See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133008244

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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 province, country, and ZIP or foreign postal code
WATERBURY, CT 06702

D Employer identification number
06-6038074

E Telephone number
(203) 753-1315

G Gross receipts $ 14,137,926

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

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

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

H(c) Group exemption number ▶

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 FOSTERS CREATIVE PARTNERSHIPS THAT BUILD REWARDING LIVES AND THRIVING COMMUNITIES

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**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	18
6	Total number of volunteers (estimate if necessary)	**6**	200
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
8	Contributions and grants (Part VIII, line 1h)	4,485,401	4,119,294
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,389,700	2,865,694
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	83,882	42,540
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,958,983	7,027,528
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,001,395	3,448,784
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)	900,390	1,084,960
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶233,569		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	488,314	544,108
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,390,099	5,077,852
19	Revenue less expenses Subtract line 18 from line 12	2,568,884	1,949,676

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	81,761,965	92,717,899
21	Total liabilities (Part X, line 26)	2,156,373	233,806
22	Net assets or fund balances Subtract line 21 from line 20	79,605,592	92,484,093

Net Assets or Fund Balances

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

****** | 2014-05-12
Signature of officer | Date

CHARLES BOULIER III TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JOHN ZINNO				P00041154

Firm's name ▶ BLUM SHAPIRO & COMPANY PC | Firm's EIN ▶ 06-1009205

Firm's address ▶ 2 ENTERPRISE DRIVE
SHELTON, CT 064844640 | 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 or note to any line in this Part III . . . . . ☐

1 Briefly describe the organization's mission

THE FOUNDATION FOSTERS CREATIVE PARTNERSHIPS THAT BUILD REWARDING LIVES AND THRIVING COMMUNITIES

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 4,316,043 including grants of $ 3,448,784) (Revenue $)

SUPPORTING NONPROFIT ORGANIZATIONS IN GREATER WATERBURY AND THE LITCHFIELD HILLS FOR PROGRAMS AND SERVICES IN THE ARTS, HEALTH, OLDER ADULTS, EDUCATION, ENVIRONMENT, SOCIAL SERVICES AND WOMEN'S ISSUES, PROVIDING SCHOLARSHIPS FOR COLLEGE STUDENTS, STRENGTHENING NONPROFIT ORGANIZATIONS THROUGH GRANTS AND TECHNICAL ASSISTANCE PROGRAMS, AND PROVIDING LEADERSHIP TO ADDRESS CRITICAL ISSUES IN OUR COMMUNITIES

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** ▶ 4,316,043

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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		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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
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**		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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**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**		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 11b 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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	6		
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**	18		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
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" to line 3b, 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, securities account, or other financial 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 as charitable contributions? . . .	**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**			No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			No
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.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			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 or note to any line in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	17		
	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 in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	17		
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 this 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 ☐ Other (explain in Schedule O)

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 during the tax year

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 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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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) JACK BAKER CHAIR	1 00	X		X				0	0	0
(2) MARGIE FIELD VICE CHAIR	1 00	X		X				0	0	0
(3) CHARLES BOULIER TREASURER	1 00	X		X				0	0	0
(4) WAYNE MCCORMACK SECRETARY	1 00	X		X				0	0	0
(5) MARTHA BERNSTEIN TRUSTEE	1 00	X						0	0	0
(6) DAN CARON TRUSTEE	1 00	X						0	0	0
(7) CRAIG CARRAGAN TRUSTEE	1 00	X						0	0	0
(8) ANNE DELO TRUSTEE	1 00	X						0	0	0
(9) BRIAN HENEBRY TRUSTEE	1 00	X						0	0	0
(10) DICK LAU DVM TRUSTEE	1 00	X						0	0	0
(11) JOHN MCCARTHY TRUSTEE	1 00	X						0	0	0
(12) JOHN MICHAELS TRUSTEE	1 00	X						0	0	0
(13) ELNER MORRELL TRUSTEE	1 00	X						0	0	0
(14) TONY PINTO TRUSTEE	1 00	X						0	0	0
(15) EDE REYNOLDS TRUSTEE	1 00	X						0	0	0
(16) ANNE SLATTERY TRUSTEE	1 00	X						0	0	0
(17) CAROLYN SETLOW TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
(18) PAULA VAN NESS PRESIDENT & CEO	40 00			X				168,670	0	17,285
(19) BARBARA RYER FINANCE AND ADMINISTRATION DIRECTOR	32 00			X				67,332	0	2,327

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	236,002	0	19,612

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**	Yes	
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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,119,294			
	g	Noncash contributions included in lines 1a-1f $		372,591			
	h	**Total.** Add lines 1a-1f . . . . . ▶		4,119,294			
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) . . . . . ▶		2,293,034			2,293,034
	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	7,254,614	428,444			
	b	Less cost or other basis and sales expenses	6,603,505	506,893			
	c	Gain or (loss)	651,109	-78,449			
	d	Net gain or (loss) . . . . . ▶			572,660			572,660
Other Revenue	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 . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	PRVT FOUND FEES & MISC	900099	42,540			42,540
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		42,540			
	12	**Total revenue.** See Instructions . . . . . ▶		7,027,528	0	0	2,908,234

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,758,027	2,758,027		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	690,757	690,757		
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	255,614	76,684	132,919	46,011
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	653,073	419,838	140,657	92,578
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	39,279	22,133	11,521	5,625
9 Other employee benefits	58,066	33,823	16,492	7,751
10 Payroll taxes	78,928	43,413	23,500	12,015
11 Fees for services (non-employees)				
a Management				
b Legal	2,087		2,087	
c Accounting	18,000		18,000	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	44,559		44,559	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	20,658		20,658	
12 Advertising and promotion	16,465	9,220	4,281	2,964
13 Office expenses	17,067	9,558	4,437	3,072
14 Information technology	87,045	48,745	22,632	15,668
15 Royalties				
16 Occupancy	94,773	53,073	24,641	17,059
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	45,939	25,726	11,944	8,269
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,528		5,528	
23 Insurance	11,802		11,802	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a NON-PROFIT ASSISTANCE	54,868	54,868		
b OTHER	43,416	24,313	11,288	7,815
c CONSULTANTS	33,543	18,784	8,721	6,038
d OTHER PERSONNEL & TRAIN	26,634	14,915	6,925	4,794
e All other expenses	21,724	12,166	5,648	3,910
25 **Total functional expenses.** Add lines 1 through 24e	5,077,852	4,316,043	528,240	233,569
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1,495,655	1	745,536
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		1,083,275	3	350,000
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 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			9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 75,293			
	b	Less accumulated depreciation	10b 54,908	23,803	10c	20,385
	11	Investments—publicly traded securities		78,652,339	11	91,090,733
	12	Investments—other securities See Part IV, line 11			12	511,245
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		506,893	15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		81,761,965	16	92,717,899
Liabilities	17	Accounts payable and accrued expenses		36,769	17	41,833
	18	Grants payable		316,046	18	81,934
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to 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		1,803,558	25	110,039
	26	**Total liabilities.** Add lines 17 through 25		2,156,373	26	233,806
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		78,262,010	27	91,876,652
	28	Temporarily restricted net assets		1,343,582	28	607,441
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), 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		79,605,592	33	92,484,093
	34	Total liabilities and net assets/fund balances		81,761,965	34	92,717,899

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,027,528
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,077,852
3	Revenue less expenses Subtract line 2 from line 1	3	1,949,676
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	79,605,592
5	Net unrealized gains (losses) on investments	5	9,262,919
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	1,683,591
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-17,685
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	92,484,093

Part 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 ☑ 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133008244

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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 described in **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 - Non-functionally integrated

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 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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,004,696	2,102,671	1,174,903	1,734,574	4,119,294	12,136,138
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	3,004,696	2,102,671	1,174,903	1,734,574	4,119,294	12,136,138
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,362,875
6 **Public support.** Subtract line 5 from line 4						10,773,263

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	3,004,696	2,102,671	1,174,903	1,734,574	4,119,294	12,136,138
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,479,410	2,024,759	2,105,029	2,518,858	2,293,034	10,421,090
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 IV)	114,432	138,542	119,057	83,882	42,540	498,453
11 **Total support** (Add lines 7 through 10)						23,055,681

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 2013 (line 6, column (f) divided by line 11, column (f))	**14**	46 730 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	**15**	41 270 %

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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 Section 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
UNUSUAL CONTRIBUTIONS EXCLUDED FROM PART II, SECTION A, LINE 1 ARE	2009 $9,200,000 2010 $5,270,702 2012 $2,750,827
SCHEDULE A, PART IV, LIST OF UNUSUAL GRANTS	DESCRIPTION DATE 12/31/10 AMOUNT 1604850 DESCRIPTION DATE 12/31/10 AMOUNT 3665852 DESCRIPTION DATE 12/31/12 AMOUNT 2750827

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133008244

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, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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	74	378
2	Aggregate contributions to (during year)	452,303	3,670,007
3	Aggregate grants from (during year)	518,409	2,930,474
4	Aggregate value at end of year	9,009,433	81,358,929

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the 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, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, 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 XIII

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

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

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

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	77,914,544	69,878,854	73,217,849	61,708,018	41,600,847
b	Contributions	2,254,647	3,183,664	1,052,438	7,290,957	12,060,431
c	Net investment earnings, gains, and losses	11,823,181	9,078,465	-1,085,279	7,226,594	10,527,278
d	Grants or scholarships	2,884,643	3,238,034	2,353,092	2,181,341	1,835,669
e	Other expenditures for facilities and programs					
f	Administrative expenses	310,843	988,405	953,062	826,379	644,869
g	End of year balance	88,796,886	77,914,544	69,878,854	73,217,849	61,708,018

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

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

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

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

		Yes	No
(i) unrelated organizations	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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		75,293	54,908	20,385
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				20,385

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to 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		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to 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
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
LIABILITY UNDER SPLIT-INTEREST AGREEMENTS	72,015
ANNUITY PAYABLE	38,024
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	110,039

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	15,717,578
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	9,051,132		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-17,685		
e	Add lines **2a** through **2d**			2e	9,033,447
3	Subtract line **2e** from line **1**			3	6,684,131
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	29,247		
b	Other (Describe in Part XIII)	4b	314,150		
c	Add lines **4a** and **4b**			4c	343,397
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	7,027,528

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	4,978,590
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	4,978,590
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	29,247		
b	Other (Describe in Part XIII)	4b	70,015		
c	Add lines **4a** and **4b**			4c	99,262
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	5,077,852

Part XIII Supplemental Information

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

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	WRITE DOWN OF BEQUEST RECEIVABLE -17,685
PART XI, LINE 4B - OTHER ADJUSTMENTS	ADJUSTMENT FOR FUNDS HELD AS AGENCY ENDOWMENTS 314,150
PART XII, LINE 4B - OTHER ADJUSTMENTS	ADJUSTMENT FOR FUNDS HELD AS AGENCY ENDOWMENTS 70,015

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133008244

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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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. Part II can be duplicated 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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	142	690,757	0		

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

Return Reference	Explanation

Additional Data

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
ACTS 4 MINISTRY INC PO BOX 4524 WATERBURY,CT 06704	20-3676244		7,217				COLLABORATIVE FOR WOMEN & CHILDREN, VICTIMS OF DOMESTIC VIOLENCE, HOMELESSNESS, UNEMPLOYED
AFTER SCHOOL ARTS PROGRAM 6 BEE BROOK ROAD PO BOX 15 WASHINGTON DEPOT,CT 06794	20-1308465		63,002				METAMORPHOSIS PROJECT, SPONSOR CELEBRATION OF YOUNG WRITERS, MAY 11, 2013 IN WASHINGTON, CT
AMERICAN CANCER SOCIETY 825 BROOK STREET I-91 TECHNOLOGY CENTER BLDG 3 ROCKY HILL,CT 06067	13-1788491		78,120				GENERAL SUPPORT (WATERBURY)
AMERICAN HEART ASSOCIATION 5 BROOKSIDE DRIVE WALLINGFORD,CT 06492	13-5613797		75,620				GENERAL SUPPORT (WATERBURY)
AMERICAN RED CROSS - WATERBURY 228 MEADOW STREET WATERBURY,CT 06702	06-0646524		5,833				GENERAL OPERATING
ARCHDIOCESE OF HARTFORD 134 FARMINGTON AVENUE HARTFORD,CT 06105	06-0667607		9,400				GENERAL OPERATING
ARTS ESCAPE INC 352 COBBLER LANE SOUTHBURY,CT 06488	45-4200252		21,751				GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
AUDUBON CENTER AT BENT OF THE RIVER 185 EAST FLAT HILL ROAD SOUTHBURY,CT 06488	06-0653531		21,559				BIRD TALES PROGRAM INCLUDING VOLUNTEER CAPACITY BUILDING
BARD COLLEGE STUDENT ACCOUNTS PO BOX 5000 ANNANDALEONHUDSON,NY 125045000	14-1713034		25,000				GENERAL OPERATING
B'NAI ISRAEL 444 MAIN STREET NORTH SOUTHBURY,CT 06488	06-6001312		5,000				GENERAL OPERATING

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
BRASS CITY CHARTER SCHOOL 212 CHESTNUT AVENUE WATERBURY,CT 06710	46-2366321		6,070				PRE-SCHOOL CURRICULUM CONSULTANT
BRASS CITY HARVEST 73 HILL STREET WATERBURY,CT 06704	75-3263005		16,171				MOBILE NUTRITION PROGRAM, GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
BRIDGE TO SUCCESS COMMUNITY PARTNERSHIP 100 NORTH ELM STREET 2ND FLOOR WATERBURY,CT 06702	06-0646634		23,889				GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS, DESIGNATED TO BRIDGE TO SUCCESS
CATHOLIC CHARITIES INC ARCHDIOCESE OF HARTFORD 839 - 841 ASYLUM AVENUE HARTFORD,CT 06105	06-0667607		13,328				WATERBURY FAMILY CENTER
CATHOLIC MISSION AID SOCIETY OF THE ARCHDIOCESE 467 BLOOMFIELD AVENUE BLOOMFIELD,CT 06002	06-0646901		5,000				GENERAL OPERATING
CHILDREN'S CENTER 11-A ASPETUCK AVENUE NEW MILFORD,CT 06776	23-7137832		13,716				CHILDREN'S CENTER LITERACY THROUGH MUSIC PROGRAM
CHILDREN'S COMMUNITY SCHOOL 31 WOLCOTT STREET PO BOX 1746 WATERBURY,CT 06702	06-1000761		74,651				NAI NEEDS ASSESSMENT & FEASIBILITY STUDY, CHILDREN'S COMMUNITY SCHOOL, SUMMER BRIDGES
COMMUNITY CULINARY SCHOOL OF NORTHWESTERN CONNECTICUT 40 MAIN STREET NEW MILFORD,CT 06776	26-3551690		25,636				PROGRAM SUPPORT, GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
CONNECTICUT PUBLICLY-ASSISTED HOUSING 30 JORDAN LANE WETHERSFIELD,CT 06109	20-4000945		6,500				PATH13R1 - HOUSING RESIDENT RIGHTS
CONNECTICUT CHORAL SOCIETY PO BOX 42 SOUTHBURY,CT 06488	06-1043577		10,594				GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS

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
CONNECTICUT COMMUNITY CARE INC 43 ENTERPRISE DRIVE BRISTOL,CT 060107472	06-1024632		3,000				INDEPENDENT LIVING FUND FOR NORTHWEST CT ELDERLY OR DISABLED WOMEN OF LIMITED FINANCIAL MEANS
CONNECTICUT COUNCIL FOR PHILANTHROPY 221 MAIN STREET HARTFORD,CT 06106	23-7024016		7,187				MEMBERSHIP SUPPORT RENEWAL, ADVOCACY COMMITTEE
CONNECTICUT COUNSELING CENTERS INC 60 BEAVER BROOK ROAD DANBURY,CT 06810	22-2515051		9,000				BIRTH PROGRAM,WATERBURY, FOR PREGNANT/POSTNATAL WOMEN AND THEIR CHILDREN
CONNECTICUT FOOD BANK PO BOX 8686 NEW HAVEN,CT 06531	06-1063025		7,204				SOUTHBURY MOBILE PANTRY
CONNECTICUT LEGAL SERVICES 62 WASHINGTON STREET MIDDLETOWN,CT 06457	06-0955461		5,421				GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE STE 700 ARLINGTON,VA 22202	13-6068327		6,960				MEMBERSHIP DUES
CREATIVE ARTS CENTER OF NEW MILFORD DBA THEATREWORKS 5 BROOKSIDE AVENUE PO BOX 836 NEW MILFORD,CT 06776	06-6103835		9,295				GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
CT LEAGUE OF CONSERVATION VOTERS EDUCATION FUND 553 FARMINGTON AVENUE HARTFORD,CT 06105	06-1582273		7,885				COMMUNITY ENVIRONMENTAL POLICY ENGAGEMENT PROJECT
FAMILY SERVICES OF GREATER WATERBURY 34 MURRAY STREET WATERBURY,CT 06710	06-0646627		28,287				GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS, PLANNING FOR NEW BUSINESS MODEL
FLANDERS NATURE CENTER & LAND TRUST 596 FLANDERS ROAD WOODBURY,CT 067980702	06-0791823		40,160				EXPAND ADULT EDUCATION PROGRAMMING, CAPITAL CAMPAIGN, OUTDOOR SCIENCE & LEARNING CENTER

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
GIRLS INCORPORATED OF SOUTHWESTERN CONNECTICUT 35 PARK PLACE WATERBURY,CT 06702	06-0646950		24,288				UPGRADE OF PAYROLL AND FUND DEVELOPMENT , DESIGNATED, GENERAL OPERATING
GOSHEN COMMUNITY CARE AND HOSPICE 5 OLD MIDDLE STREET PO BOX 202 GOSHEN,CT 06756	06-1198075		5,557				FILE OF LIFE PROGRAM, SPONSOR ALZHEIMER'S CAREGIVER'S COURSE
GRANVILLE ACADEMY OF WATERBURY PO BOX 2891 WATERBURY,CT 06702	06-1404367		7,000				AFTERSCHOOL PROGRAM SUPPORT
GREATER WATERBURY INTERFAITH MINISTRIES 16 CHURCH STREET WATERBURY,CT 06702	06-0658070		19,026				NEW VAN FOR FOOD PICKUPS, GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
GUARDIAN AD LITEM SERVICES INC 175 CHURCH STREET SUITE 202 NAUGATUCK,CT 06770	30-0124161		9,756				GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
GUNN MEMORIAL LIBRARY AND MUSEUM 5 WYKEHAM ROAD PO BOX 1273 WASHINGTON,CT 06793	06-0691373		18,503				GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS, WIFI AND WINE PROGRAM, EXHIBIT
HIDDEN ACRES THERAPEUTIC RIDING CENTER 45 GABRIEL DRIVE NAUGATUCK,CT 06770	26-3248176		25,433				TECHNOLOGY UPGRADE, SCHOLARSHIP FUND, GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
HISPANIC COALITION OF GREATER WATERBURY INC 135 EAST LIBERTY STREET WATERBURY,CT 06706	06-1349937		16,520				GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS, OTHER PROGRAMS
HOLE IN THE WALL GANG CAMP 555 LONG WHARF DRIVE NEW HAVEN,CT 06511	06-1157655		11,500				RYAN'S SUPERHERO RUN FUND
HOUSATONIC VALLEY ASSOCIATION 150 KENT ROAD SOUTH PO BOX 28 CORNWALL BRIDGE,CT 067540028	06-6049295		44,327				RIVERSMART PROJECT, NAUGATUCK RIVER WEBSITE, STRATEGIC PLAN

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
HUMAN RESOURCE DEVELOPMENT AGENCY 575 RUBBER AVENUE NAUGATUCK,CT 06770	06-0939080		15,722				MEDICAL TRANSPORTATION/SOCIALIZATION
IMMACULATE CONCEPTION CHURCH 74 WEST MAIN STREET WATERBURY,CT 06702	06-0653051		5,000				GENERAL OPERATING
INTERNATIONAL EYE FOUNDATION 10801 CONNECTICUT AVENUE KENSINGTON,MD 20895	52-0742301		15,500				BEYOND THE LOW HANGING FRUIT, ADVISED FUND
JANE DOE NO MORE INC 203 CHURCH STREET REAR NAUGATUCK,CT 06770	61-1525250		22,465				SEXUAL ASSAULT AWARENESS MONTH LECTURE SERIES, SURVIVAL SKILLS/SELF DEFENSE
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND INC 70 FARMINGTON AVENUE HARTFORD,CT 06105	06-0665972		10,000				WATERBURY YOUTH PROGRAMS
KAYNOR REGIONAL VOCATIONAL TECHNICAL SCHOOL 43 TOMPKINS STREET WATERBURY,CT 06708	06-6000798		17,169				TECHNOLOGY EQUIPMENT FOR STUDENTS
LANDMARK COMMUNITY THEATRE 158 MAIN STREET PO BOX 158 THOMASTON,CT 06787	27-1112550		6,730				GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
LITCHFIELD HILLS CHORE SERVICE 74 WEST STREET PO BOX 294 LITCHFIELD,CT 06759	20-3824096		17,031				ELDERLY SERVICES SUPPORT AND OUTREACH, EMERGENCY GRANT TO COVER SHORTFALL IN FUNDING
LITCHFIELD PERFORMING ARTS 174 WEST STREET PO BOX 69 LITCHFIELD,CT 06759	06-1083202		6,896				GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
LITERACY VOLUNTEERS OF GREATER WATERBURY CO SILAS BRONSON LIBRARY 267 GRAND STREET WATERBURY,CT 06702	06-1452659		11,954				20TH ANNUAL APRIL IN PARIS WINE SOIREE AND AUCTION, TUTOR TRAINING CAMPAIGN

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
LITERACY VOLUNTEERS ON THE GREEN 7 WHITTLESEY AVENUE PO BOX 366 NEW MILFORD,CT 06776	26-2018636		6,875				FAMILY READ WORKSHOP, GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
LITTLE BRITCHES THERAPEUTI RIDING INC PO BOX 120 WOODBURY,CT 06798	06-1342553		7,124				GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS, WALK/RUN FUNDRAISER
LIVING IN SAFE ALTERNATIVES INC PO BOX 6232 WOLCOTT,CT 067160232	06-0899577		11,424				ADVISED FUND, GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
LUPUS FOUNDATION OF AMERICAN-CT CHAPTER 270 FARMINGTON AVENUE SUITE 362 FARMINGTON,CT 06032	23-7327744		22,000				GENERAL OPERATING
MATTATUCK MUSEUM 144 WEST MAIN STREET WATERBURY,CT 06702	06-0443990		21,873				GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS, EXHIBIT OPENING
MEMORIAL SLOAN - KETTERING CANCER CENTER PO BOX 750 NEW YORK,NY 100210007	91-2154267		5,833				GENERAL OPERATING
NAUGATUCK HIGH SCHOOL 543 RUBBER AVENUE NAUGATUCK,CT 06770	06-6002041		14,400				SUBSTANCE ABUSE PREVENTION & INTERVENTION
							DONOR ADVISED FUND
NAUGATUCK VALLEY PROJECT INC 26 LUDLOW STREET WATERBURY,CT 06710	22-2726260		15,085				GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS, AGING IN THE COMMUNITY PROJECT
NAUGATUCK YMCA 284 CHURCH STREET NAUGATUCK,CT 06770	06-0646770		53,154				SILENT & LIVE AUCTION, SENIOR EXERCISE & YOUTH & HEALTH FITNESS

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
NEIGHBORHOOD HOUSING SERVICES OF WATERBURY INC 161 NORTH MAIN STREET 1ST FLOOR WATERBURY,CT 067021446	06-1022915		9,584				COMPUTER NETWORK AND SOFTWARE UPGRADE, GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
NEW MILFORD PUBLIC SCHOOLS & ADULT EDUCATION LILLIS ADMINISTRATION BLDG 50 EAST STREET NEW MILFORD,CT 06776	06-6001642		6,338				PRE-K/KINDERGARTEN TRANSITION
NEW OPPORTUNITIES INC 232 NORTH ELM STREET WATERBURY,CT 06702	06-6071847		64,927				CHEF-ON-SITE PROGRAM, STAFFING TO ADD 7-8 INFANT/TODDLER SLOTS, WATERBURY BRASS PROGRAMS
NEW YORK CITY BALLET NEW YORK STATE THEATER 20 LINCOLN CENTER NEW YORK,NY 10023	13-2947386		5,000				GENERAL OPERATING
NORTHWEST CONNECTICUT ARTS COUNCIL 40 MAIN STREET SUITE 1 TORRINGTON,CT 06790	06-1725017		20,753				WEB SITE OVERHAUL AND UPGRADE, 4TH ANNUAL OPEN YOUR EYES STUDIO TOUR
OLIVER WOLCOTT LIBRARY INC 160 SOUTH STREET PO BOX 187 LITCHFIELD,CT 06759	06-0709304		7,137				SENIOR OUTREACH SERVICES ONGOING EVENTS HELD IN LITCHFIELD, FUNDRAISING GALA
TOWN OF OXFORD TOWN HALL 486 OXFORD ROAD OXFORD,CT 06478	06-6002106		9,816				ROCKHOUSE HILL SANCTUARY INVASIVE ERADICATION
PALACE THEATER 100 EAST MAIN STREET WATERBURY,CT 06702	02-0620399		69,771				CAPITAL CAMPAIGN, GIVE LOCAL, DONOR ADVISED, OUR CULTURAL HERITAGES
PARTNERSHIP FOR STRONG COMMUNITIES INC THE LYCEUM 227 LAWRENCE STREET HARTFORD,CT 06106	20-0882009		25,000				LEADERSHIPS DEVELOPMENT ROUNDTABLE
PENNSYLVANIA STATE UNIVERSITY SCHOOL OF HOSPITALITY MANAGEMENT 201 MATEER BUILDING UNIVERSITY PARK,PA 168021307	24-6000376		49,936				PENN STATE SCHOOL OF HOSPITALITY MANAGEMENT CCRC PROJECT

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
PHOENIX STAGE COMPANY INC 686 RUBBER AVENUE NAUGATUCK,CT 06770	27-4966816		6,098				GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND 345 WHITNEY AVENUE NEW HAVEN,CT 065112384	06-0263565		26,307				STROBRIDGE DESIGNATED
POLICE ACTIVITY LEAGUE OF WATERBURY INC 64 DIVISION STREET WATERBURY,CT 06704	20-8262614		33,967				YOUTH DEVELOPMENT, DONOR ADVISED
POMPERAUG DISTRICT DEPARTMENT OF HEALTH 77 MAIN ST NORTH SUITE 205 SOUTHBURY,CT 06488	06-1173579		21,450				BETTER AGING & LIFESTYLE AWARENESS NETWORK CHRONIC DISEASE EDUCATION
POMPERAUG RIVER WATERSHED COALITION 39 SHERMAN HILL ROAD SUITE 103C WOODBURY,CT 06798	06-1583895		17,476				WEBSITE REDESIGN, ADVENTURE CHALLENGE, GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
PRATT NATURE CENTER 163 PAPER MILL ROAD NEW MILFORD,CT 06776	06-0873675		24,555				GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
PROMISEK INC 694 SKYLINE RIDGE ROAD PO BOX 402 BRIDGEWATER,CT 06752	06-0964701		5,257				GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
RAILROAD MUSEUM OF NEW ENGLAND INC 242 EAST MAIN STREET PO BOX 400 THOMASTON,CT 067870400	23-7229704		5,538				GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
REACH OUT AND READ INC 56 ROLAND STREET SUITE 100D BOSTON,MA 02129	04-3481253		7,600				GREATER WATERBURY EARLY EDUCATION INITIATIVE
REBUILDING TOGETHER LITCHFIELD COUNTY INC 122 STILSON HILL ROAD NEW MILFORD,CT 06776	38-3693059		10,863				HOUSING PRESERVATION, GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS

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
RIVERS ALLIANCE OF CT 7 WEST STREET SUITE 33 PO BOX 1797 LITCHFIELD,CT 06759	06-1361719		11,241				PROJECT PESTICIDES, GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
ROXBURY BRIDGEWATER GARDEN CLUB PO BOX 130 ROXBURY,CT 06783	06-6047490		10,000				GENERAL OPERATING
ROXBURY LAND TRUST 7 SOUTH STREET PO BOX 51 ROXBURY,CT 06783	23-7098549		6,493				2013 SAVE THE DATE CALENDAR OF EVENTS, GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
SAFE HAVEN OF GREATER WATERBURY INC 29 CENTRAL AVENUE SUITE 2 PO BOX 1503 WATERBURY,CT 06721	06-0996479		41,844				OFFICE RENOVATION, EQUIPMENT UPDATE, DINNER AND SILENT AUCTION, CIVIL LEGAL ADVOCACY
SAINT MARY'S HOSPITAL 56 FRANKLIN STREET WATERBURY,CT 06706	06-0646844		8,567				GENERAL OPERATING, DIABETES EDUCATION, RESEARCH FELLOWSHIP THRU YALE RESIDENCY PROGRAM
SALVATION ARMY 74 CENTRAL AVENUE WATERBURY,CT 06702	13-5562351		22,699				5TH ANNUAL KETTLE KICKOFF BREAKFAST, DESIGNATED, HOUSING ASSISTANCE OFFICE
SHAKESPERIENCE PRODUCTIONS INC 117 BANK STREET WATERBURY,CT 06702	06-1555859		21,498				BLINDING TRUTH, MIRANDA VINEYARD PERFORMANCE, WATERBURY INTERACTIVE
SHRINE OF ST ANNE FOR ALL MOTHERS 515 SOUTH MAIN STREET WATERBURY,CT 06706	06-0691379		70,000				RESTORATION OF SANCTUARY
SILAS BRONSON LIBRARY 267 GRAND STREET WATERBURY,CT 06702	23-7339733		6,402				WATERBURY BRASS SENIOR PROGRAM, DESIGNATED
SOUTH BRITAIN CONGREGATIONAL CHURCH 693 SOUTH BRITAIN ROAD PO BOX 64 SOUTH BRITAIN,CT 06487	06-6060191		5,500				YOUTH MISSION TRIP

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
SOUTHBURY FOOD BANK PO BOX 68 SOUTHBURY,CT 06488	22-3018164		11,360				GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
ST MARGARET'S WILLOW PLAZ NEIGHBORHOOD COMMUNITY CTR 60 ELMWOOD AVENUE WATERBURY,CT 06710	30-0196431		10,500				AFTER SCHOOL PROGRAM AND SUMMER PROGRAM, WATERBURY BRASS SENIOR PROGRAM
ST VINCENT DEPAUL SOCIETY 34 WILLOW STREET PO BOX 1612 WATERBURY,CT 06721	06-1001527		10,574				ANNUAL BANQUET, SHELTER DAY PROGRAM FOR SINGLE HOMELESS WOMEN, TECHNOLOGY ENHANCEMENTS
STAYWELL HEALTH CARE INC 80 PHOENIX AVENUE WATERBURY,CT 06702	22-3160873		24,747				VISION SERIES FOR THE UNINSURED, GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
SUSAN B ANTHONY PROJECT 179 WATER STREET TORRINGTON,CT 06790	06-1085983		17,919				REBUILDING LIVES PROGRAM FOR BATTERED AND/OR SEXUALLY ABUSED WOMEN & THEIR CHILDREN
THE EDUCATION CENTER OF UNITED METHODIST CHURCH 68 DANBURY ROAD NEW MILFORD,CT 06776	22-2486222		10,109				NAEYC ACCREDITATION
THE GARY - THE OLIVIA PERFORMING ARTS CENTER 273 FLANDERS ROAD BETHLEHEM,CT 06751	06-0653040		5,900				LIGHTING & ELECTRICAL UPGRADE, 2013 THEATER PRODUCTION SEASON
THE MOUNTAIN SCHOOL 9 SCHOOL STREET PO BOX 665 BONDVILLE,VT 05340	52-2117220		14,300				TO SUPPORT STUDENTS
THE WOMEN'S BUSINESS DEVELOPMENT COUNCIL 184 BEDFORD STREET SUITE 201 STAMFORD,CT 06901	06-1493737		11,500				SCREENING OF DOCUMENTARY FILM "SWEET DREAMS", WOMEN'S BUSINESS DEVELOPMENT CENTER
THOMASTON PUBLIC SCHOOLS 158 MAIN STREET LEVEL 6 PO BOX 166 THOMASTON,CT 06787	06-6002105		9,630				TOWN COLLABORATIVE TRAINING ON & REVISION OF PRESCHOOL CURRICULUM

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
THY EAGLE'S NEST INC 36 TOWNLINE ROAD WOLCOTT,CT 06716	45-5153628		5,181				YOUTH RUN DONATION CENTER, GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET 2ND FLOOR WATERBURY,CT 067021512	06-0646634		73,749				BRIDGE TO SUCCESS, DESIGNATED, DONOR ADVISED
UNITED WAY OF NAUGATUCK & BEACON FALLS 284 CHURCH STREET PO BOX 209 NAUGATUCK,CT 06770	06-0788028		13,168				PRE-K /KINDERGARTEN PEER MENTOR INITIATIVE, DESIGNATED
VALLEY COUNCIL FOR HEALTH HUMAN SERVICES 12 STATE STREET ANSONIA,CT 06401	06-0847098		12,000				VALLEY CARES QUALITY JOHN WALSH OF LIFE ASSESSMENT & REPORT
VNA HEALTH AT HOME 27 SIEMON COMPANY DRIVE STE 101 WATERTOWN,CT 06795	06-0660419		16,050				INDIGENT PATIENT CARE PROGRAM, WOUND CARE PROGRAM, REALIGNING INTAKE & LIAISON
VNA HEALTH CARE - HARTFORD 103 WOODLAND STREET HARTFORD,CT 06105	06-0646938		6,170				VNA NURSE'S SALARY, DONOR ADVISED
WALNUT-ORANGE-WALSH NEIGH REVITALIZATION ZON 308 WALNUT STREET WATERBURY,CT 06704	06-1026176		15,085				ARTS EDUCATION PROGRAM, GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
WASHINGTON ART ASSOCIATION PO BOX 173 WASHINGTON DEPOT,CT 06794	06-0754956		6,000				RIVERS ALIVE PROGRAM
WATERBURY REGIONAL CHAMBER FOUNDATION 83 BANK STREET PO BOX 1469 WATERBURY,CT 067211469	06-1074917		11,500				SPONSOR 31ST ANNUAL BUSINESS WOMEN'S FORUM, WATERBURY REGION ARTS AND CULTURE COLLABORATIVE
WATERBURY SENIOR CENTER 1985 EAST MAIN STREET BLDG 2 WATERBURY,CT 06705	06-6001900		10,000				FITNESS/EXERCISE EQUIPMENT

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
WATERBURY SYMPHONY ORCHESTRA 110 BANK STREET PO BOX 1762 WATERBURY,CT 067211762	06-6090876		157,993				GIVE LOCAL, DESIGNATED, RUTHANN LEEVER MUSIC EDUCATION, SUMMER PROGRAM
WATERBURY YOUTH SERVICE SYSTEM INC 83 PROSPECT STREET WATERBURY,CT 06702	06-1219372		20,041				PEOPLE OFF WELFARE EARNING RESOURCES, WYSS SCHOOL READINESS
WATERTOWN PUBLIC SCHOOL DISTRICT 10 DEFOREST STREET WATERTOWN,CT 06795	06-6001505		7,340				PRESCHOOL COLLABORATION/WATERTOWN FAMILY RESOURCE CENTER
WELLMORE BEHAVIORAL HEALTH 141 EAST MAIN STREET WATERBURY,CT 06702	06-0669107		24,538				VIRTUALIZATION & DATA RECOVERY SITE, GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
WELLSPRING FOUNDATION 21 ARCH BRIDGE ROAD PO BOX 370 BETHLEHEM,CT 06751	06-1014227		50,961				ESTABLISH A SOUTHBURY COUNSELING FUND, GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
WESTERN CONNECTICUT AREA AGENCY ON AGING 84 PROGRESS LANE WATERBURY,CT 06705	06-1182488		94,745				WATERBURY OUTREACH, BENEFITS OUTREACH & COMMUNITY OPTIONS COUNSELING - CCF
WHITTEMORE MEMORIAL LIBRARY 243 CHURCH STREET NAUGATUCK,CT 06770	06-0646963		24,935				COMPUTER ACADEMY FOR SENIORS, GIVE LOCAL GREATER WATERBURY & LITCHFIELD HILLS
WMNR FINE ARTS RADIO 731 MAIN STREET PO BOX 920 MONROE,CT 06468	06-6002038		36,582				GENERAL OPERATING
YMCA OF GREATER WATERBURY 136 WEST MAIN STREET WATERBURY,CT 06702	06-0646988		52,729				WATERBURY BRASS SENIOR PROGRAM, SWIM PROGRAM, BERKELEY WARNER REC CENTER, TEENS IN ACTION
LITCHFIELD COMMUNITY CENTER 421 BANTAM ROAD LITCHFIELD,CT 06759	06-1520254		18,565				4TH ANNUAL SUMMER FEST 2013 - A BOX SUPPER SOCIAL, WEB SITE REDESIGN AND NEW BRAND IDE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133008244

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CONNECTICUT COMMUNITY FOUNDATION INC

Employer identification number
06-6038074

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported as deferred in prior Form 990
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
(1)PAULA VAN NESS	**(i)**	168,670	0	0	7,781	9,504	185,955	0
PRESIDENT & CEO	**(ii)**	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493133008244

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	7	372,591	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 through 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 noncash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493133008244

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
CONNECTICUT COMMUNITY FOUNDATION INC

Employer identification number
06-6038074

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERSHIP ELECTS TRUSTEES

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	SECTION 8, ARTICLE 2 VOTING RIGHTS AND REQUIREMENTS- 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 9 - PROXIES VOTING BY PROXY SHALL NOT BE PERMITTED AT ANY MEETING OF THE MEMBERS SECTION 10 - CONSENTS MEMBERS SHALL NOT BE PERMITTED TO VOTE BY WRITTEN CONSENT

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE 990 IS REVIEWED AND APPROVED BY THE AUDIT COMMITTEE THEN DISTRIBUTED TO THE BOARD OF TRUSTEES FOR REVIEW PRIOR TO FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH STAFF MEMBER AND VOLUNTEER SHALL COMPLETE A CONFLICT OF INTEREST/DUALITY OF INTEREST DISCLOSURE STATEMENT WHEN BEGINNING SERVICE WITH THE FOUNDATION AND ANNUALLY THEREAFTER THE STATEMENT WILL BE FILED WITH THE PRESIDENT & CEO OF THE FOUNDATION THE STATEMENT INCLUDES A LIST OF PRINCIPAL BUSINESS ACTIVITIES, AS WELL AS, INVOLVEMENT WITH OTHER CHARITABLE AND BUSINESS ORGANIZATIONS, VENDORS, OR BUSINESS INTERESTS, OR WITH ANY OTHER ASSOCIATIONS THAT MIGHT PRODUCE A CONFLICT OF INTEREST WHEN A VOLUNTEER OR STAFF IS TO DECIDE UPON AN ISSUE ABOUT WHICH A VOLUNTEER OR STAFF MEMBER HAS AN UNAVOIDABLE CONFLICT OF INTEREST, THAT PERSON SHALL PHYSICALLY ABSENT HERSELF/HIMSELF WITHOUT COMMENT FROM NOT ONLY THE VOTE, BUT ALSO FROM THE DELIBERATION, UNLESS DIRECTLY REQUESTED BY THE CHAIR OF THE BOARD OR RELEVANT COMMITTEE CHAIR TO PROVIDE FACTUAL INFORMATION OR ANSWER FACTUAL QUESTIONS THAT MAY ASSIST THE BOARD OR COMMITTEE IN MAKING A WISE DECISION IN NO CASE SHALL THAT PERSON VOTE ON SUCH MATTER OR ATTEMPT TO EXERT PERSONAL INFLUENCE IN CONNECTION WITH THE VOTE. DISCLOSURE AND ABSTENTION SHALL BE RECORDED IN THE MINUTES OF THE MEETING AT WHICH THE ISSUE IS DISCUSSED AND DECIDED

Return Reference	Explanation
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

Return Reference	Explanation
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.

Return Reference	Explanation
FORM 990, PART XI, LINE 9	WRITE DOWN OF BEQUEST RECEIVABLE -17,685

Return Reference	Explanation
FORM 990 PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR