3,564,617
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	3,564,617

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493132027642

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CONNECTICUT COMMUNITY FOUNDATION INC

Employer identification number
06-6038074

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

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 . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	321	601,269			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

Additional Data Return to Form

Software ID:
Software Version:
EIN: 06-6038074
Name: CONNECTICUT COMMUNITY FOUNDATION INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 825 BROOK STREET I-91 TECHNOLOGY CENTER BUILDING 3 ROCKY HILL,CT 06067	05-0271570	501(C)3	83,147				HALLDEN 2011-2012 ACTIVITIES
AMERICAN HEART ASSOCIATION5 BROOKSIDE DRIVE WALLINGFORD,CT 06067	13-5613797	501(C)3	101,000				HALLDEN 2011-2012 ACTIVITIES
CATHOLIC CHARITIES INC ARCHDIOCESE OF HARTFORD839-841 ASYLUM AVE HARTFORD,CT 06105	06-0667607	501(C)3	38,750				LITLINKS WATERBURY FAMILY CENTER
AFTER SCHOOL ARTS PROGRAM6 BEE BROOK ROAD - PO BOX 15 WASHINGTON DEPOT,CT 06794	20-1308465	501(C)3	16,295				DONOR ADVISED, NAI-TECHNOLOGY CAPACITY BUILDING
GREATER WATERBURY CHAMBER OF COMMERCE FOUNDATION83 BANK STREET WATERBURY,CT 06702	06-1074917	501(C)3	10,000				NAI BUSINESS AND PROFESSIONAL DEVELOPMENT & COMMUNICATIONS FOR THE ARTS COMMUNITY
CHILDREN'S COMMUNITY SCHOOL31 WOLCOTT ST PO BOX 1746 WATERBURY,CT 06721	06-1000761	501(C)3	38,422				CHILDREN'S COMMUNITY SCHOOL- FUND DESIGNATED, WHITTEMORE EDUCATION DESIGNATED, LITLINKS2011
CT ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN 2321 WHITNEY AVE BLDG 2 SUITE 501 HAMDEN,CT 06518	06-1156469	501(C)3	15,000				LITLINKS CONSULTATIVE SUPPORT TO SITES SEEKING ACCREDITATION
CHASE COLLEGIATE SCHOOL565 CHASE PARKWAY WATERBURY,CT 06708	23-7168186	501(C)3	8,344				DESIGNATED, EXPERIENCE SPAIN 2012, DONOR ADVISEDONLINE BENEFITS SCREENING INITIATIVE
GIRLS INCORPORATED OF SOUTHWESTERN CONNECTICUT35 PARK PLACE WATERBURY,CT 06702	06-0646950	501(C)3	7,275				GIRLSTART AFTER SCHOOL PROGRAM, REPLACEMENT OF DANCE FLOOR,DONOR ADVISED, DESIGNATED
CHESHIRE-SOUTHINGTON COMMUNITY YMCA 967 SOUTH MAIN STREET CHESHIRE,CT 06410	06-0646905	501(C)3	6,500				LITLINKS2011 - ENHANCES LEARNING EXPERIENCES THROUGH INTENTIONAL TEACHING
CNV HELP INC900 WATERTOWN AVE WATERBURY,CT 06708	06-0879554	501(C)3	6,422				NAI-INCREASING BILLING CAPACITY
COMMUNITY CULINARY OF NORTHWESTERN CONNECTICUT40 MAIN STREET NEW MILFORD,CT 06776	26-3551690	501(C)3	15,000				CULINARY PROGRAM SUPPORT
CONCEPTS FOR ADAPTIVE LEARNING INCPO BOX 8265 NEW HAVEN,CT 06530	06-1623641	501(C)3	10,000				TECHNOLOGY CASCADE PROGRAM
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND345 WHITNEY AVE NEW HAVEN,CT 06511	06-0263565	501(C)3	27,871				DESIGNATED, DONOR ADVISED
POMPERAUG RIVER WATERSHED COALITION39 SHERMAN HILL ROAD SUITE 102C WOODBURY,CT 06798	06-1583895	501(C)3	16,000				ENVR MUNICIPAL OUTREACH AND CONVOCATION
CONNECTICUT ASSOCIATION FOR HUMAN SERVICES110 BARTHOLOMEW AVE -STE 4030 HARTFORD,CT 06106	06-0653158	501(C)3	10,000				EARNED BENEFITS ONLINEEARNED BENEFITS ONLINEEARNED BENEFITS ONLINE
CONNECTICUT COUNCIL FOR PHILANTHROPY 221 MAIN STREET HARTFORD,CT 06106	23-7024016	501(C)3	7,233				ADVOCACY COMMITTEE AND MEMBERSHIP SUPPORT RENEWAL
SAINT MARY'S HOSPITAL56 FRANKLIN ST WATERBURY,CT 06706	06-0646844	501(C)3	7,267				DESIGNATED
UNITED WAY OF GREATER WATERBURY60 NORTH MAIN ST 3RD FLOOR WATERBURY,CT 06702	06-0646634	501(C)3	39,012				DESIGNATED, DONOR ADVISED, WATERBURY BRIDGE TO SUCESS, WOMEN AND CHILDREN
UNITED WAY OF NAUGATUCK & BEACON FALLS284 CHURCH ST PO BOX 209 NAUGATUCK,CT 06770	06-0788028	501(C)3	13,664				DONOR ADIVSED AND LITLINKS PRESCHOOL/KINDERGARTEN PEER MENTOR INITIATIVE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VNA HEALTH CARE - HARTFORD103 WOODLAND ST HARTFORD,CT 06105	06-0646938	501(C)3	7,168				DESIGNATED
CONENCTICUT FOUNDATION FOR DENTAL OUTREACH 835 WEST QUEEN STREET SOUTHINGTON,CT 06489	26-1437861	501(C)3	10,000				MISSION OF MERCY DENTAL EVENT IN WATERBURYMISSION OF MERCY DENTAL EVENT IN WATERBURY
WATERBURY SYMPHONY ORCHESTRA110 BANK ST PO BOX 1762 WATERBURY,CT 06721	06-6090876	501(C)3	10,878				DESIGNATED, COMMUNITY WINE TASTING, NAI-STRATEGIC PLAN REVIEW AND UPDATE
NEW MILFORD PUBLIC SCHOOLS & ADULT EDUCATION50 EAST STREET - LILLIS ADMINISTRAT ON BLDG NEW MILFORD,CT 06776			8,332				LITLINKS-NMPSLITLINKS-NMPS
NEW OPPORTUNITIES 232 NORTH ELM STREET WATERBURY,CT 06702	06-6071847	501(C)3	16,625				IN-THE-MAKING JOB READINESS CERTIFICATE PROGRAM, CAPACITY BUILDING PROJECT, MONEY MANAGEMENT PROGRAM EXPANSIONTRIPLE PLAY FAMILY PROGRAM
BRASS CITY HARVEST PO BOX 1115 WATERBURY,CT 06703	75-3263005	501(C)3	15,518				URBAN NUTRITION, HOMELESS OUTREACH
CONNECTICUT LAND CONSERVATION COUNSEL16 MERIDAN ROAD RT 66 ROCKFALL,CT 064812961	04-2751357	501(C)3	12,300				NAI-LAND TRUST CHALLENGE FUND
CONGREGATION EMANU-EL OF THE CITY OF NEW YORK1 EAST 65TH STREET NEW YORK,NY 10021	13-1623975	501(C)3	7,000				DONOR ADVISED
DOUBLE D LIVING HISTORY FARM102 PAINTER HILL ROAD ROXBURY,CT 06783	20-1469683	501(C)3	5,000				DONOR ADVISED
FAMILY SERVICES OF GREATER WATERBURY 34 MURRAY STREET WATERBURY,CT 06710	06-0646627	501(C)3	8,997				AUTISM EQUIPMENT, DESIGNATED, ANIMAL THERAPY FOR CHILDREN WITH AUTISM
FLANDERS NATURE CENTER & LAND TRUST5 CHURCH HILL ROAD WOODBURY,CT 06798	06-0791823	501(C)3	16,648				ADULT EDUCATIONAL PROGRAMMING, ADVISED, DESIGNATED
FAMILIES IN CRISIS 60 POPIELUSZKO COURT 2ND FLOOR HARTFORD,CT 06106	06-1001676	501(C)3	5,000				NAI MARKETING PROJECTNAI MARKETING PROJECT
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND INC11 ASYLUM STREET STE 601 HARTFORD,CT 06103	06-0665972	501(C)3	13,222				5TH GRADE INITIATIVE, DONOR ADVISED
FIRST CONGREGATIONAL CHURCH6 KIRBY ROAD WASHINGTON,CT 06793			5,500				DONOR ADVISED
FRIENDS OF WATERBURY GREENWAY CO CARMODY AND TORRANCE195 CHURCH STREET NEW HAVEN,CT 06510	27-3046963	501(C)3	11,000				DONOR ADVISED
GRANVILLE ACADEMY OF WATERBURY66 RED COAT RD WATERBURY,CT 06704	06-1404367	501(C)3	5,000				DONOR ADVISED
GUARDIAN AD LITEM SERVICES INC175 CHURCH STREET SUITE 202 NAUGATUCK,CT 06770	30-0124161	501(C)3	20,000				NAI-TECHNOLOGY UPGRADE & WEBSITE REDESIGNNAI TECHNOLOGY UPGRADE AND WEBSITE DESIGN
HOUSATONIC VALLEY ASSOCIATION150 KENT ROAD SOUTH-PO BOX 28 CORNWALL BRIDGE, CT 067540028	06-6049295	501(C)3	16,018				DONOR ADVISED, GREENPRINT ONLINE MAPPING PROGRAM
NAUGATUCK VALLEY PROJECT INC26 LUDLOW STREET WATERBURY,CT 06710	22-2726260	501(C)3	8,000				CAREER LADDER PROGRAM
HUMAN RESOURCE DEVELOPMENT AGENCY575 RUBBER AVE NAUGATUCK,CT 06770	06-0939080	501(C)3	12,000				MEDICAL TRANSPORTATION PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUNT HILL FARM TRUST INC44 UPLAND ROAD NEW MILFORD, CT 06776	14-1867440	501(C)3	10,000				NEW TALENT ART INITIATIVE
KAYNOR REGIONAL VOCATIONAL TECHNICAL SCHOOL 43 TOMPKINS STREETQ WATERBURY, CT 06708			8,000				DESIGNATED
LITCHFIELD COMMUNITY CENTER 421 BANTAM ROAD LITCHFIELD, CT 06759	06-1520254	501(C)3	16,389				DESIGNATED, ADDITION OF MULTI-PURPOSE ROOM
SAFE HAVEN OF GREATER WATERBURY29 CENTRAL AVE STE 2 WATERBURY, CT 06721	06-0996479	501(C)3	9,800				DOMESTIC VIOLENCE SHELTER, COUNSELING FOR SEXUAL ASSULT SURVIVORS
LITERACY VOLUNTEERS OF GREATER WATERBURY CO SILAS BRONSON LIBRARY267 GRAND STREET WATERBURY, CT 06702	06-1452659	501(C)3	5,150				DONOR ADVISED, WORKFORCE READINESS PROGRAM
SHAKESPERIENCE PRODUCTIONS INC 117 BANK STREET WATERBURY, CT 06702	06-1555859	501(C)3	14,736				YOUTH DEVELOPMENT, SHAKESPEARE RESIDENCY PROGRAM, VINTAGE SHAKESPEARE PRODUCTIONS
METROPOLITAN OPERA ASSOCIATION LINCOLN CENTER NEW YORK, NY 10023	13-1624087	501(C)3	6,000				DONOR ADVISED
THE WOMEN'S BUSINESS DEVELOPMENT COUNCIL184 BEDFORD ST STE 201 STAMFORD, CT 06901	06-1493737	501(C)3	12,500				ACCESS TO CAPITAL, BUSINESS SUSTAINABILITY, FINANCIAL COACHING
NAUGATUCK YMCA 284 CHURCH STREET NAUGATUCK, CT 06770	06-0646770	501(C)3	6,500				DONOR ADVISED
WATERBURY YOUTH SERVICE SYSTEM INC83 PROSPECT STREET WATERBURY, CT 06702	06-1219372	501(C)3	18,000				WOMI- PEOPLE OFF WELFARE EARNING RESOURCES, NAI-TECHNOLOGY PROJECT
WESTERN CT AREA AGENCY ON AGING 84 PROGRESS LANE WATERBURY, CT 06705	06-1182488	501(C)3	50,000				EAST HILL WOODS - CHOICE EXPANSION
WESTOVER SCHOOL 1237 WHITTMORE ROAD MIDDLEBURY, CT 06762	06-0646961	501(C)3	5,676				DONOR ADVISED, DESIGNATED
NEIGHBORHOOD MUSIC SCHOOL INC 100 AUDUBON STREET NEW HAVEN, CT 06510	06-0662152	501(C)3	5,000				DONOR ADVISED
NEW MILFORD HOSPITAL21 ELM STREET NEW MILFORD, CT 06776	06-0669121	501(C)3	8,400				PATHWAYS SENIOR SUPPERS EXPANSION GRANT
TOWN OF OXFORD SENIOR CENTER10 OLD CHURCH RD OXFORD, CT 06478			6,500				MY SENIOR CENTER SYSTEM TRACKING SYSTEM
PALACE THEATER 100 EAST MAIN STREET WATERBURY, CT 06702	02-0620399	501(C)3	13,500				KEYS TO OUR FUTURE EVENT, FUNDRAISING CONSULTANT
POMPERAUG DISTRICT DEPARTMENT OF HEALTH800 MAIN STREET SOUTH STE 124 SOUTHBURY, CT 06488	06-1173579	501(C)3	9,612				LIVE WELL WORKSHOPS AND OUTREACH, LIVE WELL CHRONIC DISEASE SELF-MANAGEMENT PROGRAM
TOWN OF PROSPECT 36 CENTER STREET - TOWN HALL PROSPECT, CT 06712			5,000				DONOR ADVISED
REGION 16 SCHOOL DISTRICT207 NEW HAVEN ROAD PROSPECT, CT 06712			8,058				BEACON FALLS/PROSPECT EARLY CHILDHOOD COLLABORATIVE, STUDENT TUTORING
RESIDENTIAL MANAGEMENT SERVICES INCPO BOX 7333 KENSINGTON, CT 06037	06-1031970	501(C)3	11,400				DONOR ADVISED

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROXBURY BRIDGEWATER GARDEN CLUBPO BOX 130 ROXBURY,CT 06783	06-6047490	501(C)3	8,926				DONOR ADVISED
SHEPAUG RIVER ASSOCIATION32 RIVER ROAD ROXBURY,CT 06783	06-1499394	501(C)3	5,000				SHEPAUG RIVER WATERSHED STREAMWALK PROGRAM
TOWN OF SOUTHBURY SENIOR CENTER561 MAIN STREET SOUTH SOUTHBURY,CT 06488	06-6002089		6,000				EXTENDED/ENHANCED PROGRAM HOURS AT THE SOUTHBURY SENIOR CENTER
SOUTHBURY-MIDDLEBURY YOUTH & FAMILY1287 STRONGTOWN ROAD SOUTHBURY,CT 06488	06-1161004	501(C)3	7,949				DESIGNATED
STAYWELL HEALTH CARE INC80 PHOENIX AVE WATERBURY,CT 06702	22-3160873	501(C)3	23,616				NAI ENHANCED STRATEGIC PLANNING - PHASE IENHANCED STRATEGIC PLANNING - PHASE I
STRATTON CORPORATION5 VILLAGE LODGE ROAD - MOUNTAIN OPERATIONS STRATTON MOUNTAIN,VT 05155	52-2117220		7,000				SCHOLARSHIP
THOMASTON PUBLIC SCHOOLS 158 MAIN STREET THOMASTON,CT 06787			8,286				SCHOOL READINESS COUNCIL
WALNUT-ORANGE-WALSH NEIGHBORD REVITALIZATION ZONE308 WALNUT STREET WATERBURY,CT 06704	06-1026176	501(C)3	10,000				DONOR ADVISED
WATERTOWN PUBLIC SCHOOL DISTRICT10 DEFOREST STREET WATERTOWN,CT 06795			10,000				WATERTOWN FAMILY RESOURCE CENTER - PRESCHOOL COLLABORATION
WELLPATH INC562 LAKEWOOD ROAD WATERBURY,CT 06704	06-0669107	501(C)3	115,000				NAI- MERGER OF WELLPATH & MORRIS FOUNDATION
WELLSPRING FOUNDATION21 ARCH BRIDGE ROAD - PO BOX 370 BETHLEHEM,CT 06751	06-1014227	501(C)3	15,000				SPECIAL EDUCATION ENHANCEMENT AND DEVELOPMENT SERVICES
WHITTEMORE MEMORIAL LIBRARY 243 CHURCH STREET NAUGATUCK,CT 06770	06-0646963	501(C)3	71,200				AUTHOR EVENT & COOKING DEMONSTRATION, ROTUNDA RESTORATION AND BOOK PURCHASE FOR CHILDREN'S DEPARTMENT
YMCA OF GREATER WATERBURY136 WEST MAIN STREET WATERBURY,CT 06702	06-0646988	501(C)3	15,758				DESIGNATED, TEENS IN ACTION

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CONNECTICUT COMMUNITY FOUNDATION INC

Employer identification number
06-6038074

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	14	111,636	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CONNECTICUT COMMUNITY FOUNDATION INC

Employer identification number
06-6038074

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 6	MEMBERSHIP ELECTS TRUSTEES
	FORM 990, PART VI, SECTION A, LINE 7A	AS PROVIDED IN 33-1055 OF THE ACT, THE CORPORATION SHALL BE A MEMBERSHIP CORPORATION THE CORPORATION SHALL HAVE ONE CLASS OF MEMBERS CALLED "MEMBERS " THE MEMBERS SHALL HAVE THE RIGHT TO ELECT THE MEMBERS OF THE BOARD OF TRUSTEES OF THE CORPORATION, AND SUCH OTHER RIGHTS,PRIVILEGES AND POWERS AS ARE AFFORDED TO VOTING MEMBERS OF A CONNECTICUT NONSTOCK CORPORATION UNDER THE CERTIFICATE OF INCORPORATION, THESE BY-LAWS, AND THE ACT IN ORDER TO QUALIFY AS A MEMBER, A MEMBER OF THE CORPORATION SHALL MEET ANY OF THE FOLLOWING REQUIREMENTS (A) AN INDIVIDUAL, WHO IS A FUND FOUNDER AND MAINTAINS A CERTAIN MINIMUM IN HIS OR HER FUND AS OF THE BEGINNING OF THE FOUNDATION'S FISCAL YEAR, AND SUCH INDIVIDUAL'S SPOUSE, (B) AN INDIVIDUAL, WHO HAS INCLUDED THE FOUNDATION AS A BENEFICIARY IN A PLANNED GIFT OR WILL AND HAS AGREED TO BE A LEGACY SOCIETY MEMBER WITH THE FOUNDATION, (C) AN INDIVIDUAL HOLDING A POSITION DESCRIBED IN THE FUND AGREEMENT OR OTHER DOCUMENT AS THE REPRESENTATIVE FOR FUNDS ESTABLISHED BY CORPORATIONS OR ORGANIZATIONS THAT MAINTAIN A MINIMUM IN THEIR FUNDS AS OF THE BEGINNING OF THE FOUNDATION'S FISCAL YEAR, (D) AN INDIVIDUAL WHO CONTRIBUTES, IN A GIVEN YEAR, AN AMOUNT EQUAL TO THAT REQUIRED FOR THE ESTABLISHMENT OF A PERMANENT FUND TO ONE OR MORE PERMANENT FUNDS IN A GIVEN YEAR ,AND SUCH INDIVIDUAL'S SPOUSE, OR (E) ANY CURRENT OR FORMER TRUSTEE OF THE FOUNDATION (F) ALL OTHER MEMBERS, NOT INCLUDED IN (A-E) ABOVE, AS OF THE EFFECTIVE DATE OFTHESE BY-LAWS
	FORM 990, PART VI, SECTION A, LINE 7B	EACH MEMBER OF THE CORPORATION SHALL BE ENTITLED TO ONE (1) VOTE ON EACH MATTER SUBMITTED TO MEMBERS FOR ACTION MEMBER ACTION ON ANY MATTER WHATSOEVER SHALL REQUIRE THE AFFIRMATIVE VOTE OF A MAJORITY OF THE MEMBERS OF THE CORPORATION PRESENT AT A MEETING AT WHICH THERE IS A QUORUM, EXCEPT THAT THE FOLLOWING MATTERS (REFERRED TO HEREIN AS THE "FUNDAMENTAL MEMBER MATTERS") SHALL REQUIRE THE AFFIRMATIVE VOTE OF TWO-THIRDS (2/3) OF THE MEMBERS PRESENT AT A MEETING AT WHICH THERE IS A QUORUM (A) THE REMOVAL OF A TRUSTEE WITH CAUSE UNDER SECTION 5 OF ARTICLE III, (B) THE DISSOLUTION AND LIQUIDATION OF THE CORPORATION UNDER SECTION 2 OF ARTICLE VII, (C) THE AMENDMENT OF THESE BY-LAWS UNDER SECTION 4 OF ARTICLE VIII, PROVIDED, HOWEVER, THAT THE AMENDMENT RELATES TO ANY CHANGE IN THE DEFINITION OF THE QUALIFICATIONS REQUIRED TO BE A MEMBER IN THIS CORPORATION PURSUANT TO SECTION 1(A-E) OF THIS ARTICLE II AND TO ANY PROVISION RELATING TO A MEMBER'S RIGHTS AND DUTIES UNDER ARTICLE II AND ARTICLE III OF THESE BY-LAWS, (D) THE AMENDMENT OF THE CERTIFICATE OF INCORPORATION UNDER SECTION 6 OF ARTICLE VIII, AND (E) ANY MERGER OF THE CORPORATION WITH OR INTO ANY OTHER CORPORATION OR ENTITY IN WHICH THE CORPORATION IS NOT THE SURVIVING ENTITY SECTION 11 - PROXIES VOTING BY PROXY SHALL NOT BE PERMITTED AT ANY MEETING OF THE MEMBERS SECTION 12 - CONSENTS MEMBERS SHALL NOT BE PERMITTED TO VOTE BY WRITTEN CONSENT
	FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS REVIEWED BY THE AUDIT COMMITTEE THEN PRESENTED TO THE BOARD OF TRUSTEES FOR APPROVAL PRIOR TO FILING
	FORM 990, PART VI, SECTION B, LINE 12C	BOARD AND COMMITTEE ARE ASKED TO EXCUSE THEMSELVES FROM DISCUSSIONS AND VOTING WHERE THERE IS A CONFLICT OF INTEREST
	FORM 990, PART VI, SECTION B, LINE 15	ON AN ANNUAL BASIS THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE COMPENSATION DATA THE DATA MAY INCLUDE BUT IS NOT LIMITED TO COMMUNITY FOUNDATION SURVEYS NATIONWIDE, CHAMBERS OF COMMERCE, AND LOCAL UNITED WAYS THE EXECUTIVE COMMITTEE MAKES A RECOMMENDATION TO THE BOARD FOR APPROVAL THE DELIBERATIONS AND DECISIONS ARE RECORDED BY THE SECRETARY OF THE FOUNDATION
	FORM 990, PART VI, SECTION C, LINE 19	COPIES MAY BE REQUESTED BY MAIL, E-MAIL, OR ORIGINAL DOCUMENTS MAY BE VIEWED AT THE FOUNDATION OFFICE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -8,551,715
	FORM 990 PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR

Additional Data

Software ID:
Software Version:
EIN: 06-6038074
Name: CONNECTICUT COMMUNITY FOUNDATION INC

Form 990, Special Condition Description:

Special Condition Description