efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493292012197

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

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☑ Amended return
☐ Application pending

C Name of organization
HARTFORD FOUNDATION FOR PUBLIC GIVING

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
10 COLUMBUS BLVD 8TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code
HARTFORD, CT 06106

D Employer identification number
06-0699252

E Telephone number
(860) 548-1888

G Gross receipts $ 498,468,265

F Name and address of principal officer
YVETTE MELENDEZ
10 COLUMBUS BLVD
HARTFORD, CT 06106

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: ▶ WWW HFPG ORG

K Form of organization ☐ Corporation ☑ Trust ☐ Association ☐ Other ▶

L Year of formation 1925

M State of legal domicile CT

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE HARTFORD FOUNDATION FOR PUBLIC GIVING, ESTABLISHED IN 1925, IS THE COMMUNITY FOUNDATION FOR THE 29 COMMUNITIES IN THE HARTFORD REGION IT IS DEDICATED TO PUTTING PHILANTHROPY INTO ACTION TO CREATE LASTING SOLUTIONS THAT RESULT IN VIBRANT COMMUNITIES WITHIN THE GREATER HARTFORD REGION THE THREE PRIORITIES OF THE FOUNDATION ARE INTER-RELATED, SUCCESS IN ONE AREA DEPENDS ON AND REINFORCES SUCCESS IN THE OTHERS WITH A CLEAR FOCUS ON EQUITY AND OPPORTUNITY, WE PRIORITIZE VIBRANT COMMUNITIES, LEARNING (FROM BIRTH THROUGH COLLEGE), AND FAMILY ECONOMIC SECURITY COLLABORATING WITH OUR COMMUNITIES, WE WILL ACHIEVE OUR PRIORITIES BY BUILDING, SUSTAINING, AND SHARING KNOWLEDGE, ENGAGING IN PUBLIC POLICY, INSPIRING PHILANTHROPY AND STEWARDING RESOURCES, AND INVESTING IN OUR REGION

Activities & Governance

2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	**3**	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	65
6	Total number of volunteers (estimate if necessary)	**6**	79
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	41,250
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	11,905

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	17,463,928	13,601,126
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,459,950	48,505,721
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	620,889	720,615
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	57,544,767	62,827,462

Revenue

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	33,101,618	33,482,977
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)	5,698,829	5,630,641
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,178,712		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,989,042	10,563,873
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	48,789,489	49,677,491
19	Revenue less expenses Subtract line 18 from line 12	8,755,278	13,149,971

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	888,320,069	917,285,394
21	Total liabilities (Part X, line 26)	29,936,145	32,474,610
22	Net assets or fund balances Subtract line 21 from line 20	858,383,924	884,810,784

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

******
Signature of officer

2017-10-12
Date

VIRGILIO BLONDET JR V P FOR ADMIN & FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LORI BUDNICK	LORI BUDNICK	2017-10-12		P00046310

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

Firm's address ▶ 29 S MAIN STREET PO BOX 272000
WEST HARTFORD, CT 061272000 | Phone no (860) 561-4000

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 HARTFORD FOUNDATION FOR PUBLIC GIVING PUTS PHILANTHROPY INTO ACTION TO CREATE LASTING SOLUTIONS THAT RESULT IN VIBRANT COMMUNITIES WITHIN THE GREATER HARTFORD REGION WE WORK TO ENSURE ALL RESIDENTS IN OUR AREA HAVE EQUITABLE OPPORTUNITY TO THRIVE AND CONTRIBUTE TO THE WELL-BEING OF OUR REGION, ACHIEVED AND SUSTAINED BY SHARED COMMITMENT AND PARTNERSHIP AMONG THE FOUNDATION, DONORS, THE NONPROFIT, PRIVATE AND PUBLIC SECTORS, FAITH LEADERS, AND RESIDENTS IN OUR REGION TO ACCOMPLISH THIS WORK, THE FOUNDATION PARTICIPATES ACTIVELY IN SHAPING THE WELL-BEING OF THE CAPITOL REGION BY -RAISING RESOURCES TO HELP THE COMMUNITY-ADMINISTERING AND MANAGING FINANCIAL RESOURCES ENTRUSTED TO THE FOUNDATION-DISTRIBUTING RESOURCES AND SHARING KNOWLEDGE TO CHARITABLE ORGANIZATIONS AND OTHER PARTNERS SERVING THE COMMUNITY-DEVELOPING AND MAINTAINING PROCESS WHICH ENABLE THE FOUNDATION TO -IDENTIFY THE PRESSING NEEDS OF THE COMMUNITY -INITIATE ACTIVITIES AND APPROPRIATE FINANCIAL SUPPORT

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 $ 39,334,824 including grants of $ 33,482,977) (Revenue $)

See Additional Data

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 ▶** 39,334,824

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	Yes	
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	Yes	
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		No
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	Yes	
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	Yes	
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

Part IV **Checklist of Required Schedules** *(continued)*

			Yes	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**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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**	Yes	
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**	90		
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**	65		
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**		Yes	
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**		Yes	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			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**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			No
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			No
b	Did the sponsoring 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	11		
	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	11		
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			No
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, address, and telephone number of the person who possesses the organization's books and records ▶VIRGILIO BLONDET JR 10 COLUMBUS BOULEVARD 8TH FLOOR HARTFORD, CT 06106 (860) 548-1888

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) YVETTE MELENDEZ CHAIR	3 50	X		X				0	0	0
(2) JOANN H PRICE VICE CHAIR	3 50	X		X				0	0	0
(3) ROBERT B GOLDFARB TREASURER	3 50	X		X				0	0	0
(4) NANCY BERNSTEIN DIRECTOR	2 30	X						0	0	0
(5) R NELSON GRIEBEL DIRECTOR	2 30	X						0	0	0
(6) ELSA M NUNEZ DIRECTOR	2 30	X						0	0	0
(7) RICHARD PALMER DIRECTOR	2 30	X						0	0	0
(8) RODNEY O POWELL DIRECTOR	2 30	X						0	0	0
(9) GORDON SCOTT DIRECTOR	2 30	X						0	0	0
(10) THEODORE SERGI DIRECTOR	2 30	X						0	0	0
(11) ANDREW WORTHINGTON DIRECTOR	2 30	X						0	0	0
(12) LINDA J KELLY PRESIDENT & SECRETARY	40 00			X				312,343	0	71,376
(13) VIRGILIO BLONDET JR VP ADMIN&FINANCE/ ASST SE	40 00			X				205,855	0	32,736
(14) JUDITH ROZIE-BATTLE SR VP/ASST SECRETARY	40 00			X				205,481	0	21,325
(15) DEBORAH ROTHSTEIN VP FOR DEVELOPMENT AND DON	40 00					X		173,686	0	27,768
(16) SHARON O'MEARA DIRECTOR, COMMUNITY INVEST	40 00					X		161,167	0	24,725
(17) NANCY BENBEN VP FOR COMMUNICATIONS	40 00					X		172,063	0	18,249

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) SARA A SNEED DIRECTOR, EDUCATION INVEST	40 00					X		158,267	0	26,518
(19) ANNMARIE REIMER DIRECTOR, NONPROFIT SUPPORT PROGRAM	40 00					X		154,394	0	27,811
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								1,543,256	0	250,508

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 ▶ 17

		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
BANK OF AMERICA TRUSTEE BANK 99 FOUNDERS PLAZA EAST HARTFORD, CT 06108	INVESTMENT MANAGEMENT FEES	908,072
ARTISAN FUNDS PO BOX 8412 BOSTON, MA 02266	INVESTMENT MANAGEMENT FEES	656,259
SILCHESTER INTERNATIONAL INVESTORS 780 THIRD AVENUE 42ND FLOOR NEW YORK, NY 10017	INVESTMENT MANAGEMENT FEES	621,487
MONDRIAN INVESTMENT GROUP 1105 N MARKET STREET SUITE 1118 WILMINGTON, DE 19801	INVESTMENT MANAGEMENT FEES	352,402
CROSS & JOSTUS LLC 8610 RIDGE ROAD BETHESDA, MD 20817	CONSULTANT	275,000

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 ▶ 33

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 13,601,126				
	g Noncash contributions included in lines 1a-1f $ 1,905,439				
	h **Total.** Add lines 1a-1f . . . . . ▶	13,601,126			
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) . . . . . ▶	14,711,461		-6,193	14,717,654
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶				
		(i) Real	(ii) Personal		
	6a Gross rents	41,748			
	b Less rental expenses	52,246			
	c Rental income or (loss)	-10,498			
	d Net rental income or (loss) . . . . . ▶	-10,498			-10,498
		(i) Securities	(ii) Other		
	7a Gross amount from sales of assets other than inventory	469,382,817			
	b Less cost or other basis and sales expenses	435,588,557			
	c Gain or (loss)	33,794,260			
	d Net gain or (loss) . . . . . ▶	33,794,260		47,443	33,746,817
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 GRANT REFUNDS AND CANC	900099	407,703		407,703
	b OTHER REVENUE	900099	323,410		323,410
	c				
	d All other revenue				
	e **Total.** Add lines 11a–11d . . . . . ▶		731,113		
	12 Total revenue. See Instructions . . . . . ▶		62,827,462	0	41,250	49,185,086

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	33,482,977	33,482,977		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	849,117	140,800	708,317	
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	3,713,031	1,121,683	1,905,712	685,636
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	340,583	102,888	174,804	62,891
9 Other employee benefits	431,721	130,420	221,581	79,720
10 Payroll taxes	296,189	82,907	167,491	45,791
11 Fees for services (non-employees)				
a Management				
b Legal	153,317		153,317	
c Accounting	61,302		61,302	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	4,830,986		4,830,986	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	428,096	385,286	42,810	
12 Advertising and promotion	446,282	193,549	71,711	181,022
13 Office expenses	77,724	21,756	43,952	12,016
14 Information technology	111,794		111,794	
15 Royalties				
16 Occupancy	539,542	151,025	305,103	83,414
17 Travel	31,289	8,758	17,694	4,837
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	21,418		21,418	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	154,290		154,290	
23 Insurance	41,864		41,864	
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 RELATED PROGRAM ACTIVIT	3,368,973	3,368,973		
b MISCELLANEOUS	149,653	41,852	84,416	23,385
c FUNDS TRANSFERRED OUT	101,950	101,950		
d ANNUAL REPORT	45,393		45,393	
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	49,677,491	39,334,824	9,163,955	1,178,712
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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		35,951,284	2	46,976,005
	3	Pledges and grants receivable, net		136,352	3	78,627
	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 1,406,183			
	b	Less accumulated depreciation	10b 1,048,580	148,034	10c	357,603
	11	Investments—publicly traded securities		780,239,900	11	804,575,396
	12	Investments—other securities See Part IV, line 11		67,877,801	12	61,147,920
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		3,966,698	15	4,149,843
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		888,320,069	16	917,285,394
Liabilities	17	Accounts payable and accrued expenses		78,389	17	108,601
	18	Grants payable		27,071,022	18	29,769,713
	19	Deferred revenue		66,948	19	64,304
	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		2,719,786	25	2,531,992
	26	**Total liabilities.** Add lines 17 through 25		29,936,145	26	32,474,610
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		28,746,406	27	29,277,511
	28	Temporarily restricted net assets		829,637,518	28	855,533,273
	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		858,383,924	33	884,810,784
	34	Total liabilities and net assets/fund balances		888,320,069	34	917,285,394

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	62,827,462
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,677,491
3	Revenue less expenses Subtract line 2 from line 1	3	13,149,971
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	858,383,924
5	Net unrealized gains (losses) on investments	5	13,138,116
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	138,773
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	884,810,784

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		

Additional Data

Software ID:

Software Version:

EIN: 06-0699252

Name: HARTFORD FOUNDATION FOR PUBLIC GIVING

Form 990 (2016)

Form 990, Part III, Line 4a:

IN 2016, THE HARTFORD FOUNDATION FOR PUBLIC GIVING AWARDED 2,287 GRANTS TOTALING $33 MILLION TO NONPROFIT ORGANIZATIONS THROUGHOUT GREATER HARTFORD THESE GRANTS MAKE A DIFFERENCE IN MANY ARENAS ARTS AND CULTURE, COMMUNITY AND ECONOMIC DEVELOPMENT, EDUCATION, FAMILY AND SOCIAL SERVICES, AND HEALTH HISTORICALLY, THE HARTFORD FOUNDATION HAS AWARDED GRANTS PRIMARILY IN RESPONSE TO REQUESTS FROM LOCAL NONPROFIT AGENCIES TO MEET COMMUNITY NEEDS EXTENSIVE SUPPORT IS GIVEN TO AGENCIES DEALING WITH BASIC HUMAN NEEDS IN THE AREAS OF FOOD, SHELTER, HEALTH AND EMPLOYMENT IN ADDITION, THE FOUNDATION HAS CONDUCTED SPECIAL INITIATIVES TO ADDRESS IMPORTANT COMMUNITY ISSUES IN THE REGION THEY INVOLVE GRANTMAKING, AS WELL AS RESEARCH, CONVENING AND TRAINING OF AGENCIES INVOLVED, SHARING FOUNDATION EXPERTISE, DEVELOPING OUTCOMES, AND EVALUATING TO GAUGE IMPACT IN ITS INITIATIVES, THE HARTFORD FOUNDATION HAS COMMITTED SUBSTANTIAL GRANTMAKING AND STAFF RESOURCES TO AN ISSUE AND, IN THE CASE OF LONGER-STANDING PROJECTS, TO DISCERN THE ROOT CAUSES OF CHALLENGING SOCIAL PROBLEMS FOUNDATION INITIATIVES HAVE INCLUDED IMPROVING THE SCHOOL READINESS OF HARTFORD CHILDREN, STRENGTHENING THE ORGANIZATIONAL EFFECTIVENESS OF KEY MULTI-SERVICE AGENCIES, AND EXPANDING PROGRAMMING AT SENIOR CENTERS AND LIBRARIES IN 2016, THE FOUNDATION CONTINUED ITS INVESTMENT IN EDUCATION BEYOND HARTFORD TO DEEPEN PARTNERSHIPS AMONG SCHOOL DISTRICT LEADERS, FAMILIES AND COMMUNITY PROVIDERS FROM THE STATE-DESIGNED LOWEST PERFORMING DISTICTS IN THE REGION (ALLIANCE DISTRICTS) TO SUPPORT EDUCATION EQUITY AND SUCCESS THE FOUNDATION'S NONPROFIT SUPPORT PROGRAM COUPLES EDUCATIONAL PROGRAMMING WITH ASSESSMENTS AND GRANTS IN THE AREAS OF PLANNING, FINANCIAL MANAGEMENT, TECHNOLOGY, EVALUATION, BOARD GOVERNANCE, EXECUTIVE TRANSITION, MARKETING, AND FUND DEVELOPMENT THE HARTFORD FOUNDATION ALSO AWARDS SCHOLARSHIPS TO HELP HIGH SCHOOL STUDENTS FROM THE GREATER HARTFORD AREA AFFORD THE COST OF A COLLEGE EDUCATION DURING 2016, THE FOUNDATION AWARDED OVER $1 3 MILLION IN SCHOLARSHIPS TO MORE THAN 600 STUDENTS, INCLUDING TRADITIONAL-AGED STUDENTS, ADULT LEARNERS, AND GRADUATE STUDENTS, WHO ATTENDED COMMUNITY COLLEGES, TWO AND FOUR-YEAR COLLEGES AND UNIVERSITIES THE WORK OF THE HARTFORD FOUNDATION IS MADE POSSIBLE BY CONTRIBUTIONS FROM INDIVIDUALS, FAMILIES AND ORGANIZATIONS WHO CONTRIBUTED OVER $13 MILLION AND CREATED 35 NEW FUNDS AT THE FOUNDATION DURING 2016 TODAY THERE ARE 1,153 FUNDS AT THE FOUNDATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493292012197

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.**

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
HARTFORD FOUNDATION FOR PUBLIC GIVING

Employer identification number
06-0699252

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

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

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

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

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

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

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

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

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

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	6,666,447	7,337,386	7,103,576	7,804,986	9,985,520	38,897,915
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	6,666,447	7,337,386	7,103,576	7,804,986	9,985,520	38,897,915
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)						52,088
6 **Public support.** Subtract line 5 from line 4						38,845,827

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	6,666,447	7,337,386	7,103,576	7,804,986	9,985,520	38,897,915
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,310,512	16,037,216	14,627,599	13,784,011	14,711,461	72,470,799
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support.** Add lines 7 through 10						111,368,714

12 Gross receipts from related activities, etc (see instructions) **12** 3,657,789

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	**14**	34 880 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	**15**	37 540 %

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI)						
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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
UNUSUAL CONTRIBUTIONS EXCLUDED FROM PART II, SECTION A, LINE	2016 - $3,615,606 2015 - $9,658,942 2014 - $12,629,910 2013 - $2,972,891 2012 - $12,154,582

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493292012197

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
HARTFORD FOUNDATION FOR PUBLIC GIVING	06-0699252

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures ▶ $
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	3,740	
c Total lobbying expenditures (add lines 1a and 1b)	3,740	
d Other exempt purpose expenditures	49,673,751	
e Total exempt purpose expenditures (add lines 1c and 1d)	49,677,491	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount		1,000,000	1,000,000	1,000,000	3,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					4,500,000
c Total lobbying expenditures		3,242	16,067	3,740	23,049
d Grassroots nontaxable amount		250,000	250,000	250,000	750,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493292012197

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
HARTFORD FOUNDATION FOR PUBLIC GIVING

Employer identification number
06-0699252

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	153	
2	Aggregate value of contributions to (during year)	3,315,351	
3	Aggregate value of grants from (during year)	7,307,614	
4	Aggregate value at end of year	163,045,409	

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

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

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

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

☐ Preservation of land for public use (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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 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" on 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) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

		Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table	
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	855,045,663	898,578,641	892,696,323	781,868,204	696,115,161
b Contributions	13,601,126	17,463,928	19,733,486	10,310,277	18,821,029
c Net investment earnings, gains, and losses	56,596,355	-17,191,955	31,375,752	138,439,012	101,407,871
d Grants or scholarships					
e Other expenditures for facilities and programs	43,867,745	43,804,951	45,226,920	37,921,170	34,475,857
f Administrative expenses					
g End of year balance	881,375,399	855,045,663	898,578,641	892,696,323	781,868,204

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

- a Board designated or quasi-endowment ▶ 2 930 %
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶ 97 070 %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land				
b Buildings		614,179	373,629	240,550
c Leasehold improvements		338,368	245,414	92,954
d Equipment		453,636	429,537	24,099
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				357,603

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) SPLIT-INTEREST AGREEMENTS	7,765,356	F
(B) ALTERNATIVE INVESTMENTS	53,382,564	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	61,147,920	

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
RETIREMENT BENEFIT PAYABLE	211,210
ANNUITY LIABILITY	2,320,782
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	2,531,992

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' on Form 990, Part IV, line 12a.

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 06-0699252
Name: HARTFORD FOUNDATION FOR PUBLIC GIVING

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	SINCE 1925, DONORS (INDIVIDUALS, FAMILIES AND ORGANIZATIONS) HAVE CREATED 1,153 FUNDS AT T HE HARTFORD FOUNDATION FOR PUBLIC GIVING THIS IS THE SOURCE OF THE FUNDING FOR THE FOUNDA TION'S GRANTS AND OTHER PROGRAMS, WHICH ARE MORE FULLY DESCRIBED IN THE STATEMENT OF PROGR AM SERVICE ACCOMPLISHMENTS, PART III, LINE 4A THE FOUNDATION'S CURRENT SPENDING POLICY PR OVIDES FOR ANNUAL SPENDING OF FUNDS AT 5 PERCENT OF THE PREVIOUS 20 QUARTERS' AVERAGE MARK ET VALUES, SUBJECT TO A FLOOR OF 4 25% OF CURRENT ASSETS, AND A CEILING OF 5 75% OF CURREN T ASSETS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493292012197

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
HARTFORD FOUNDATION FOR PUBLIC GIVING

Employer identification number
06-0699252

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,	0	0	INVESTMENTS		7,841,590
3a Sub-total	0	0			7,841,590
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			7,841,590

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*	☐ Yes	☑ No

Additional Data

Software ID:

Software Version:

EIN: 06-0699252

Name: HARTFORD FOUNDATION FOR PUBLIC GIVING

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493292012197

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," on 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

2016

Open to Public Inspection

Name of the organization
HARTFORD FOUNDATION FOR PUBLIC GIVING

Employer identification number
06-0699252

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Return Reference	Explanation
PART I, LINE 2	GRANT PAYMENTS ARE MADE AFTER REVIEW AND APPROVAL OF BOTH EXPENDITURE AND PROGRESS SUBMITTED BY AN AGENCY FOR A FUNDED PROJECT

Additional Data

Software ID:
Software Version:
EIN: 06-0699252
Name: HARTFORD FOUNDATION FOR PUBLIC GIVING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
4-H EDUCATION CENTER AT AUERFARM 158 AUER FARM ROAD BLOOMFIELD, CT 06002	06-0938101	509(A)(1)	105,744				EDUCATION OTHER
4-H EDUCATION CENTER AT AUERFARM 158 AUER FARM ROAD BLOOMFIELD, CT 06002	06-0938101	509(A)(1)	7,500				SUMMER PROGRAMS ENRICHMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ACHIEVE HARTFORD 221 MAIN STREET 3RD FLOOR HARTFORD, CT 06106	45-0499390	509(A)(1)	213,500				EDUCATION EDUC'N PREK-12
ACHIEVEMENT FIRST 403 JAMES STREET NEW HAVEN, CT 06513	65-1203744	509(A)(1)	5,000				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ADVOCACY UNLIMITED INC 399 FRANKLIN AVENUE HARTFORD, CT 06114	06-1516101	509(A)(1)	21,000				HEALTH MENTAL HEALTH
ADVOCACY UNLIMITED INC 399 FRANKLIN AVENUE HARTFORD, CT 06114	06-1516101	509(A)(1)	48,500				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AIDS CONNECTICUT INC 110 BARTHOLOMEW AVENUE SUITE 3050 HARTFORD, CT 06106	22-3014883	509(A)(1)	124,891				HEALTH PHYSICAL HEALTH
ALASKA CONSERVATION FOUNDATION 911 WEST 8TH AVENUE SUITE 300 ANCHORAGE, AK 99501	92-0061466	509(A)(1)	60,880				GENERAL ENVIRONMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALMADA LODGE-TIMES FARM CAMP CORPORATION 73 TIMES FARM ROAD ANDOVER, CT 06232	06-0660003	509(A)(1)	18,714				FAMILY/CHILD/SOC CHILDREN & YOUTH
ALMADA LODGE-TIMES FARM CAMP CORPORATION 73 TIMES FARM ROAD ANDOVER, CT 06232	06-0660003	509(A)(1)	27,000				SUMMER PROGRAMS CAMPERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALMADA LODGE-TIMES FARM CAMP CORPORATION 73 TIMES FARM ROAD ANDOVER, CT 06232	06-0660003	509(A)(1)	6,300				SUMMER PROGRAMS CIT PROGRAM
AMERICAN CANCER SOCIETY 825 BROOK STREET ROCKY HILL, CT 060673405	13-1788491	509(A)(1)	14,194				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE 711 THIRD AVENUE 10TH FLOOR NEW YORK, NY 10017	13-1656634	509(A)(1)	30,000				FAMILY/CHILD/SOC BASIC HUMAN NEED
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE 711 THIRD AVENUE 10TH FLOOR NEW YORK, NY 10017	13-1656634	509(A)(1)	30,000				FAMILY/CHILD/SOC FAMILY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN MUSEUM OF TORT LAW INC 654 MAIN STREET WINSTED, CT 06098	06-1529225	509(A)(1)	5,000				ARTS, CULTURE MUSEUM
AMERICAN PRINTING HOUSE FOR THE BLIND INC 1839 FRANKFORD AVENUE LOUISVILLE, KY 402060389	61-0444640	509(A)(1)	74,827				EDUCATION ADULT/VOCATIONAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 209 FARMINGTON AVENUE FARMINGTON, CT 06032	53-0196605	509(A)(1)	104,250				FAMILY/CHILD/SOC BASIC HUMAN NEED
AMERICAN SCHOOL FOR THE DEAF 139 NORTH MAIN STREET WEST HARTFORD, CT 06107	06-0667600	509(A)(1)	23,341				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN SCHOOL FOR THE DEAF 139 NORTH MAIN STREET WEST HARTFORD, CT 06107	06-0667600	509(A)(1)	5,500				SUMMER PROGRAMS CAMPERSHIP
AMERICAN SCHOOL FOR THE DEAF 139 NORTH MAIN STREET WEST HARTFORD, CT 06107	06-0667600	509(A)(1)	15,500				SUMMER PROGRAMS TUTORIAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE AMISTAD CENTER FOR ART & CULTURE INC 600 MAIN STREET HARTFORD, CT 06103	22-2849122	509(A)(1)	114,100				ARTS, CULTURE MUSEUM
ANCIENT BURYING GROUND ASSOCIATION INC PO BOX 347 HARTFORD, CT 06141	22-2823727	509(A)(1)	8,416				ARTS, CULTURE MUSEUM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANCIENT BURYING GROUND ASSOCIATION INC PO BOX 347 HARTFORD, CT 06141	22-2823727	509(A)(1)	5,500				SUMMER PROGRAMS TUTORIAL
ANDOVER HEBRON MARLBOROUGH YOUTH SERVICES INC 25 PENDLETON DRIVE HEBRON, CT 06234	22-2595584	509(A)(1)	89,320				FAMILY/CHILD/SOC CHILDREN & YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC OF THE FARMINGTON VALLEY INC 225 COMMERCE DRIVE CANTON, CT 06019	06-6011136	509(A)(1)	8,000				HEALTH MENTAL HEALTH
ARTHRITIS FOUNDATION NEW ENGLAND REGION INC 35 COLD SPRING ROAD SUITE 411 ROCKY HILL, CT 060673166	04-2113261	509(A)(1)	13,019				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE ARTISTS COLLECTIVE INC 1200 ALBANY AVENUE HARTFORD, CT 06112	06-0889475	509(A)(1)	51,225				ARTS, CULTURE OTHER ART RELATE
THE ARTISTS COLLECTIVE INC 1200 ALBANY AVENUE HARTFORD, CT 06112	06-0889475	509(A)(1)	21,800				SUMMER PROGRAMS CAMPERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE ARTISTS COLLECTIVE INC 1200 ALBANY AVENUE HARTFORD, CT 06112	06-0889475	509(A)(1)	2,600				SUMMER PROGRAMS CIT PROGRAM
ASCEND MENTORING 34 MAPLE AVENUE WINDSOR, CT 06095	45-5065001	509(A)(1)	35,000				FAMILY/CHILD/SOC CHILDREN & YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN AMERICAN CIVIC ASSOCIATION INC 87 TYLER STREET 5TH FLOOR BOSTON, MA 02111	04-2476258	509(A)(1)	30,000				COMMY/ECON DEVEL EMPLOY/TRAIN
ASNUNTUCK COMMUNITY COLLEGE 170 ELM STREET ENFIELD, CT 06082	31-1647253	509(A)(1)	42,100				EDUCATION HIGHER EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASNUNTUCK COMMUNITY COLLEGE 170 ELM STREET ENFIELD, CT 06082	31-1647253	509(A)(1)	5,000				EDUCATION LITERACY
ASNUNTUCK COMMUNITY COLLEGE 170 ELM STREET ENFIELD, CT 06082	31-1647253	509(A)(1)	21,500				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASYLUM HILL CONGREGATIONAL CHURCH 814 ASYLUM AVENUE HARTFORD, CT 061052892	06-0646544	509(A)(1)	9,051				FAMILY/CHILD/SOC FAMILY
ASYLUM HILL LEARNING ZONE INC 814 ASYLUM AVENUE HARTFORD, CT 06105	22-3166522	509(A)(1)	15,000				EDUCATION OTHER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ASYLUM HILL NEIGHBORHOOD ASSOCIATION INC 814 ASYLUM AVENUE HARTFORD, CT 06105	27-2457517	509(A)(1)	5,000				COMMY/ECON DEVEL OTHER COMMY/ECON
AUDUBON ALASKA 441 W 5TH AVENUE SUITE 300 ANCHORAGE, AK 995012340	51-0182677	509(A)(2)	20,000				GENERAL ENVIRONMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA WOMEN AND GIRLS FOUNDATION INC 80 SOUTH MAIN STREET WEST HARTFORD, CT 06107	06-1587403	509(A)(1)	15,000				FAMILY/CHILD/SOC CHILDREN & YOUTH
BALLET THEATRE COMPANY 20 JEFFERSON AVENUE WEST HARTFORD, CT 06110	06-1537525	509(A)(1)	12,000				ARTS, CULTURE DANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BATED BREATH THEATRE COMPANY CITY ARTS ON PEARL HARTFORD, CT 06103	26-2370741	509(A)(2)	20,000				ARTS, CULTURE THEATER
BATES COLLEGE STUDENT FINANCIAL SERVICES LEWISTON, ME 04240	01-0211781	509(A)(1)	8,000				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BENTLEY UNIVERSITY CASHIERS OFFICE - RAUCH 123 WALTHAM, MA 02452	04-1081650	509(A)(1)	13,000				EDUCATION SCHOLARSHIP
BERKSHIRE NATURAL RESOURCES COUNCIL 20 BANK ROW 203 PITTSFIELD, MA 02102	04-2430091	509(A)(1)	5,000				GENERAL ENVIRONMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BETHESDA LUTHERAN CHURCH 305 SAINT RONAN STREET NEW HAVEN, CT 06511			5,000				ARTS, CULTURE MUSIC
BIKE WALK CONNECTICUT PO BOX 270149 WEST HARTFORD, CT 061270149	20-2909972	509(A)(1)	5,000				GENERAL RECREATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BILLINGS FORGE COMMUNITY WORKS 227 LAWRENCE STREET 2ND FLOOR HARTFORD, CT 06106	26-1412551	509(A)(1)	50,000				COMMY/ECON DEVEL EMPLOY/TRAIN
BILLINGS FORGE COMMUNITY WORKS 227 LAWRENCE STREET 2ND FLOOR HARTFORD, CT 06106	26-1412551	509(A)(1)	159,350				COMMY/ECON DEVEL OTHER COMMY/ECON

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BILLINGS FORGE COMMUNITY WORKS 227 LAWRENCE STREET 2ND FLOOR HARTFORD, CT 06106	26-1412551	509(A)(1)	4,000				FAMILY/CHILD/SOC BASIC HUMAN NEED
BLUE HILLS CIVIC ASSOCIATION 846 ASYLUM AVENUE HARTFORD, CT 06095	06-0876558	509(A)(1)	83,750				COMMY/ECON DEVEL OTHER COMMY/ECON

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE HILLS CIVIC ASSOCIATION 846 ASYLUM AVENUE HARTFORD, CT 06095	06-0876558	509(A)(1)	7,700				SUMMER PROGRAMS CAMPERSHIP
BOSTON COLLEGE OFFICE OF STUDENT SERVICES LYONS HALL CHESTNUT HILL, MA 02467	04-2103545	509(A)(1)	8,368				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON MEDICAL CENTER 88 EAST NEWTON STREET BOSTON, MA 02118	04-3314093	509(A)(1)	27,000				HEALTH PHYSICAL HEALTH
BOSTON UNIVERSITY STUDENT ACCOUNTING SERVICE BOSTON, MA 02215	04-2103547	509(A)(1)	16,100				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOTTOM LINE INC 50 MILK STREET 16TH FLOOR BOSTON, MA 02109	04-3351427	509(A)(1)	10,000				EDUCATION OTHER
BOY SCOUT TROOP 260 C/O SECOND BAPTIST CHURCH SUFFIELD, CT 06078	22-1576300	509(A)(1)	5,000				FAMILY/CHILD/SOC CHILDREN & YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF HARTFORD INC 170 SIGOURNEY STREET HARTFORD, CT 06105	06-6026005	509(A)(1)	204,059				FAMILY/CHILD/SOC CHILDREN & YOUTH
BOYS & GIRLS CLUBS OF HARTFORD INC 170 SIGOURNEY STREET HARTFORD, CT 06105	06-6026005	509(A)(1)	27,000				SUMMER PROGRAMS CAMPERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOYS & GIRLS CLUBS OF HARTFORD INC 170 SIGOURNEY STREET HARTFORD, CT 06105	06-6026005	509(A)(1)	17,900				SUMMER PROGRAMS CIT PROGRAM
BRAIN INJURY ALLIANCE OF CONNECTICUT 200 DAY HILL ROAD SUITE 250 WINDSOR, CT 06095	06-1071490	509(A)(1)	25,000				HEALTH MENTAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE BRANSON SCHOOL 39 FERNHILL AVENUE ROSS, CA 94957	94-0338330	509(A)(1)	5,000				EDUCATION EDUC'N PREK-12
BRICK STORE MUSEUM 117 MAIN STREET KENNEBUNK, ME 04043	01-0238760	509(A)(1)	10,000				ARTS, CULTURE MUSEUM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE BRIDGE FAMILY CENTER INC 1022 FARMINGTON AVENUE WEST HARTFORD, CT 06107	23-7013563	509(A)(2)	12,000				FAMILY/CHILD/SOC BASIC HUMAN NEED
THE BRIDGE FAMILY CENTER INC 1022 FARMINGTON AVENUE WEST HARTFORD, CT 06107	23-7013563	509(A)(2)	45,758				FAMILY/CHILD/SOC ERLY CHILD (B-5)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE BRIDGE FAMILY CENTER INC 1022 FARMINGTON AVENUE WEST HARTFORD, CT 06107	23-7013563	509(A)(2)	1,272				FAMILY/CHILD/SOC FAMILY
BRISTOL BOYS AND GIRLS CLUB 255 WEST STREET BRISTOL, CT 060105735	06-0646556	509(A)(1)	20,000				FAMILY/CHILD/SOC CHILDREN & YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BROOKWOOD SCHOOL ONE BROOKWOOD ROAD MANCHESTER, MA 01944	04-2227413	509(A)(1)	5,000				EDUCATION EDUC'N PREK-12
BUILDING HEALTHY FAMILIES INC 302 HACKMATACK STREET MANCHESTER, CT 06040	27-1516747	509(A)(1)	5,000				FAMILY/CHILD/SOC ERLY CHILD (B-5)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUSHNELL MEMORIAL HALL CORPORATION 166 CAPITOL AVENUE HARTFORD, CT 06106	06-0662112	509(A)(2)	2,750				ARTS, CULTURE DANCE
BUSHNELL MEMORIAL HALL CORPORATION 166 CAPITOL AVENUE HARTFORD, CT 06106	06-0662112	509(A)(2)	36,287				ARTS, CULTURE MUSIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BUSHNELL PARK FOUNDATION INC PO BOX 230778 HARTFORD, CT 06123	06-1039083	509(A)(2)	6,929				GENERAL RECREATION
CAST INC PO BOX 1268 MANCHESTER, CT 060451268	22-2906484	509(A)(1)	5,350				ARTS, CULTURE THEATER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CALDWELL UNIVERSITY BURSARS OFFICE CALDWELL, NJ 07006	22-1500483	509(A)(1)	5,000				EDUCATION SCHOLARSHIP
CAMP COURANT INC 285 BROAD STREET HARTFORD, CT 06115	06-1018155	509(A)(1)	200,106				FAMILY/CHILD/SOC CHILDREN & YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP COURANT INC 285 BROAD STREET HARTFORD, CT 06115	06-1018155	509(A)(1)	43,000				SUMMER PROGRAMS CAMPERSHIP
CAPITAL COMMUNITY COLLEGE 950 MAIN STREET HARTFORD, CT 06103	22-2513381	509(A)(1)	41,862				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL COMMUNITY COLLEGE 950 MAIN STREET HARTFORD, CT 06103	22-2513381	509(A)(1)	6,000				SUMMER PROGRAMS TUTORIAL
CAPITAL FOR CHANGE 121 TREMONT STREET HARTFORD, CT 06105	06-0842738	509(A)(2)	25,000				COMMY/ECON DEVEL HOUSING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL WORKFORCE PARTNERS 1 UNION PLACE HARTFORD, CT 06103	06-1013293	509(A)(1)	564,323				COMMY/ECON DEVEL EMPLOY/TRAIN
CAPITAL WORKFORCE PARTNERS 1 UNION PLACE HARTFORD, CT 06103	06-1013293	509(A)(1)	500				EDUCATION LITERACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPITAL WORKFORCE PARTNERS 1 UNION PLACE HARTFORD, CT 06103	06-1013293	509(A)(1)	350,000				SUMMER PROGRAMS EMPLOYMENT
CAPITOL REGION COUNCIL OF GOVERNMENTS 241 MAIN STREET HARTFORD, CT 06106	20-3959057	509(A)(1)	25,000				COMMY/ECON DEVEL OTHER COMMY/ECON

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAPITOL REGION EDUCATION COUNCIL 111 CHARTER OAK AVENUE HARTFORD, CT 06106	20-4091009	509(A)(1)	189,647				COMMY/ECON DEVEL EMPLOY/TRAIN
CAPITOL REGION EDUCATION COUNCIL 111 CHARTER OAK AVENUE HARTFORD, CT 06106	20-4091009	509(A)(1)	7,331				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAPITOL REGION EDUCATION COUNCIL 111 CHARTER OAK AVENUE HARTFORD, CT 06106	20-4091009	509(A)(1)	48,000				EDUCATION LITERACY
CAPITOL REGION EDUCATION COUNCIL 111 CHARTER OAK AVENUE HARTFORD, CT 06106	20-4091009	509(A)(1)	16,246				SUMMER PROGRAMS CAMPERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAPITOL REGION EDUCATION COUNCIL 111 CHARTER OAK AVENUE HARTFORD, CT 06106	20-4091009	509(A)(1)	8,500				SUMMER PROGRAMS TUTORIAL
CAPITOL SQUASH INC 300 SUMMIT STREET BOX 702611 HARTFORD, CT 06106	27-2791355	509(A)(1)	5,000				FAMILY/CHILD/SOC CHILDREN & YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CAREER COLLABORATIVE 77 SUMMER STREET 11TH FLOOR BOSTON, MA 02110	04-3402682	509(A)(1)	30,000				COMMY/ECON DEVEL EMPLOY/TRAIN
CAREER RESOURCES 350 FAIRFIELD AVENUE BRIDGEPORT, CT 06604	06-1427945	509(A)(1)	50,000				COMMY/ECON DEVEL EMPLOY/TRAIN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CARTER CARES INC 993 PLEASANT VALLEY ROAD SOUTH WINDSOR, CT 06074	45-4998199	509(A)(1)	6,176				FAMILY/CHILD/SOC BASIC HUMAN NEED
CATHOLIC CHARITIES INC 839 ASYLUM AVENUE HARTFORD, CT 06105	06-0667607	509(A)(1)	680,524				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES INC 839 ASYLUM AVENUE HARTFORD, CT 06105	06-0667607	509(A)(1)	10,000				EDUCATION LITERACY
CATHOLIC CHARITIES INC 839 ASYLUM AVENUE HARTFORD, CT 06105	06-0667607	509(A)(1)	30,000				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES INC 839 ASYLUM AVENUE HARTFORD, CT 06105	06-0667607	509(A)(1)	797,997				FAMILY/CHILD/SOC ERLY CHILD (B-5)
CATHOLIC CHARITIES INC 839 ASYLUM AVENUE HARTFORD, CT 06105	06-0667607	509(A)(1)	8,835				GENERAL LEGAL SVCS/IMMIGRATION/LEGAL RIGHTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC CHARITIES INC 839 ASYLUM AVENUE HARTFORD, CT 06105	06-0667607	509(A)(1)	2,755				HEALTH PHYSICAL HEALTH
CATHOLIC CHARITIES INC 839 ASYLUM AVENUE HARTFORD, CT 06105	06-0667607	509(A)(1)	7,000				SUMMER PROGRAMS CAMPERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER CHURCH 60 GOLD STREET HARTFORD, CT 06103			5,610				FAMILY/CHILD/SOC FAMILY
CENTER FOR CHILDREN'S ADVOCACY INC 65 ELIZABETH STREET HARTFORD, CT 06105	06-1489575	509(A)(1)	140,532				FAMILY/CHILD/SOC ADVOCACY/PUBLIC POLICY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR LATINO PROGRESSCPRF 95 PARK STREET HARTFORD, CT 06106	06-1385027	509(A)(1)	57,500				COMMY/ECON DEVEL EMPLOY/TRAIN
CENTER FOR LATINO PROGRESSCPRF 95 PARK STREET HARTFORD, CT 06106	06-1385027	509(A)(1)	25,000				EDUCATION LITERACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR LATINO PROGRESSCPRF 95 PARK STREET HARTFORD, CT 06106	06-1385027	509(A)(1)	25,000				GENERAL LEGAL SVCS/IMMIGRATION/LEGAL RIGHTS
CENTER FOR URBAN RESEARCH EDUCATION AND TRAINING INC 1443 ALBANY AVENUE HARTFORD, CT 06112	06-1322955	509(A)(2)	65,000				EDUCATION LITERACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR URBAN RESEARCH EDUCATION AND TRAINING INC 1443 ALBANY AVENUE HARTFORD, CT 06112	06-1322955	509(A)(2)	30,000				SUMMER PROGRAMS TUTORIAL
CENTER FOR YOUTH & COMMUNITY INC PO BOX 816 GLASTONBURY, CT 06033	06-1300979	509(A)(1)	50,000				FAMILY/CHILD/SOC FAMILY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL CONNECTICUT STATE UNIVERSITY 1615 STANLEY STREET NEW BRITAIN, CT 060504010	22-2647004	509(A)(1)	112,754				EDUCATION SCHOLARSHIP
CENTRE COLLEGE FINANCE OFFICE DANVILLE, KY 404221394	61-0444671	509(A)(1)	5,000				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARITYWATER 40 WORTH STREET SUITE 330 NEW YORK, NY 10013	22-3936753	509(A)(1)	5,000				FAMILY/CHILD/SOC BASIC HUMAN NEED
CHARTER OAK CULTURAL CENTER CHARTER OAK CULTURAL CENTER HARTFORD, CT 06106	06-1026597	509(A)(1)	24,709				ARTS, CULTURE OTHER ART RELATE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHARTER OAK HEALTH CENTER 21 GRAND STREET HARTFORD, CT 06106	06-0986747	509(A)(1)	6,500				FAMILY/CHILD/SOC BASIC HUMAN NEED
CHARTER OAK STATE COLLEGE FOUNDATION 55 PAUL J MANAFORT DRIVE NEW BRITAIN, CT 060532150	06-0969831	509(A)(2)	500				EDUCATION HIGHER EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARTER OAK STATE COLLEGE FOUNDATION 55 PAUL J MANAFORT DRIVE NEW BRITAIN, CT 060532150	06-0969831	509(A)(2)	25,000				EDUCATION SCHOLARSHIP
CHILDREN'S EDUCATIONAL OPPORTUNITY FOUNDATION 1000 LAFAYETTE BOULEVARD SUITE 1100 1100 BRIDGEPORT, CT 06604	06-1494714	509(A)(1)	10,000				EDUCATION OTHER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHILDREN'S HOSPITAL COLORADO FOUNDATION 13123 EAST 16TH AVENUE BOX 045 AURORA, CO 80045	84-0813462	509(A)(1)	25,000				HEALTH PHYSICAL HEALTH
THE CHILDREN'S LAW CENTER OF CONNECTICUT INC 30 ARBOR STREET 4TH FLOOR HARTFORD, CT 06106	06-1381700	509(A)(1)	74,500				GENERAL LEGAL SVCS/IMMIGRATION/LEGAL RIGHTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE CHILDREN'S MUSEUM 950 TROUT BROOK DRIVE WEST HARTFORD, CT 06119	06-0896043	509(A)(1)	140,429				ARTS, CULTURE MUSEUM
CHILDREN'S READING PARTNERS 333 BLOOMFIELD AVENUE SUITE C WEST HARTFORD, CT 06117	06-0655482	509(A)(1)	5,000				EDUCATION LITERACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHRISTIAN ACTIVITIES COUNCIL 47 VINE STREET HARTFORD, CT 06112	06-0689693	509(A)(1)	58,500				COMMY/ECON DEVEL OTHER COMMY/ECON
CHRISTIAN ACTIVITIES COUNCIL 47 VINE STREET HARTFORD, CT 06112	06-0689693	509(A)(1)	12,000				FAMILY/CHILD/SOC CHILDREN & YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN ACTIVITIES COUNCIL 47 VINE STREET HARTFORD, CT 06112	06-0689693	509(A)(1)	40,000				SUMMER PROGRAMS TUTORIAL
CHRYSALIS CENTER INC 255 HOMESTEAD AVENUE HARTFORD, CT 06132	06-0986069	509(A)(1)	161,200				COMMY/ECON DEVEL EMPLOY/TRAIN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHRYSALIS CENTER INC 255 HOMESTEAD AVENUE HARTFORD, CT 06132	06-0986069	509(A)(1)	51,000				FAMILY/CHILD/SOC BASIC HUMAN NEED
CHRYSALIS CENTER INC 255 HOMESTEAD AVENUE HARTFORD, CT 06132	06-0986069	509(A)(1)	250,000				HEALTH MENTAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHURCH HOMES INC 217 AVERY HEIGHTS HARTFORD, CT 061064200	06-0763898	509(A)(2)	79,618				HEALTH PHYSICAL HEALTH
CIRCLE OF LIFE ARTS FOR ALL 50 CHAPMAN PLACE BOX 3 EAST HARTFORD, CT 06108	05-0521867	509(A)(1)	5,000				ARTS, CULTURE DANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY YEAR INC 287 COLUMBUS AVENUE BOSTON, MA 02116	22-2882549	509(A)(1)	10,000				COMMY/ECON DEVEL OTHER COMMY/ECON
COLLEGE ACCESS FAIRFAX 8115 GATEHOUSE ROAD SUITE 1512 FALLS CHURCH, VA 22042	03-0546470	509(A)(1)	10,000				EDUCATION HIGHER EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COLLEGE OF OUR LADY OF THE ELMS 291 SPRINGFIELD STREET CHICOPEE, MA 010132839	04-2225850	509(A)(1)	6,000				EDUCATION SCHOLARSHIP
COMMUNITY ACCOUNTING AID & SERVICES INC 716 BROOK STREET SUITE100 ROCKY HILL, CT 060673437	23-7425853	509(A)(1)	5,000				GENERAL LEGAL SVCS/IMMIGRATION/LEGAL RIGHTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY BAPTIST CHURCH 585 EAST CENTER STREET MANCHESTER, CT 06040	06-0792881	509(A)(1)	9,153				FAMILY/CHILD/SOC FAMILY
COMMUNITY CHILD GUIDANCE CLINIC INC 317 NORTH MAIN STREET MANCHESTER, CT 06042	06-0735879	509(A)(1)	5,000				HEALTH MENTAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY HEALTH RESOURCES 995 DAY HILL ROAD WINDSOR, CT 06095	06-6082527	509(A)(1)	66,053				HEALTH MENTAL HEALTH
COMMUNITY HEALTH SERVICES INC 500 ALBANY AVENUE HARTFORD, CT 06120	06-0863942	509(A)(1)	5,500				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY HEALTH SERVICES INC 500 ALBANY AVENUE HARTFORD, CT 06120	06-0863942	509(A)(1)	40,000				HEALTH PHYSICAL HEALTH
COMMUNITY PARTNERS IN ACTION INC 110 BARTHOLOMEW AVENUE SUITE 3010 HARTFORD, CT 06106	06-0646592	509(A)(1)	75,000				COMMY/ECON DEVEL EMPLOY/TRAIN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY PARTNERS IN ACTION INC 110 BARTHOLOMEW AVENUE SUITE 3010 HARTFORD, CT 06106	06-0646592	509(A)(1)	12,000				FAMILY/CHILD/SOC BASIC HUMAN NEED
COMMUNITY PARTNERS IN ACTION INC 110 BARTHOLOMEW AVENUE SUITE 3010 HARTFORD, CT 06106	06-0646592	509(A)(1)	44,836				FAMILY/CHILD/SOC FAMILY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY RENEWAL TEAM INC 555 WINDSOR STREET HARTFORD, CT 06120	06-0795640	509(A)(1)	50,150				FAMILY/CHILD/SOC BASIC HUMAN NEED
COMMUNITY RENEWAL TEAM INC 555 WINDSOR STREET HARTFORD, CT 06120	06-0795640	509(A)(1)	21,000				FAMILY/CHILD/SOC ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMPASS YOUTH COLLABORATIVE 55 AIRPORT ROAD SUITE 201 HARTFORD, CT 06114	31-1768549	509(A)(1)	385,000				EDUCATION EDUC'N PREK-12
COMPASS YOUTH COLLABORATIVE 55 AIRPORT ROAD SUITE 201 HARTFORD, CT 06114	31-1768549	509(A)(1)	3,500				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMPASS YOUTH COLLABORATIVE 55 AIRPORT ROAD SUITE 201 HARTFORD, CT 06114	31-1768549	509(A)(1)	11,644				FAMILY/CHILD/SOC CHILDREN & YOUTH
COMPASS YOUTH COLLABORATIVE 55 AIRPORT ROAD SUITE 201 HARTFORD, CT 06114	31-1768549	509(A)(1)	10,000				SUMMER PROGRAMS CAMPERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONFERENCE OF CHURCHES INC 224 FARMINGTON AVENUE HARTFORD, CT 06106	06-0693695	509(A)(1)	7,500				FAMILY/CHILD/SOC FAMILY
CONGREGATION BETH ISRAEL 701 FARMINGTON AVENUE WEST HARTFORD, CT 06119	06-0692758	509(A)(1)	9,647				FAMILY/CHILD/SOC FAMILY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECTICUT ALLIANCE FOR VICTIMS OF VIOLENCE AND THEIR FAMILIES INC 49 LANCASTER ROAD WEST HARTFORD, CT 06119	03-0466336	509(A)(1)	5,000				HEALTH MENTAL HEALTH
CONNECTICUT ASSOCIATION FOR HUMAN SERVICES 237 HAMILTON STREET HARTFORD, CT 06106	06-0653158	509(A)(2)	32,500				COMMY/ECON DEVEL OTHER COMMY/ECON

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECTICUT ASSOCIATION FOR HUMAN SERVICES 237 HAMILTON STREET HARTFORD, CT 06106	06-0653158	509(A)(2)	46,000				FAMILY/CHILD/SOC ADVOCACY/PUBLIC POLICY
CONNECTICUT ASSOCIATION FOR HUMAN SERVICES 237 HAMILTON STREET HARTFORD, CT 06106	06-0653158	509(A)(2)	22,500				FAMILY/CHILD/SOC ERLY CHILD (B-5)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECTICUT ASSOCIATION OF NONPROFITS INC 75 CHARTER OAK AVE SUITE 1-100 HARTFORD, CT 06106	06-0955333	509(A)(2)	71,266				FAMILY/CHILD/SOC ADVOCACY/PUBLIC POLICY
CONNECTICUT AUDUBON SOCIETY CENTER AT GLASTONBURY 1361 MAIN STREET GLASTONBURY, CT 060333105	06-0653531	509(A)(1)	49,500				GENERAL ENVIRONMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECTICUT BALLET 99 PRATT STREET SUITE 206 HARTFORD, CT 06103	06-1039302	509(A)(2)	35,000				ARTS, CULTURE DANCE
CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION INC 282 WASHINGTON STREET HARTFORD, CT 06106	22-2619869	509(A)(1)	50,000				HEALTH MENTAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION INC 282 WASHINGTON STREET HARTFORD, CT 06106	22-2619869	509(A)(1)	357,143				HEALTH PHYSICAL HEALTH
CONNECTICUT CHORAL ARTISTS 233 PEARL STREET HARTFORD, CT 06103	22-2755473	509(A)(1)	10,000				ARTS, CULTURE MUSIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECTICUT COALITION FOR ENVIRONMENTAL JUSTICE 10 JEFFERSON STREET SUITE C1 HARTFORD, CT 06106	06-1511861	509(A)(1)	12,500				HEALTH PHYSICAL HEALTH
CONNECTICUT COALITION TO END HOMELESSNESS INC 257 LAWRENCE STREET HARTFORD, CT 06106	06-1126880	509(A)(1)	86,000				COMMY/ECON DEVEL HOUSING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECTICUT COALITION TO END HOMELESSNESS INC 257 LAWRENCE STREET HARTFORD, CT 06106	06-1126880	509(A)(1)	5,500				FAMILY/CHILD/SOC BASIC HUMAN NEED
CONNECTICUT COMMUNITY CARE INC 43 ENTERPRISE DRIVE BRISTOL, CT 060107472	06-1024632	509(A)(1)	6,645				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECTICUT COUNCIL FOR INTERRELIGIOUS UNDERSTANDING INC 77 SHERMAN STREET HARTFORD, CT 06105	56-2401246	509(A)(1)	12,500				EDUCATION OTHER
CONNECTICUT COUNCIL FOR PHILANTHROPY 221 MAIN STREET 3RD FLOOR HARTFORD, CT 06106	23-7024016	509(A)(1)	100,000				COMMY/ECON DEVEL OTHER COMMY/ECON

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT COUNCIL FOR PHILANTHROPY 221 MAIN STREET 3RD FLOOR HARTFORD, CT 06106	23-7024016	509(A)(1)	46,336				GENERAL OTHER
CONNECTICUT DEPARTMENT OF ENERGY & ENVIRONMENTAL PROTECTION 79 ELM STREET FIRST FLOOR HARTFORD, CT 061065127		GOVERN	22,458				GENERAL ENVIRONMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECTICUT FAIR HOUSING CENTER 221 MAIN STREET 4TH FLOOR HARTFORD, CT 06105	06-1453727	509(A)(1)	91,000				COMMY/ECON DEVEL HOUSING
CONNECTICUT FOREST AND PARK ASSOCIATION 16 MERIDEN ROAD ROCKFALL, CT 064812961	06-0613430	509(A)(2)	23,000				EDUCATION HIGHER EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECTICUT FOREST AND PARK ASSOCIATION 16 MERIDEN ROAD ROCKFALL, CT 064812961	06-0613430	509(A)(2)	18,950				GENERAL RECREATION
THE CONNECTICUT FORUM 750 MAIN STREET HARTFORD, CT 06103	06-1343149	509(A)(1)	86,000				GENERAL INFORM GENERAL PUBLIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECTICUT FOUNDATION FOR DENTAL OUTREACH INC 835 WEST QUEEN STREET SOUTHINGTON, CT 06489	26-1437861	509(A)(1)	61,758				HEALTH PHYSICAL HEALTH
CONNECTICUT HEALTH INVESTIGATIVE TEAM 640 PROSPECT STREET NEW HAVEN, CT 06511	46-1068891	509(A)(1)	22,000				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECTICUT HISTORICAL SOCIETY 1 ELIZABETH STREET HARTFORD, CT 06105	06-6026012	509(A)(1)	10,618				ARTS, CULTURE MUSEUM
THE CONNECTICUT HOSPICE INC 100 DOUBLE BEACH ROAD BRANFORD, CT 06405	06-0878822	509(A)(1)	6,158				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECTICUT HUMANE SOCIETY 701 RUSSELL ROAD NEWINGTON, CT 061111593	06-0667605	509(A)(1)	74,349				GENERAL ANIMAL PROTECTION
CONNECTICUT HUMANITIES COUNCIL 37 BROAD STREET MIDDLETOWN, CT 06457	06-0902244	509(A)(1)	36,000				ARTS, CULTURE OTHER ART RELATE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT INDEPENDENT COLLEGE AND UNIVERSITY INSTITUTE FOR RESEARCH & PUB 21 TALCOTT NOTCH ROAD SUITE 1 FARMINGTON, CT 06032	06-1408702	509(A)(1)	34,500				EDUCATION HIGHER EDUCATION
CONNECTICUT LANDMARKS 59 SOUTH PROSPECT STREET HARTFORD, CT 06106	06-0789151	509(A)(1)	65,590				ARTS, CULTURE MUSEUM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECTICUT LANDMARKS 59 SOUTH PROSPECT STREET HARTFORD, CT 06106	06-0789151	509(A)(1)	5,000				COMMY/ECON DEVEL EMPLOY/TRAIN
CONNECTICUT LEGAL SERVICES 62 WASHINGTON STREET MIDDLETOWN, CT 06457	06-0955461	509(A)(1)	125,813				GENERAL LEGAL SVCS/IMMIGRATION/LEGAL RIGHTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT NATIONAL GUARD FOUNDATION INC 360 BROAD STREET HARTFORD, CT 061053795	91-2188542	509(A)(1)	5,000				FAMILY/CHILD/SOC BASIC HUMAN NEED
CONNECTICUT NEWS PROJECT INC 36 RUSS STREET HARTFORD, CT 061061520	27-0583046	509(A)(1)	36,000				GENERAL INFORM GENERAL PUBLIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT PUBLIC BROADCASTING NETWORK INC 1049 ASYLUM AVENUE HARTFORD, CT 061052411	06-0758938	509(A)(1)	5,000				COMMY/ECON DEVEL EMPLOY/TRAIN
CONNECTICUT PUBLIC BROADCASTING NETWORK INC 1049 ASYLUM AVENUE HARTFORD, CT 061052411	06-0758938	509(A)(1)	500				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT PUBLIC BROADCASTING NETWORK INC 1049 ASYLUM AVENUE HARTFORD, CT 061052411	06-0758938	509(A)(1)	200,144				GENERAL INFORM GENERAL PUBLIC
CONNECTICUT RADIO INFORMATION SYSTEM 315 WINDSOR AVENUE WINDSOR, CT 06095	06-0987696	509(A)(1)	111,469				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT SCIENCE CENTER 250 COLUMBUS BOULEVARD HARTFORD, CT 061032802	06-1538101	509(A)(1)	154,600				EDUCATION OTHER
CONNECTICUT SCIENCE CENTER 250 COLUMBUS BOULEVARD HARTFORD, CT 061032802	06-1538101	509(A)(1)	17,000				SUMMER PROGRAMS ENRICHMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECTICUT SPORTS MANAGEMENT GROUP INC 975 MIDDLE STREET UNIT G MIDDLETOWN, CT 06457	06-1240550	509(A)(1)	20,000				GENERAL RECREATION
CONNECTICUT STATE LIBRARY 231 CAPITOL AVENUE HARTFORD, CT 06106		GOVERN	95,522				EDUCATION LITERACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECTICUT VOICES FOR CHILDREN 33 WHITNEY AVENUE NEW HAVEN, CT 06510	06-1435280	509(A)(1)	59,000				FAMILY/CHILD/SOC ADVOCACY/PUBLIC POLICY
CONNECTICUT WOMEN'S EDUCATION AND LEGAL FUND ONE HARTFORD SQUARE WEST SUITE 1-300 HARTFORD, CT 06106	06-0913214	509(A)(1)	41,587				FAMILY/CHILD/SOC FAMILY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONNECTICUT WOMEN'S EDUCATION AND LEGAL FUND ONE HARTFORD SQUARE WEST SUITE 1-300 HARTFORD, CT 06106	06-0913214	509(A)(1)	106,842				GENERAL LEGAL SVCS/IMMIGRATION/LEGAL RIGHTS
CONNECTIKIDS INC 814 ASYLUM AVENUE HARTFORD, CT 06105	06-1035985	509(A)(1)	31,552				FAMILY/CHILD/SOC CHILDREN & YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTIKIDS INC 814 ASYLUM AVENUE HARTFORD, CT 06105	06-1035985	509(A)(1)	22,200				SUMMER PROGRAMS CAMPERSHIP
CONNPIRG EDUCATION FUND INC 2074 PARK STREET HARTFORD, CT 06106	06-1341177	509(A)(1)	13,000				GENERAL CIVIC ENGAGE/SOCIAL JUSTICE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CONSTRUCT INC 41 MAHAIWE STREET GREAT BARRINGTON, MA 01230	23-7099108	509(A)(2)	5,000				COMMY/ECON DEVEL HOUSING
CORNELL UNIVERSITY OFFICE OF FINANCIAL AID AND STUDENT EMPLOYMENT ITHACA, NY 148510752	15-0532082	509(A)(1)	500				EDUCATION HIGHER EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CORNELL UNIVERSITY OFFICE OF FINANCIAL AID AND STUDENT EMPLOYMENT ITHACA, NY 148510752	15-0532082	509(A)(1)	7,000				EDUCATION SCHOLARSHIP
THE CORNERSTONE FOUNDATION INC 15 PROSPECT STREET VERNON, CT 06066	22-2587192	509(A)(1)	33,009				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DRIVE SUITE 700 ARLINGTON, VA 22202	13-6068327	509(A)(1)	12,375				GENERAL OTHER
COVENANT TO CARE FOR CHILDREN INC 1477 PARK STREET HARTFORD, CT 06106	06-1241044	509(A)(1)	17,500				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CROSSROADS SCHOOL FOR ARTS AND SCIENCES 1714 21ST STREET SANTA MONICA, CA 90404	23-7120625	509(A)(1)	5,000				EDUCATION EDUC'N PREK-12
CT COMMUNITY NONPROFIT ALLIANCE 35 COLD SPRING ROAD BUILDING 500 ROCKY HILL, CT 060673165	06-0955333	509(A)(1)	65,000				FAMILY/CHILD/SOC ADVOCACY/PUBLIC POLICY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULTURAL DANCE TROUPE OF THE WEST INDIES P O BOX 4046 HARTFORD, CT 061474046	06-1401459	509(A)(1)	2,500				ARTS, CULTURE DANCE
CULTURAL DANCE TROUPE OF THE WEST INDIES P O BOX 4046 HARTFORD, CT 061474046	06-1401459	509(A)(1)	6,650				SUMMER PROGRAMS CAMPERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULTURAL DANCE TROUPE OF THE WEST INDIES P O BOX 4046 HARTFORD, CT 061474046	06-1401459	509(A)(1)	9,500				SUMMER PROGRAMS CIT PROGRAM
CYSTIC FIBROSIS FOUNDATION HEADQUARTERS 6931 ARLINGTON ROAD 2ND FLOOR BETHESDA, MD 20814	13-1930701	509(A)(1)	5,000				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CYSTIC FIBROSIS FOUNDATION-MASSACHUSETTS & RHODE ISLAND CHAPTER 220 NORTH MAIN STREET SUITE 104 NATICK, MA 01760	13-1930701	509(A)(1)	24,005				HEALTH PHYSICAL HEALTH
DANA-FARBER CANCER INSTITUTE DIVISION OF DEVELOPMENT BROOKLINE, MA 02445	04-2263040	509(A)(1)	10,207				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DAUGHTERS OF MARY OF THE IMMACULATE CONCEPTION 314 OSGOOD AVENUE NEW BRITAIN, CT 06053	06-0907212	509(A)(1)	11,212				FAMILY/CHILD/SOC ELDERLY
THE DISCOVERY CENTER 75 CHARTER OAK AVENUE SUITE 1-310 HARTFORD, CT 06106	02-0567674	509(A)(1)	98,606				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DOCTORS WITHOUT BORDERS 333 7TH AVENUE 2ND FLOOR NEW YORK, NY 100015004	13-3433452	509(A)(1)	15,178				HEALTH PHYSICAL HEALTH
DUNCASTER 40 LOEFFLER ROAD BLOOMFIELD, CT 06002	06-1051218	509(A)(2)	82,594				FAMILY/CHILD/SOC ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EAST COAST GREENWAY ALLIANCE 5826 FAYETTEVILLE ROAD SUITE 210 DURHAM, NC 27713	04-3326812	509(A)(1)	10,000				GENERAL RECREATION
EAST GRANBY PUBLIC LIBRARY 24 CENTER ST EAST GRANBY, CT 06026	06-6062503	509(A)(1)	27,235				EDUCATION LITERACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST HARTFORD PUBLIC SCHOOLS 1110 MAIN STREET EAST HARTFORD, CT 06108		GOVERN	375,000				EDUCATION EDUC'N PREK-12
TOWN OF EAST HARTFORD 740 MAIN STREET EAST HARTFORD, CT 06108		GOVERN	17,571				EDUCATION LITERACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN OF EAST HARTFORD 740 MAIN STREET EAST HARTFORD, CT 06108		GOVERN	15,000				FAMILY/CHILD/SOC BASIC HUMAN NEED
EASTER SEALS CAPITAL REGION & EASTERN CONNECTICUT INC 100 DEERFIELD ROAD WINDSOR, CT 060954252	06-0662138	509(A)(1)	11,200				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EASTERN CONNECTICUT STATE UNIVERSITY FOUNDATION 83 WINDHAM ST WILLIMANTIC, CT 06226	23-7111053	509(A)(2)	46,700				EDUCATION HIGHER EDUCATION
EASTERN CONNECTICUT STATE UNIVERSITY OFFICE OF FINANCIAL AID WILLIMANTIC, CT 06226	23-7111053	509(A)(2)	70,186				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EBONY HORSEWOMEN INC 337 VINE STREET HARTFORD, CT 06112	06-1268874	509(A)(1)	8,050				SUMMER PROGRAMS CAMPERSHIP
EBONY HORSEWOMEN INC 337 VINE STREET HARTFORD, CT 06112	06-1268874	509(A)(1)	7,000				SUMMER PROGRAMS CIT PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EDUCATION DEVELOPMENT CENTER 43 FOUNDRY AVENUE WALTHAM, MA 024538313	04-2241718	509(A)(1)	50,000				EDUCATION LITERACY
EDUCATIONAL RESOURCES FOR CHILDREN INC 119B POST ROAD ENFIELD, CT 06082	03-0399205	509(A)(1)	59,322				FAMILY/CHILD/SOC CHILDREN & YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELIZABETH PARK CONSERVANCY INC 1561 ASYLUM AVENUE WEST HARTFORD, CT 061172804	06-0983352	509(A)(1)	43,986				GENERAL RECREATION
EMANUEL SYNAGOGUE 160 MOHEGAN DRIVE WEST HARTFORD, CT 06117	13-1659707	509(A)(1)	6,000				FAMILY/CHILD/SOC FAMILY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
EMERGENCY AID ASSOCIATION INC 450 SOUTH STREET SUFFIELD, CT 060780275	06-0646618	509(A)(1)	7,264				HEALTH PHYSICAL HEALTH
END HUNGER CONNECTICUT INC 65 HUNGERFORD STREET HARTFORD, CT 06106	06-1545835	509(A)(1)	41,521				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENFIELD FOOD SHELF P O BOX 699 ENFIELD, CT 06083	06-1327533	509(A)(1)	9,000				FAMILY/CHILD/SOC BASIC HUMAN NEED
ENFIELD LOAVES & FISHES INC 28 PROSPECT STREET ENFIELD, CT 06082	22-2558791	509(A)(1)	10,500				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOWN OF ENFIELD 820 ENFIELD STREET ENFIELD, CT 06082		GOVERN	40,000				FAMILY/CHILD/SOC ERLY CHILD (B-5)
TOWN OF ENFIELD 820 ENFIELD STREET ENFIELD, CT 06082		GOVERN	3,000				FAMILY/CHILD/SOC FAMILY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILIES IN CRISIS INC 60 POPIELUSZKO COURT HARTFORD, CT 06106	06-1001676	509(A)(1)	37,500				FAMILY/CHILD/SOC FAMILY
FAMILY LIFE EDUCATION INC 30 ARBOR STREET SOUTH SUITE 102 HARTFORD, CT 06106	06-1262848	509(A)(1)	2,000				EDUCATION LITERACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY LIFE EDUCATION INC 30 ARBOR STREET SOUTH SUITE 102 HARTFORD, CT 06106	06-1262848	509(A)(1)	4,500				FAMILY/CHILD/SOC BASIC HUMAN NEED
FAMILY LIFE EDUCATION INC 30 ARBOR STREET SOUTH SUITE 102 HARTFORD, CT 06106	06-1262848	509(A)(1)	117,500				FAMILY/CHILD/SOC ERLY CHILD (B-5)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FAMILY LIFE EDUCATION INC 30 ARBOR STREET SOUTH SUITE 102 HARTFORD, CT 06106	06-1262848	509(A)(1)	11,000				FAMILY/CHILD/SOC FAMILY
FARM TO FAMILY INC 34 EAST MAIN STREET AVON, CT 06001	06-1309318	509(A)(1)	9,500				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FARMINGTON COMMUNITY CHEST PO BOX 60 FARMINGTON, CT 06034	06-1347303	509(A)(1)	75,000				FAMILY/CHILD/SOC BASIC HUMAN NEED
FARMINGTON RIVER WATERSHED ASSOCIATION INC 749 HOPMEADOW STREET SIMSBURY, CT 06070	06-0741585	509(A)(2)	59,429				GENERAL ENVIRONMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FARMINGTON VALLEY ARTS CENTER 25 ARTS CENTER LANE AVON, CT 06001	06-0916851	509(A)(1)	6,410				ARTS, CULTURE OTHER ART RELATE
FARMINGTON VALLEY VNA INC 8 OLD MILL LANE SIMSBURY, CT 06070	06-0646899	509(A)(1)	4,000				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FARMINGTON VALLEY VNA INC 8 OLD MILL LANE SIMSBURY, CT 06070	06-0646899	509(A)(1)	6,500				HEALTH PHYSICAL HEALTH
FELICIAN SISTERS 1315 ENFIELD STREET ENFIELD, CT 06082			16,371				FAMILY/CHILD/SOC ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIDELCO GUIDE DOG FOUNDATION INC 103 VISION WAY BLOOMFIELD, CT 06002	06-6060478	509(A)(1)	71,019				FAMILY/CHILD/SOC BASIC HUMAN NEED
FIRST CHOICE HEALTH CENTERS 94 CONNECTICUT BLVD EAST HARTFORD, CT 06108	06-1416492	509(A)(1)	5,500				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST CHOICE HEALTH CENTERS 94 CONNECTICUT BLVD EAST HARTFORD, CT 06108	06-1416492	509(A)(1)	17,500				HEALTH PHYSICAL HEALTH
FIRST NIGHT HARTFORD INC 1028 BOULEVARD 323 WEST HARTFORD, CT 06119	22-2970922	509(A)(1)	10,000				ARTS, CULTURE OTHER ART RELATE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE FIRST TEE OF CONNECTICUT INC 55 GOLF CLUB ROAD CROMWELL, CT 06416	06-1510744	509(A)(1)	5,500				FAMILY/CHILD/SOC CHILDREN & YOUTH
FOODSHARE INC 450 WOODLAND AVENUE BLOOMFIELD, CT 06002	22-2474771	509(A)(1)	84,404				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOUNDATION FOR LOUISIANA 4354 S SHERWOOD FOREST BOULEVARD SUITE 100 BATON ROUGE, LA 70816	20-3399944	509(A)(1)	5,000				FAMILY/CHILD/SOC BASIC HUMAN NEED
FRANKLIN AND MARSHALL COLLEGE OFFICE OF FINANCIAL AID LANCASTER, PA 176043003	23-1352635	509(A)(1)	9,000				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRANKLIN PIERCE UNIVERSITY 40 UNIVERSITY DRIVE RINDGE, NH 034610060	02-0263136	509(A)(1)	15,000				EDUCATION HIGHER EDUCATION
FRIENDS OF THE FARM AT HILLTOP INC P O BOX 372 SUFFIELD, CT 06078	81-0595608	509(A)(1)	20,000				GENERAL RECREATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FRIENDS OF THE SIMSBURY LIBRARY PO BOX 282 SIMSBURY, CT 06070	23-7288807	509(A)(1)	10,000				EDUCATION LITERACY
THE FRIENDSHIP SERVICE CENTER PO BOX 1896 NEW BRITAIN, CT 06050	06-0871295	509(A)(1)	5,000				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIFTS OF LOVE INC 34 EAST MAIN STREET AVON, CT 06001	06-1309318	509(A)(1)	24,250				FAMILY/CHILD/SOC BASIC HUMAN NEED
GIRL SCOUTS OF CONNECTICUT INC 340 WASHINGTON STREET HARTFORD, CT 06106	06-0662134	509(A)(1)	11,480				FAMILY/CHILD/SOC CHILDREN & YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF CONNECTICUT INC 340 WASHINGTON STREET HARTFORD, CT 06106	06-0662134	509(A)(1)	37,000				SUMMER PROGRAMS CAMPERSHIP
GLASTONBURY ARTS INC 1396 HEBRON AVENUE GLASTONBURY, CT 06033	23-7374888	509(A)(2)	5,185				ARTS, CULTURE OTHER ART RELATE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GOLF CLUB OF AVON FOUNDATION INC 160 COUNTRY CLUB ROAD AVON, CT 06001	27-3031646	509(A)(1)	25,000				EDUCATION SCHOLARSHIP
GOODWIN COLLEGE ONE RIVERSIDE DRIVE EAST HARTFORD, CT 061181837	06-1627882	509(A)(1)	82,500				COMMY/ECON DEVEL EMPLOY/TRAIN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWIN COLLEGE ONE RIVERSIDE DRIVE EAST HARTFORD, CT 061181837	06-1627882	509(A)(1)	10,500				EDUCATION HIGHER EDUCATION
GOODWIN COLLEGE ONE RIVERSIDE DRIVE EAST HARTFORD, CT 061181837	06-1627882	509(A)(1)	20,765				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE GOVERNOR'S ACADEMY 1 ELM STREET BYFIELD, MA 01922	04-2103564	509(A)(1)	10,000				EDUCATION EDUC'N PREK-12
GRANBY LAND TRUST P O BOX 23 GRANBY, CT 06035	23-7243316	509(A)(1)	24,680				GENERAL ENVIRONMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER HARTFORD ARTS COUNCIL INC 100 PEARL STREET HARTFORD, CT 06103	23-7111486	509(A)(1)	859,050				ARTS, CULTURE OTHER ART RELATE
GREATER HARTFORD COMMUNITY FOUNDATION 90 STATE HOUSE SQUARE 11TH FLOOR HARTFORD, CT 06103	42-1684133	509(A)(1)	10,000				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GREATER HARTFORD LEGAL AID INC 999 ASYLUM AVENUE 3RD FLOOR HARTFORD, CT 06105	06-0730611	509(A)(1)	144,563				GENERAL LEGAL SVCS/IMMIGRATION/LEGAL RIGHTS
HAITIAN HEALTH FOUNDATION INC 97 SHERMAN STREET NORWICH, CT 06360	06-1135999	509(A)(1)	11,200				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HAMPSHIRE COLLEGE STUDENT ACCOUNTS AMHERST, MA 01002	04-6130872	509(A)(1)	6,000				EDUCATION SCHOLARSHIP
HANDS ON HARTFORD 55 BARTHOLOMEW AVENUE HARTFORD, CT 06106	06-0861268	509(A)(1)	16,000				COMMY/ECON DEVEL EMPLOY/TRAIN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HANDS ON HARTFORD 55 BARTHOLOMEW AVENUE HARTFORD, CT 06106	06-0861268	509(A)(1)	89,075				FAMILY/CHILD/SOC BASIC HUMAN NEED
HANDS ON HARTFORD 55 BARTHOLOMEW AVENUE HARTFORD, CT 06106	06-0861268	509(A)(1)	10,000				FAMILY/CHILD/SOC ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HANDS ON HARTFORD 55 BARTHOLOMEW AVENUE HARTFORD, CT 06106	06-0861268	509(A)(1)	6,866				FAMILY/CHILD/SOC FAMILY
HARC INC 900 ASYLUM AVENUE HARTFORD, CT 06105	06-0710289	509(A)(1)	103,306				HEALTH MENTAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARC INC 900 ASYLUM AVENUE HARTFORD, CT 06105	06-0710289	509(A)(1)	14,000				SUMMER PROGRAMS CAMPERSHIP
HARRIET BEECHER STOWE CENTER 77 FOREST STREET HARTFORD, CT 06105	06-6042822	509(A)(1)	22,000				ARTS, CULTURE MUSEUM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARTBEAT ENSEMBLE 360 FARMINGTON AVENUE HARTFORD, CT 06105	06-1633100	509(A)(1)	82,289				ARTS, CULTURE THEATER
HARTFORD 2000 INC C/O CREC HARTFORD, CT 06106	20-3241226	509(A)(1)	5,000				COMMY/ECON DEVEL OTHER COMMY/ECON

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARTFORD AREA CHILD CARE COLLABORATIVE 10 COLUMBUS BOULEVARD HARTFORD, CT 061061976	06-0699252	509(A)(1)	93,050				FAMILY/CHILD/SOC ERLY CHILD (B-5)
HARTFORD AREA HABITAT FOR HUMANITY 75 CHARTER OAK AVE SUITE 2-205 HARTFORD, CT 06144	06-1253049	509(A)(1)	5,000				COMMY/ECON DEVEL HOUSING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARTFORD ART SCHOOL INC UNIVERSITY OF HARTFORD WEST HARTFORD, CT 06117	06-1256949	509(A)(3)	65,557				EDUCATION HIGHER EDUCATION
HARTFORD ARTISANS WEAVING CENTER 40 WOODLAND STREET HARTFORD, CT 06105	26-3608136	509(A)(1)	11,000				FAMILY/CHILD/SOC ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE HARTFORD CHORALE 233 PEARL STREET MAILBOX 17 HARTFORD, CT 06103	06-0884892	509(A)(2)	20,328				ARTS, CULTURE MUSIC
HARTFORD CITY BALLET INC 85 GILLETT STREET 2ND FLOOR HARTFORD, CT 06105	03-0566472	509(A)(2)	17,362				ARTS, CULTURE DANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARTFORD COMMUNITIES THAT CARE 2550 MAIN STREET HARTFORD, CT 06120	43-2080655	509(A)(1)	35,000				FAMILY/CHILD/SOC CHILDREN & YOUTH
HARTFORD COMMUNITY LOAN FUND 215 GARDEN STREET HARTFORD, CT 06105	06-1423598	509(A)(1)	171,007				COMMY/ECON DEVEL OTHER COMMY/ECON

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARTFORD CONSERVATORY 834 ASYLUM AVENUE HARTFORD, CT 06105	06-0674164	509(A)(1)	22,000				SUMMER PROGRAMS CAMPERSHIP
HARTFORD CONSORTIUM FOR HIGHER EDUCATION 31 PRATT STREET 5TH FLOOR HARTFORD, CT 06103	23-7288868	509(A)(2)	37,500				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARTFORD CONSORTIUM FOR HIGHER EDUCATION 31 PRATT STREET 5TH FLOOR HARTFORD, CT 06103	23-7288868	509(A)(2)	88,500				EDUCATION HIGHER EDUCATION
HARTFORD ECONOMIC DEVELOPMENT CORPORATION 15 LEWIS STREET SUITE 204 HARTFORD, CT 06103	06-0919160	509(A)(1)	45,000				COMMY/ECON DEVEL OTHER COMMY/ECON

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARTFORD FOOD SYSTEM INC 1 CONGRESS STREET SUITE 302 HARTFORD, CT 06114	06-0991880	509(A)(1)	53,000				COMMY/ECON DEVEL OTHER COMMY/ECON
HARTFORD FOOD SYSTEM INC 1 CONGRESS STREET SUITE 302 HARTFORD, CT 06114	06-0991880	509(A)(1)	16,500				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARTFORD FRIENDSHIP KIDS' CAMP 149 RIDGEFIELD STREET HARTFORD, CT 06112	20-3159146	509(A)(1)	10,500				SUMMER PROGRAMS CAMPERSHIP
HARTFORD GAY AND LESBIAN HEALTH COLLECTIVE 1841 BROAD STREET HARTFORD, CT 06114	06-1172441	509(A)(1)	8,500				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTFORD GAY AND LESBIAN HEALTH COLLECTIVE 1841 BROAD STREET HARTFORD, CT 06114	06-1172441	509(A)(1)	15,000				HEALTH PHYSICAL HEALTH
HARTFORD GAY MEN'S CHORUS CITY ARTS ON PEARL HARTFORD, CT 06103	46-1032168	509(A)(1)	5,000				ARTS, CULTURE MUSIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARTFORD HEALTHCARE AT HOME 1290 SILAS DEANE HIGHWAY SUITE 4B WETHERSFIELD, CT 06109	06-0646938	509(A)(1)	13,005				HEALTH PHYSICAL HEALTH
HARTFORD HOSPITAL - INSTITUTE OF LIVING 80 SEYMOUR STREET HARTFORD, CT 06106	06-0646683	509(A)(3)	87,131				HEALTH MENTAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTFORD HOSPITAL - INSTITUTE OF LIVING 80 SEYMOUR STREET HARTFORD, CT 06106	06-0646683	509(A)(3)	9,500				SUMMER PROGRAMS CAMPERSHIP
HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 061025037	06-0646668	509(A)(1)	121,840				HEALTH MENTAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 061025037	06-0646668	509(A)(1)	128,254				HEALTH PHYSICAL HEALTH
HARTFORD INTERVAL HOUSE INC PO BOX 340207 HARTFORD, CT 061340207	06-0960005	509(A)(1)	122,642				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTFORD MARATHON FOUNDATION INC 41 SEQUIN DRIVE SUITE 1 GLASTONBURY, CT 060335041	06-1415320	509(A)(1)	25,500				GENERAL RECREATION
HARTFORD NEIGHBORHOOD CENTERS INC 38 LAWRENCE STREET HARTFORD, CT 06106	06-0646932	509(A)(1)	5,000				FAMILY/CHILD/SOC FAMILY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTFORD NEIGHBORHOOD CENTERS INC 38 LAWRENCE STREET HARTFORD, CT 06106	06-0646932	509(A)(1)	12,000				SUMMER PROGRAMS CAMPERSHIP
HARTFORD PERFORMS 75 CHARTER OAK AVENUE HARTFORD, CT 06106	46-1484114	509(A)(1)	16,700				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARTFORD PRESERVATION ALLIANCE 56 ARBOR STREET SUITE 406 HARTFORD, CT 06106	06-1501876	509(A)(1)	65,500				COMMY/ECON DEVEL OTHER COMMY/ECON
HARTFORD PUBLIC ACCESS TELEVISION INC 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0935739	509(A)(1)	197,400				GENERAL INFORM GENERAL PUBLIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARTFORD PUBLIC LIBRARY 500 MAIN STREET HARTFORD, CT 06103	06-6026029	509(A)(1)	27,563				COMMY/ECON DEVEL EMPLOY/TRAIN
HARTFORD PUBLIC LIBRARY 500 MAIN STREET HARTFORD, CT 06103	06-6026029	509(A)(1)	20,000				EDUCATION EMPLOY/TRAIN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARTFORD PUBLIC LIBRARY 500 MAIN STREET HARTFORD, CT 06103	06-6026029	509(A)(1)	175,257				EDUCATION LITERACY
HARTFORD PUBLIC LIBRARY 500 MAIN STREET HARTFORD, CT 06103	06-6026029	509(A)(1)	3,000				FAMILY/CHILD/SOC ERLY CHILD (B-5)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARTFORD PUBLIC LIBRARY 500 MAIN STREET HARTFORD, CT 06103	06-6026029	509(A)(1)	9,375				GENERAL LEGAL SVCS/IMMIGRATION/LEGAL RIGHTS
HARTFORD PUBLIC LIBRARY 500 MAIN STREET HARTFORD, CT 06103	06-6026029	509(A)(1)	15,000				SUMMER PROGRAMS ENRICHMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTFORD PUBLIC SCHOOLS OFFICE OF INSTITUTIONAL ADVANCEMENT HARTFORD, CT 06103		GOVERN	151,221				EDUCATION EDUC'N PREK-12
HARTFORD PUBLIC SCHOOLS OFFICE OF INSTITUTIONAL ADVANCEMENT HARTFORD, CT 06103		GOVERN	25,000				EDUCATION LITERACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARTFORD STAGE COMPANY INC 50 CHURCH STREET HARTFORD, CT 06103	06-0790484	509(A)(2)	493,638				ARTS, CULTURE THEATER
HARTFORD STAGE COMPANY INC 50 CHURCH STREET HARTFORD, CT 06103	06-0790484	509(A)(2)	9,500				SUMMER PROGRAMS CAMPERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTFORD SYMPHONY ORCHESTRA INC 166 CAPITOL AVENUE HARTFORD, CT 06106	06-0637319	509(A)(1)	179,630				ARTS, CULTURE MUSIC
HARTFORD YOUTH SCHOLARS 129 ALLEN PLACE HARTFORD, CT 06106	20-3495171	509(A)(1)	27,000				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HARTFORD YOUTH SCHOLARS 129 ALLEN PLACE HARTFORD, CT 06106	20-3495171	509(A)(1)	7,500				SUMMER PROGRAMS TUTORIAL
THE HARTT SCHOOL AT THE UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117	06-0731360	509(A)(1)	14,546				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE HARTT SCHOOL AT THE UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117	06-0731360	509(A)(1)	57,595				EDUCATION HIGHER EDUCATION
HEALTHY EYES ALLIANCE 129 CHURCH STREET SUITE 820 NEW HAVEN, CT 065102005	06-0706741	509(A)(1)	33,805				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEBREW HIGH SCHOOL OF NEW ENGLAND 300 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117	06-1455973	509(A)(1)	5,000				EDUCATION EDUC'N PREK-12
HFPG INC 10 COLUMBUS BOULEVARD 8TH FLOOR HARTFORD, CT 06106	06-0699252	509(A)(1)	858				COMMY/ECON DEVEL OTHER COMMY/ECON

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HFPG INC 10 COLUMBUS BOULEVARD 8TH FLOOR HARTFORD, CT 06106	06-0699252	509(A)(1)	750				EDUCATION EDUC'N PREK-12
HFPG INC 10 COLUMBUS BOULEVARD 8TH FLOOR HARTFORD, CT 06106	06-0699252	509(A)(1)	10,500				EDUCATION HIGHER EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HFPG INC 10 COLUMBUS BOULEVARD 8TH FLOOR HARTFORD, CT 06106	06-0699252	509(A)(1)	28,280				GENERAL OTHER
HFPG INC 10 COLUMBUS BOULEVARD 8TH FLOOR HARTFORD, CT 06106	06-0699252	509(A)(1)	11,790				SUMMER PROGRAMS OTHER (EVALUATION)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGH HOPES THERAPEUTIC RIDING INC 36 TOWN WOODS ROAD OLD LYME, CT 06731	06-0987749	509(A)(1)	12,000				HEALTH MENTAL HEALTH
HILL-STEAD MUSEUM 35 MOUNTAIN ROAD FARMINGTON, CT 06035	06-0646673	509(A)(1)	25,710				ARTS, CULTURE MUSEUM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HISPANIC HEALTH COUNCIL 175 MAIN STREET HARTFORD, CT 06106	06-1018979	509(A)(1)	5,500				FAMILY/CHILD/SOC BASIC HUMAN NEED
HISPANIC HEALTH COUNCIL 175 MAIN STREET HARTFORD, CT 06106	06-1018979	509(A)(1)	104,847				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HISPANIC HEALTH COUNCIL 175 MAIN STREET HARTFORD, CT 06106	06-1018979	509(A)(1)	11,750				SUMMER PROGRAMS CAMPERSHIP
HISTORICAL SOCIETY OF GLASTONBURY 1944 MAIN STREET PO BOX 46 GLASTONBURY, CT 06033	06-0775931	509(A)(2)	20,356				ARTS, CULTURE MUSEUM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOCKANUM VALLEY COMMUNITY COUNCIL INC 29 NAEK ROAD SUITE 5A VERNON, CT 06066	06-0864311	509(A)(1)	49,550				FAMILY/CHILD/SOC BASIC HUMAN NEED
HOFSTRA UNIVERSITY STUDENT FINANCIAL SERVICES HEMPSTEAD, NY 115491260	11-1630906	509(A)(1)	14,000				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE HOLE IN THE WALL GANG FUND 555 LONG WHARF DRIVE NEW HAVEN, CT 06511	06-1157655	509(A)(1)	5,401				HEALTH PHYSICAL HEALTH
HORACE BUSHNELL CHILDREN'S FOOD PANTRY 23 VINE STREET HARTFORD, CT 06112	06-1137687	509(A)(1)	8,500				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HORIZONS INC 127 BABCOCK HILL ROAD SOUTH WINDHAM, CT 06266	06-1013833	509(A)(2)	2,000				HEALTH MENTAL HEALTH
HORIZONS INC 127 BABCOCK HILL ROAD SOUTH WINDHAM, CT 06266	06-1013833	509(A)(2)	23,000				SUMMER PROGRAMS CAMPERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOUSE OF BREAD INC 1453 MAIN STREET HARTFORD, CT 06120	06-1073478	509(A)(1)	31,000				FAMILY/CHILD/SOC BASIC HUMAN NEED
IMAGINE MAIN STREET INC C/O 42 COVENTRY STREET MANCHESTER, CT 06042	46-1674838	509(A)(1)	7,000				ARTS, CULTURE OTHER ART RELATE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IMMACARE INC PO BOX 260669 HARTFORD, CT 061260669	22-3121606	509(A)(1)	266,000				FAMILY/CHILD/SOC BASIC HUMAN NEED
IMMANUEL CHURCH FOUNDATION FOR THE ELDERLY 15 WOODLAND STREET HARTFORD, CT 06105	22-2480380	509(A)(1)	9,161				FAMILY/CHILD/SOC ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IMMANUEL CONGREGATIONAL CHURCH 10 WOODLAND STREET HARTFORD, CT 06105			13,683				FAMILY/CHILD/SOC FAMILY
INDEPENDENCE UNLIMITED INC 151 NEW PARK AVENUE 65 HARTFORD, CT 06106	11-2848994	509(A)(1)	26,500				HEALTH MENTAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTEGRATED HEALTH SERVICES INC 763 BURNSIDE AVENUE EAST HARTFORD, CT 06108	20-8879300	509(A)(1)	43,637				HEALTH MENTAL HEALTH
INTEGRATED HEALTH SERVICES INC 763 BURNSIDE AVENUE EAST HARTFORD, CT 06108	20-8879300	509(A)(1)	30,919				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTENSIVE EDUCATION ACADEMY INC 840 NORTH MAIN STREET WEST HARTFORD, CT 06117	06-1077091	509(A)(1)	22,500				EDUCATION EDUC'N PREK-12
INTERACT THEATRE COMPANY 302 SOUTH HICKS STREET PHILADELPHIA, PA 19102	23-2555449	509(A)(1)	25,000				ARTS, CULTURE THEATER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
INTERNATIONAL INSTITUTE OF CONNECTICUT INC 670 CLINTON AVENUE BRIDGEPORT, CT 06605	06-0669118	509(A)(1)	11,500				GENERAL LEGAL SVCS/IMMIGRATION/LEGAL RIGHTS
THE IQUILT PARTNERSHIP 31 PRATT STREET 5TH FLOOR HARTFORD, CT 06103	45-1744906	509(A)(1)	60,500				ARTS, CULTURE OTHER ART RELATE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
IRONWOOD COMMUNITY PARTNERS INC 52 DUNCASTER ROAD BLOOMFIELD, CT 06002	47-1277495	509(A)(1)	5,000				COMMY/ECON DEVEL OTHER COMMY/ECON
ITNCENTRALCT INC 50 SOUTH MAIN STREET ROOM 216 WEST HARTFORD, CT 06107	26-1938058	509(A)(1)	7,000				FAMILY/CHILD/SOC ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY CENTERS ASSOCIATION OF NORTH AMERICA 520 EIGHTH AVENUE 4TH FLOOR NEW YORK, NY 10018	13-5599486	509(A)(1)	20,000				FAMILY/CHILD/SOC FAMILY
JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD 333 BLOOMFIELD AVENUE SUITE D WEST HARTFORD, CT 06117	06-1372107	509(A)(1)	5,000				FAMILY/CHILD/SOC FAMILY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH COMMUNITY FOUNDATION OF GREATER HARTFORD 333 BLOOMFIELD AVENUE SUITE D WEST HARTFORD, CT 06117	06-1372107	509(A)(1)	2,978				GENERAL OTHER
JEWISH FAMILY SERVICES 333 BLOOMFIELD AVENUE SUITE A WEST HARTFORD, CT 06117	06-0653062	509(A)(2)	94,258				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY SERVICES 333 BLOOMFIELD AVENUE SUITE A WEST HARTFORD, CT 06117	06-0653062	509(A)(2)	18,000				FAMILY/CHILD/SOC FAMILY
JEWISH FAMILY SERVICES 333 BLOOMFIELD AVENUE SUITE A WEST HARTFORD, CT 06117	06-0653062	509(A)(2)	2,755				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JEWISH FEDERATION OF GREATER HARTFORD 333 BLOOMFIELD AVENUE SUITE C WEST HARTFORD, CT 06117	06-0655482	509(A)(1)	109,411				FAMILY/CHILD/SOC FAMILY
JEWISH TEEN LEARNING CONNECTION ZACHS CAMPUS WEST HARTFORD, CT 06117	06-1329245	509(A)(2)	20,000				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JOHN J DRISCOLL UNITED LABOR AGENCY INC 56 TOWN LINE ROAD ROCKY HILL, CT 06067	06-0987695	509(A)(1)	17,500				FAMILY/CHILD/SOC BASIC HUMAN NEED
JOHN J DRISCOLL UNITED LABOR AGENCY INC 56 TOWN LINE ROAD ROCKY HILL, CT 06067	06-0987695	509(A)(1)	30,000				FAMILY/CHILD/SOC FAMILY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JOHN J DRISCOLL UNITED LABOR AGENCY INC 56 TOWN LINE ROAD ROCKY HILL, CT 06067	06-0987695	509(A)(1)	67,000				GENERAL LEGAL SVCS/IMMIGRATION/LEGAL RIGHTS
JOURNEY FOUND INC 60 HILLIARD STREET MANCHESTER, CT 06040	46-2753734	509(A)(1)	24,767				HEALTH MENTAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JOURNEY HOME 255 MAIN STREET HARTFORD, CT 06106	80-0143570	509(A)(1)	72,035				COMMY/ECON DEVEL EMPLOY/TRAIN
JOURNEY HOME 255 MAIN STREET HARTFORD, CT 06106	80-0143570	509(A)(1)	266,697				COMMY/ECON DEVEL HOUSING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JUDY DWORIN PERFORMANCE PROJECT INC 75 CHARTER OAK AVENUE HARTFORD, CT 06106	22-3064328	509(A)(1)	72,500				ARTS, CULTURE DANCE
JUDY DWORIN PERFORMANCE PROJECT INC 75 CHARTER OAK AVENUE HARTFORD, CT 06106	22-3064328	509(A)(1)	31,500				FAMILY/CHILD/SOC FAMILY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND INC 70 FARMINGTON AVENUE HARTFORD, CT 06105	06-0665972	509(A)(1)	5,500				FAMILY/CHILD/SOC CHILDREN & YOUTH
KENNEBUNK LAND TRUST 11 YORK STREET KENNEBUNK, ME 04043	23-7221345	509(A)(1)	5,000				GENERAL ENVIRONMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KIDSAFE CT 19 ELM STREET ROCKVILLE, CT 06066	06-1045251	509(A)(1)	62,000				FAMILY/CHILD/SOC CHILDREN & YOUTH
KINGSWOOD-OXFORD SCHOOL 170 KINGSWOOD ROAD WEST HARTFORD, CT 06119	06-0646688	509(A)(1)	89,185				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KIVA MICROFUNDS 875 HOWARD STREET SAN FRANCISCO, CA 94103	71-0992446	509(A)(1)	5,000				GENERAL OTHER
KNOX INC 75 LAUREL STREET HARTFORD, CT 06106	06-0985421	509(A)(1)	5,000				COMMY/ECON DEVEL EMPLOY/TRAIN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KNOX INC 75 LAUREL STREET HARTFORD, CT 06106	06-0985421	509(A)(1)	53,261				GENERAL RECREATION
LAFAYETTE COLLEGE STUDENT FINANCIAL AID EASTON, PA 180421777	24-0795686	509(A)(1)	5,000				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAND TRUST ALLIANCE INC 1660 L STREET NW SUITE 1100 WASHINGTON, DC 20005	04-2751357	509(A)(1)	30,000				GENERAL ENVIRONMENT
LATINO COMMUNITY SERVICES INC 184 WETHERSFIELD AVENUE HARTFORD, CT 06114	06-1259957	509(A)(2)	9,000				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LATINO COMMUNITY SERVICES INC 184 WETHERSFIELD AVENUE HARTFORD, CT 06114	06-1259957	509(A)(2)	32,500				HEALTH PHYSICAL HEALTH
LEADERSHIP GREATER HARTFORD INC 30 LAUREL STREET HARTFORD, CT 06106	06-1167174	509(A)(1)	279,021				GENERAL CIVIC ENGAGE/SOCIAL JUSTICE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEARNING ALLY INC 20 ROSZEL ROAD PRINCETON, NJ 08540	13-1659345	509(A)(1)	37,407				FAMILY/CHILD/SOC BASIC HUMAN NEED
LEGACY FOUNDATION OF HARTFORD 1229 ALBANY AVENUE HARTFORD, CT 06112	45-3908154	509(A)(1)	35,700				FAMILY/CHILD/SOC CHILDREN & YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LIBRARY ASSOCIATION OF WAREHOUSE POINT INC 107 MAIN STREET EAST WINDSOR, CT 06088	06-0719521	509(A)(1)	9,009				EDUCATION LITERACY
LITCHFIELD PERFORMING ARTS INC PO BOX 69 LITCHFIELD, CT 06759	06-1083202	509(A)(2)	5,500				ARTS, CULTURE MUSIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITERACY VOLUNTEERS OF GREATER HARTFORD 30 ARBOR STREET HARTFORD, CT 06106	23-7237570	509(A)(1)	60,000				COMMY/ECON DEVEL EMPLOY/TRAIN
LITERACY VOLUNTEERS OF GREATER HARTFORD 30 ARBOR STREET HARTFORD, CT 06106	23-7237570	509(A)(1)	20,000				EDUCATION EMPLOY/TRAIN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LITERACY VOLUNTEERS OF GREATER HARTFORD 30 ARBOR STREET HARTFORD, CT 06106	23-7237570	509(A)(1)	193,979				EDUCATION LITERACY
LITTLE THEATRE OF MANCHESTER INC 177 HARTFORD ROAD MANCHESTER, CT 06040	23-7169063	509(A)(2)	45,399				ARTS, CULTURE THEATER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOAVES AND FISHES MINISTRIES INC 646 PROSPECT AVENUE HARTFORD, CT 06105	06-1328823	509(A)(1)	28,664				FAMILY/CHILD/SOC BASIC HUMAN NEED
LOCAL INITIATIVES SUPPORT CORPORATION 75 CHARTER OAK AVENUE SUITE 2-250 HARTFORD, CT 061061430	13-3030229	509(A)(1)	425,000				COMMY/ECON DEVEL OTHER COMMY/ECON

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOOMIS CHAFFEE SCHOOL 4 BATCHELDER ROAD WINDSOR, CT 06095	06-0653119	509(A)(1)	41,631				EDUCATION EDUC'N PREK-12
LOVE146 PO BOX 8266 NEW HAVEN, CT 06530	20-1168284	509(A)(1)	15,000				FAMILY/CHILD/SOC CHILDREN & YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LUTHER RIDGE AT MIDDLETOWN 624 CONGDON STREET W MIDDLETOWN, CT 06457	20-0216017	509(A)(2)	31,782				FAMILY/CHILD/SOC FAMILY
THE MAIN IDEA INC 180 EAST PROSPECT AVENUE 178 MAMARONECK, NY 10543	01-0284115	509(A)(2)	5,000				FAMILY/CHILD/SOC CHILDREN & YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MALTA HOUSE OF CARE 19 WOODLAND STREET SUITE 21 HARTFORD, CT 06105	20-3562424	509(A)(1)	6,500				FAMILY/CHILD/SOC BASIC HUMAN NEED
MALTA HOUSE OF CARE 19 WOODLAND STREET SUITE 21 HARTFORD, CT 06105	20-3562424	509(A)(1)	30,000				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANCHESTER AREA CONFERENCE OF CHURCHES INC 460 MAIN STREET MANCHESTER, CT 060403804	23-7354956	509(A)(1)	5,000				COMMY/ECON DEVEL EMPLOY/TRAIN
MANCHESTER AREA CONFERENCE OF CHURCHES INC 460 MAIN STREET MANCHESTER, CT 060403804	23-7354956	509(A)(1)	32,745				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANCHESTER AREA CONFERENCE OF CHURCHES INC 460 MAIN STREET MANCHESTER, CT 060403804	23-7354956	509(A)(1)	20,000				FAMILY/CHILD/SOC FAMILY
MANCHESTER COMMUNITY COLLEGE OFFICE OF THE PRESIDENT MS1 MANCHESTER, CT 06045	06-6105971	509(A)(1)	1,500				ARTS, CULTURE OTHER ART RELATE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MANCHESTER COMMUNITY COLLEGE OFFICE OF THE PRESIDENT MS1 MANCHESTER, CT 06045	06-6105971	509(A)(1)	18,000				EDUCATION HIGHER EDUCATION
MANCHESTER COMMUNITY COLLEGE OFFICE OF THE PRESIDENT MS1 MANCHESTER, CT 06045	06-6105971	509(A)(1)	50,076				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MANCHESTER EARLY LEARNING CENTER INC 80 WADDELL ROAD MANCHESTER, CT 06040	06-0949846	509(A)(1)	84,677				FAMILY/CHILD/SOC ERLY CHILD (B-5)
MANCHESTER HISTORICAL SOCIETY 175 PINE STREET MANCHESTER, CT 06040	23-7002464	509(A)(2)	47,956				ARTS, CULTURE MUSEUM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ECHN INCMANCHESTER MEMORIAL HOSPITAL 71 HAYNES STREET MANCHESTER, CT 06040	06-0646710	509(A)(1)	69,083				HEALTH PHYSICAL HEALTH
THE MANCHESTER POLICE ACTIVITIES LEAGUE INC 239 EAST MIDDLE TURNPIKE MANCHESTER, CT 060450191	06-1501114	509(A)(1)	14,500				FAMILY/CHILD/SOC CHILDREN & YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANCHESTER PUBLIC SCHOOLS 45 NORTH SCHOOL STREET MANCHESTER, CT 06247		GOVERN	562,875				EDUCATION EDUC'N PREK-12
MANCHESTER PUBLIC SCHOOLS 45 NORTH SCHOOL STREET MANCHESTER, CT 06247		GOVERN	25,000				EDUCATION LITERACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MANCHESTER SCHOLARSHIP FOUNDATION INC 20 HARTFORD ROAD MANCHESTER, CT 06040	06-6076924	509(A)(1)	32,956				EDUCATION HIGHER EDUCATION
MANDELL JEWISH COMMUNITY CENTER 335 BLOOMFIELD AVENUE WEST HARTFORD, CT 061171507	06-0662142	509(A)(2)	79,632				FAMILY/CHILD/SOC CHILDREN & YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANDELL JEWISH COMMUNITY CENTER 335 BLOOMFIELD AVENUE WEST HARTFORD, CT 061171507	06-0662142	509(A)(2)	1,000				FAMILY/CHILD/SOC FAMILY
MANDELL JEWISH COMMUNITY CENTER 335 BLOOMFIELD AVENUE WEST HARTFORD, CT 061171507	06-0662142	509(A)(2)	5,000				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARC INC OF MANCHESTER 151 SHELDON ROAD MANCHESTER, CT 06042	06-0712057	509(A)(2)	13,650				HEALTH MENTAL HEALTH
MARCH INC OF MANCHESTER 222 MCKEE STREET MANCHESTER, CT 06040	06-1016068	509(A)(2)	10,020				HEALTH MENTAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARIN COMMUNITY FOUNDATION 5 HAMILTON LANDING SUITE 200 NOVATO, CA 94949	94-3007979	509(A)(1)	71,923				COMMY/ECON DEVEL OTHER COMMY/ECON
MARIN COUNTRY DAY SCHOOL 5221 PARADISE DRIVE CORTE MADERA, CA 949252107	94-1375791	509(A)(1)	5,000				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MARK TWAIN HOUSE & MUSEUM 351 FARMINGTON AVENUE HARTFORD, CT 06105	06-0685118	509(A)(1)	15,000				ARTS, CULTURE MUSEUM
THE MASONIC CHARITY FOUNDATION OF CONNECTICUT PO BOX 70 WALLINGFORD, CT 06492	06-1435920	509(A)(3)	9,957				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE MASTER'S SCHOOL 36 WESTLEDGE ROAD WEST SIMSBURY, CT 06092	23-7016084	509(A)(1)	10,000				EDUCATION EDUC'N PREK-12
MCLEAN FOUNDATION 75 GREAT POND ROAD SIMSBURY, CT 060701999	23-7032779	509(A)(1)	11,000				GENERAL RECREATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCLEAN FOUNDATION 75 GREAT POND ROAD SIMSBURY, CT 060701999	23-7032779	509(A)(1)	16,015				HEALTH PHYSICAL HEALTH
MENTAL HEALTH CONNECTICUT INC 61 SOUTH MAIN STREET SUITE 100 WEST HARTFORD, CT 06107	06-0646593	509(A)(1)	14,255				HEALTH MENTAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERCY HOUSING AND SHELTER CORPORATION 211 WETHERSFIELD AVENUE HARTFORD, CT 06114	06-1090211	509(A)(1)	176,409				FAMILY/CHILD/SOC BASIC HUMAN NEED
METROHARTFORD ALLIANCE INC 31 PRATT STREET HARTFORD, CT 06103	06-1614518	501(C)(6)	40,000				COMMY/ECON DEVEL OTHER COMMY/ECON

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
METROHARTFORD ALLIANCE INC 31 PRATT STREET HARTFORD, CT 06103	06-1614518	501(C)(6)	5,000				FAMILY/CHILD/SOC CHILDREN & YOUTH
MIDDLESEX LAND TRUST 27 WASHINGTON STREET 8 MIDDLETOWN, CT 06457	22-2812942	509(A)(1)	50,000				GENERAL ENVIRONMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOREHOUSE COLLEGE OFFICE OF FINANCIAL AID ATLANTA, GA 30314	58-0566205	509(A)(1)	9,000				EDUCATION SCHOLARSHIP
MOUNT HOLYOKE COLLEGE OFFICE OF STUDENT FINAN SERVIC SOUTH HADLEY, MA 010751492	04-2103578	509(A)(1)	5,000				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUTUAL HOUSING ASSOCIATION OF GREATER HARTFORD INC 95 NILES STREET HARTFORD, CT 06105	22-2925052	509(A)(1)	20,000				COMMY/ECON DEVEL HOUSING
MY SISTERS' PLACE INC 102 PLINY STREET HARTFORD, CT 06120	06-1079879	509(A)(1)	313,034				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MY SISTERS' PLACE INC 102 PLINY STREET HARTFORD, CT 06120	06-1079879	509(A)(1)	5,000				FAMILY/CHILD/SOC CHILDREN & YOUTH
NAMI CONNECTICUT INC 576 FARMINGTON AVENUE HARTFORD, CT 06105	22-2605701	509(A)(1)	22,025				HEALTH MENTAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NATIONAL CONFERENCE FOR COMMUNITY AND JUSTICE 820A PROSPECT HILL ROAD WINDSOR, CT 06095	14-1937658	509(A)(1)	67,104				GENERAL CIVIC ENGAGE/SOCIAL JUSTICE
NETWORK AGAINST DOMESTIC ABUSE OF NORTH CENTRAL CT INC 139 HAZARD AVENUE BUILDING 3-9 ENFIELD, CT 06082	22-2670688	509(A)(1)	23,000				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW DIRECTIONS OF NORTH CENTRAL CONNECTICUT 113 ELM STREET SUITE 204 ENFIELD, CT 06082	06-1019039	509(A)(1)	9,291				HEALTH MENTAL HEALTH
NEW ENGLAND AIR MUSEUM 36 PERIMETER ROAD WINDSOR LOCKS, CT 06096	06-6069083	509(A)(1)	15,150				ARTS, CULTURE MUSEUM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW ENGLAND PUBLIC RADIO FOUNDATION INC 1525 MAIN STREET SPRINGFIELD, MA 011031413	04-6130523	509(A)(1)	40,000				ARTS, CULTURE MUSIC
NEW ENGLAND SYNOD EVANGELICAL LUTHERAN CHURCH IN AMERICA PO BOX 13 WORCESTER, MA 016140013	04-2496563	509(A)(2)	31,782				FAMILY/CHILD/SOC FAMILY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HAMPSHIRE CHARITABLE FOUNDATION 37 PLEASANT STREET CONCORD, NH 03301	02-6005625	509(A)(1)	20,000				GENERAL OTHER
NEW HAVEN DIAPER BANK INC 370 STATE STREET NORTH HAVEN, CT 06473	20-1179912	509(A)(1)	11,500				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEW HAVEN LEGAL ASSISTANCE ASSOCIATION 426 STATE STREET NEW HAVEN, CT 06510	06-0793269	509(A)(1)	75,000				GENERAL LEGAL SVCS/IMMIGRATION/LEGAL RIGHTS
NEW HORIZONS INC 37 BLISS MEMORIAL DRIVE UNIONVILLE, CT 06117	06-6040513	509(A)(2)	25,000				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW YORK CITY BALLET CORPORATION 20 LINCOLN CENTER NEW YORK, NY 10023	13-2947386	509(A)(2)	10,000				ARTS, CULTURE DANCE
NEW YORK UNIVERSITY GENERAL PO BOX 30826 NEW YORK, NY 100870826	13-5562308	509(A)(1)	5,568				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NOAH WEBSTER HOUSE 227 SOUTH MAIN STREET WEST HARTFORD, CT 061073453	06-6075605	509(A)(2)	8,429				ARTS, CULTURE MUSEUM
NORTH CAROLINA A&T STATE UNIVERSITY TREASURERS OFFICE GREENSBORO, NC 27411			8,000				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CAROLINA STATE UNIVERSITY 2016 HARRIS HALL RALEIGH, NC 27695	56-6049503	509(A)(1)	5,000				EDUCATION SCHOLARSHIP
NORTHEASTERN UNIVERSITY PO BOX 981085 BOSTON, MA 022981085	04-1679980	509(A)(1)	25,439				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHSIDE INSTITUTIONS NEIGHBORHOOD ALLIANCE 20 SARGEANT STREET HARTFORD, CT 06105	22-3887275	509(A)(1)	12,500				COMMY/ECON DEVEL OTHER COMMY/ECON
NORTHWEST CATHOLIC HIGH SCHOOL 29 WAMPANOAG DRIVE WEST HARTFORD, CT 06117	06-6079624	509(A)(1)	5,178				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NUTMEG BIG BROTHERS BIG SISTERS 30 LAUREL STREET SUITE 3 HARTFORD, CT 06106	06-0850379	509(A)(1)	40,169				FAMILY/CHILD/SOC CHILDREN & YOUTH
OAK HILL 120 HOLCOMB STREET HARTFORD, CT 06112	06-0669111	509(A)(1)	167,508				EDUCATION OTHER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO STATE UNIVERSITY OFFICE OF THE UNIVERSITY BURSAR COLUMBUS, OH 432183248	31-1145986	509(A)(1)	6,000				EDUCATION SCHOLARSHIP
OHIO WESLEYAN UNIVERSITY ACCOUNTING DEPARTMENT DELAWARE, OH 43015	31-4379585	509(A)(1)	30,000				EDUCATION HIGHER EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONLINE JOURNALISM PROJECT 493 CENTRAL AVENUE NEW HAVEN, CT 06515	20-3296979	509(A)(1)	20,000				EDUCATION OTHER
OPEN HEARTH ASSOCIATION INC 150 CHARTER OAK AVE HARTFORD, CT 06106	06-0646773	509(A)(2)	20,000				COMMY/ECON DEVEL EMPLOY/TRAIN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OPEN HEARTH ASSOCIATION INC 150 CHARTER OAK AVE HARTFORD, CT 06106	06-0646773	509(A)(2)	102,000				FAMILY/CHILD/SOC BASIC HUMAN NEED
OPERATION FUEL INC 75 CHARTER OAK AVENUE SUITE 2-240 HARTFORD, CT 06106	06-1253091	509(A)(1)	142,798				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ORGANIZED PARENTS MAKE A DIFFERENCE 350 FARMINGTON AVENUE HARTFORD, CT 06105	06-1420323	509(A)(1)	12,000				FAMILY/CHILD/SOC CHILDREN & YOUTH
ORGANIZED PARENTS MAKE A DIFFERENCE 350 FARMINGTON AVENUE HARTFORD, CT 06105	06-1420323	509(A)(1)	26,000				SUMMER PROGRAMS CAMPERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ORGANIZED PARENTS MAKE A DIFFERENCE 350 FARMINGTON AVENUE HARTFORD, CT 06105	06-1420323	509(A)(1)	8,000				SUMMER PROGRAMS CIT PROGRAM
OUR COMPANIONS DOMESTIC ANIMAL SANCTUARY PO BOX 956 MANCHESTER, CT 06045	41-2047734	509(A)(1)	14,885				GENERAL ANIMAL PROTECTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OUR PIECE OF THE PIE 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659	509(A)(1)	115,000				COMMY/ECON DEVEL EMPLOY/TRAIN
OUR PIECE OF THE PIE 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659	509(A)(1)	191,500				FAMILY/CHILD/SOC CHILDREN & YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OUR PIECE OF THE PIE 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0939659	509(A)(1)	17,900				SUMMER PROGRAMS CIT PROGRAM
OXFORD ACADEMY 1393 BOSTON POST ROAD WESTBROOK, CT 06498	22-2809363	509(A)(1)	12,500				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PADRES ABRIENDO PUERTAS INC 60-B WESTON STREET HARTFORD, CT 06106	06-1338937	509(A)(1)	5,000				FAMILY/CHILD/SOC FAMILY
PARKVILLE SENIOR CENTER 11 NEW PARK AVENUE HARTFORD, CT 06106	23-7232216	509(A)(1)	26,000				FAMILY/CHILD/SOC ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARTNERSHIP FOR STRONG COMMUNITIES 227 LAWRENCE STREET HARTFORD, CT 06106	20-0882009	509(A)(1)	35,000				FAMILY/CHILD/SOC ADVOCACY/PUBLIC POLICY
PENNSYLVANIA BALLET 1819 JFK BOULEVARD SUITE 210 PHILADELPHIA, PA 19103	23-1629970	509(A)(2)	20,000				ARTS, CULTURE DANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE PEQUOT CHAPEL 857 MONTAUK AVENUE NEW LONDON, CT 06320	06-6055269	509(A)(2)	15,000				FAMILY/CHILD/SOC FAMILY
THE PHILADELPHIA FOUNDATION 1234 MARKET STREET SUITE 1800 PHILADELPHIA, PA 19107	23-1581832	509(A)(1)	125,000				GENERAL OTHER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED LIFETIME ASSISTANCE NETWORK OF CT PO BOX 4280 HARTFORD, CT 06147	06-1268987	509(A)(1)	3,500				FAMILY/CHILD/SOC BASIC HUMAN NEED
PLANNED LIFETIME ASSISTANCE NETWORK OF CT PO BOX 4280 HARTFORD, CT 06147	06-1268987	509(A)(1)	3,315				HEALTH MENTAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD FEDERATION OF AMERICA 434 WEST 33RD STREET NEW YORK, NY 10001	13-1644147	509(A)(1)	8,000				HEALTH PHYSICAL HEALTH
PLANNED PARENTHOOD LOS ANGELES 400 WEST 30TH STREET LOS ANGELES, CA 90007	95-2408623	509(A)(1)	5,000				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND INC 345 WHITNEY AVENUE NEW HAVEN, CT 06511	06-0263565	509(A)(2)	140,025				HEALTH PHYSICAL HEALTH
PLANNED PARENTHOOD SHASTA DIABLO INC 2185 PACHECO STREET CONCORD, CA 94510	94-1575233	509(A)(2)	50,000				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PLAYHOUSE ON PARK 244 PARK ROAD WEST HARTFORD, CT 06119	26-4840125	509(A)(2)	13,100				ARTS, CULTURE THEATER
POMONA COLLEGE OFFICE OF THE PRESIDENT CLAREMONT, CA 91711	95-1664112	509(A)(1)	5,000				EDUCATION HIGHER EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POPE HARTFORD DESIGNATED FUND 30 ARBOR STREET HARTFORD, CT 06106	03-0492234	509(A)(2)	40,500				GENERAL RECREATION
PRINCETON UNIVERSITY CORPORATE FOUNDATION RELATIONS PRINCETON, NJ 08540	21-0634501	509(A)(1)	21,799				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRO BONO PARTNERSHIP 237 MAMARONECK AVENUE SUITE 300 WHITE PLAINS, NY 10605	06-1264823	509(A)(2)	50,000				COMMY/ECON DEVEL OTHER COMMY/ECON
PROJECT DISCOVERY INC 1200 ELECTRIC ROAD SALEM, VA 241530009	54-1369308	509(A)(1)	10,000				EDUCATION OTHER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROJECT PLACE 1145 WASHINGTON STREET BOSTON, MA 02118	04-2457732	509(A)(1)	30,000				COMMY/ECON DEVEL EMPLOY/TRAIN
PROTECTORS OF ANIMALS INC 144 MAIN STREET UNIT O EAST HARTFORD, CT 06118	06-0959891	509(A)(2)	5,000				GENERAL ANIMAL PROTECTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	05-0258932	509(A)(1)	40,000				EDUCATION HIGHER EDUCATION
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	05-0258932	509(A)(1)	20,000				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRUDENCE CRANDELL CENTER FOR WOMEN BOX 895 NEW BRITAIN, CT 06050	06-0968557	509(A)(1)	21,240				FAMILY/CHILD/SOC BASIC HUMAN NEED
PURPLE HEART HOMES PO BOX 5535 STATESVILLE, NC 286875535	26-3516121	509(A)(1)	5,000				FAMILY/CHILD/SOC FAMILY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
QUINNIPIAC UNIVERSITY BURSARS OFFICE HAMDEN, CT 06518	06-0646701	509(A)(1)	19,839				EDUCATION SCHOLARSHIP
REAL ART WAYS INC 56 ARBOR STREET HARTFORD, CT 06106	06-0958072	509(A)(1)	145,617				ARTS, CULTURE OTHER ART RELATE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REAL ART WAYS INC 56 ARBOR STREET HARTFORD, CT 06106	06-0958072	509(A)(1)	6,250				SUMMER PROGRAMS CAMPERSHIP
REBUILDING TOGETHER OF MANCHESTER INC 448 TOLLAND TURNPIKE MANCHESTER, CT 06040	06-1356443	509(A)(1)	8,000				COMMY/ECON DEVEL HOUSING

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGIONAL DATA COOPERATIVE FOR GREATER NEW HAVEN 129 CHURCH STREET 6TH FLOOR NEW HAVEN, CT 06510	06-1567201	509(A)(1)	5,000				COMMY/ECON DEVEL OTHER COMMY/ECON
RIVERFRONT RECAPTURE INC 50 COLUMBUS BOULEVARD 1ST FLOOR HARTFORD, CT 061061984	06-1045653	509(A)(1)	13,353				ARTS, CULTURE MUSIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVERFRONT RECAPTURE INC 50 COLUMBUS BOULEVARD 1ST FLOOR HARTFORD, CT 061061984	06-1045653	509(A)(1)	45,379				COMMY/ECON DEVEL OTHER COMMY/ECON
RIVERWOOD POETRY SERIES INC 47 GERARD STREET MANCHESTER, CT 06040	27-0416843	509(A)(1)	7,500				ARTS, CULTURE OTHER ART RELATE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROARING BROOK NATURE CENTER 70 GRACEY ROAD CANTON, CT 06019	22-2596568	509(A)(2)	5,830				GENERAL ENVIRONMENT
ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET NEW YORK, NY 10036	13-3615533	509(A)(1)	20,000				FAMILY/CHILD/SOC FAMILY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE RON FOLEY PANCREATIC CANCER FOUNDATION 1000 FARMINGTON AVENUE SUITE 108A WEST HARTFORD, CT 06107	27-1386741	509(A)(1)	5,000				HEALTH PHYSICAL HEALTH
THE ROTARY FOUNDATION ONE ROTARY CENTER EVANSTON, IL 60201	36-3245072	509(A)(1)	25,000				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RUSHFORD CENTERS 883 PADDOCK AVENUE MERIDEN, CT 06450	06-0932875	509(A)(1)	50,000				HEALTH MENTAL HEALTH
SACRED HEART SCHOOL 35 ORANGE STREET NEW BRITAIN, CT 060534122			11,212				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SACRED HEART UNIVERSITY OFFICE OF THE CASHIER FAIRFIELD, CT 06825	06-0776644	509(A)(1)	30,000				EDUCATION HIGHER EDUCATION
SACRED HEART UNIVERSITY OFFICE OF THE CASHIER FAIRFIELD, CT 06825	06-0776644	509(A)(1)	4,000				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER 114 WOODLAND STREET HARTFORD, CT 06105	06-0646813	509(A)(1)	5,000				FAMILY/CHILD/SOC BASIC HUMAN NEED
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER 114 WOODLAND STREET HARTFORD, CT 06105	06-0646813	509(A)(1)	193,926				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT PAUL'S EVANGELICAL LUTHERAN CHURCH 371 WOLCOTT HILL ROAD WETHERSFIELD, CT 06109			31,792				FAMILY/CHILD/SOC FAMILY
THE SALVATION ARMY SOUTHERN NEW ENGLAND DIVISION 225 SOUTH MARSHALL STREET HARTFORD, CT 06105	13-3485289	509(A)(1)	321,795				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY SOUTHERN NEW ENGLAND DIVISION 225 SOUTH MARSHALL STREET HARTFORD, CT 06105	13-3485289	509(A)(1)	429				FAMILY/CHILD/SOC FAMILY
THE SALVATION ARMY SOUTHERN NEW ENGLAND DIVISION 225 SOUTH MARSHALL STREET HARTFORD, CT 06105	13-3485289	509(A)(1)	27,200				SUMMER PROGRAMS CAMPERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE SALVATION ARMY SOUTHERN NEW ENGLAND DIVISION 225 SOUTH MARSHALL STREET HARTFORD, CT 06105	13-3485289	509(A)(1)	10,100				SUMMER PROGRAMS TUTORIAL
SANKOFA KUUMBA CULTURAL ARTS CONSORTIUM 57 WOODSTOCK STREET HARTFORD, CT 06106	06-1393320	509(A)(1)	6,500				SUMMER PROGRAMS ENRICHMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND ACADIANA 700 EDWARDS AVENUE NEW ORLEANS, LA 70123	72-0956468	509(A)(1)	5,000				FAMILY/CHILD/SOC BASIC HUMAN NEED
SENIORS JOB BANK INC 50 SOUTH MAIN STREET ROOM 216 WEST HARTFORD, CT 06107	36-4748147	509(A)(1)	5,000				COMMY/ECON DEVEL EMPLOY/TRAIN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SIMMONS COLLEGE OFFICE OF FINANCIAL STUDENT SV BOSTON, MA 021155898	04-2103629	509(A)(1)	5,357				EDUCATION SCHOLARSHIP
SIMSBURY COMMUNITY TELEVISION INC 754 HOPMEADOW STREET SIMSBURY, CT 06070	22-2540873	509(A)(1)	20,859				GENERAL INFORM GENERAL PUBLIC

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIMSBURY FREE LIBRARY PO BOX 484 SIMSBURY, CT 06070	06-0646898	509(A)(1)	6,000				ARTS, CULTURE OTHER ART RELATE
SIMSBURY HISTORICAL SOCIETY 800 HOPMEADOW STREET SIMSBURY, CT 06070	06-6039934	509(A)(1)	20,000				ARTS, CULTURE MUSEUM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SIMSBURY LAND TRUST PO BOX 634 SIMSBURY, CT 06070	06-0958573	509(A)(1)	5,339				GENERAL ENVIRONMENT
SIMSBURY MAIN STREET PARTNERSHIP 933 HOPMEADOW STREET ROOM 108 SIMSBURY, CT 06070	06-1447125	509(A)(1)	10,000				COMMY/ECON DEVEL OTHER COMMY/ECON

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SIMSBURY PERFORMING ARTS CENTER PO BOX 33 SIMSBURY, CT 06070	27-4640969	509(A)(1)	10,000				ARTS, CULTURE THEATER
SONIA PLUMB DANCE COMPANY INC 151 WOODROW STREET WEST HARTFORD, CT 06107	06-1304412	509(A)(1)	21,043				ARTS, CULTURE DANCE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH GLASTONBURY PUBLIC LIBRARY ASSOCIATION 80 HIGH STREET SOUTH GLASTONBURY, CT 06073	23-7365075	509(A)(1)	6,691				EDUCATION LITERACY
SOUTH PARK INN 75 MAIN STREET HARTFORD, CT 06106	06-1083735	509(A)(1)	59,500				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHERN CONNECTICUT STATE UNIVERSITY ATTN FINANCIAL AID NEW HAVEN, CT 06515	23-7208882	509(A)(1)	47,466				EDUCATION SCHOLARSHIP
SPECIAL OLYMPICS CONNECTICUT EASTERN REGION 2666 STATE STREET SUITE 1 HAMDEN, CT 065172200	23-7099756	509(A)(2)	17,000				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECTRUM IN MOTION DANCE THEATER ENSEMBLE INC CITY ARTS ON PEARL HARTFORD, CT 06103	26-2413622	509(A)(2)	8,500				SUMMER PROGRAMS CAMPERSHIP
SPRINGFIELD COLLEGE BUSINESS OFFICE SPRINGFIELD, MA 011093797	04-2104329	509(A)(1)	34,747				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ST JUDE CHILDREN'S RESEARCH HOSPITAL PO BOX 3704 MEMPHIS, TN 381730704	62-0646012	509(A)(1)	9,957				HEALTH PHYSICAL HEALTH
ST LUKE'S EPISCOPAL CHURCH 915 MAIN STREET SOUTH GLASTONBURY, CT 06073			20,000				FAMILY/CHILD/SOC FAMILY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STUDENT DIPLOMACY CORPS 55 EXCHANGE PLACE SUITE 601 NEW YORK, NY 10005	46-2805875	509(A)(2)	15,000				EDUCATION OTHER
SUFFIELD ELEMENTARY PTO C/O SPAULDING SCHOOL WEST SUFFIELD, CT 06093	06-1525634	509(A)(2)	55,880				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUFFIELD FIREMEN'S ASSOCIATION 73 MOUNTAIN ROAD SUFFIELD, CT 06078	06-6045261	501(C)(4)	8,170				HEALTH PHYSICAL HEALTH
SUFFIELD LITTLE LEAGUE PO BOX 724 SUFFIELD, CT 06078	51-0256253	509(A)(1)	25,000				FAMILY/CHILD/SOC CHILDREN & YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TALCOTT MOUNTAIN SCIENCE CENTER 324 MONTEVIDEO ROAD AVON, CT 06001	06-0860469	509(A)(2)	7,095				EDUCATION SCHOLARSHIP
TALCOTT MOUNTAIN SCIENCE CENTER 324 MONTEVIDEO ROAD AVON, CT 06001	06-0860469	509(A)(2)	16,000				SUMMER PROGRAMS CAMPERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEACH FOR AMERICA 100 WEST OXFORD STREET SUITE E-3000 E-3000 PHILADELPHIA, PA 19122	13-3541913	509(A)(1)	5,000				EDUCATION EDUC'N PREK-12
TEMPLE UNIVERSITY OUTSIDE SCHOLARSHIP PAYMENT PROCESSING PHILADELPHIA, PA 19122	23-1365971	509(A)(1)	17,500				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THEATERWORKS INC CITY ARTS ON PEARL HARTFORD, CT 06103	06-1172413	509(A)(2)	139,149				ARTS, CULTURE THEATER
THIRD SECTOR NEW ENGLAND 89 SOUTH STREET SUITE 700 BOSTON, MA 021112670	04-2261109	509(A)(1)	5,000				GENERAL OTHER

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TLC FOUNDATION INC 17 NORTH STREET MANCHESTER, CT 060452334	22-2517421	509(A)(2)	8,540				FAMILY/CHILD/SOC CHILDREN & YOUTH
TRINITY ACADEMY 120 SIGOURNEY STREET HARTFORD, CT 06105	27-2901529	509(A)(1)	63,500				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRINITY COLLEGE 300 SUMMIT STREET HARTFORD, CT 06106	06-0646927	509(A)(1)	500				EDUCATION HIGHER EDUCATION
TRINITY COLLEGE 300 SUMMIT STREET HARTFORD, CT 06106	06-0646927	509(A)(1)	79,012				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRINITY COLLEGE 300 SUMMIT STREET HARTFORD, CT 06106	06-0646927	509(A)(1)	12,500				SUMMER PROGRAMS CIT PROGRAM
TRI-TOWN SHELTER SERVICES INC 93 EAST MAIN STREET VERNON, CT 06066	06-1167566	509(A)(1)	60,000				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TRUE COLORS INC 30 ARBOR STREET SUITE 201A HARTFORD, CT 06106	06-1537001	509(A)(1)	63,500				FAMILY/CHILD/SOC CHILDREN & YOUTH
TUFTS UNIVERSITY 80 GEORGE STREET MEDFORD, MA 02155	23-7000827	509(A)(1)	100,000				EDUCATION HIGHER EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TUFTS UNIVERSITY 80 GEORGE STREET MEDFORD, MA 02155	23-7000827	509(A)(1)	6,000				EDUCATION SCHOLARSHIP
TUNXIS COMMUNITY COLLEGE FOUNDATION 271 SCOTT SWAMP ROAD FARMINGTON, CT 060323187	23-7099816	509(A)(2)	10,000				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TYRINGHAM AFFORDABLE HOUSING ASSOCIATION 2 CHURCH STREET TYRINGHAM, MA 01264	01-0875133	GOVERN	5,000				COMMY/ECON DEVEL HOUSING
UCLA MEDICAL SCIENCES DEVELOPMENT 10945 LE CONTE AVENUE SUITE 3132 LOS ANGELES, CA 900951784	95-2250801	509(A)(1)	25,000				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIFIED THEATER INC PO BOX 271760 WEST HARTFORD, CT 061271760	38-3689243	509(A)(1)	68,250				ARTS, CULTURE THEATER
UNION BAPTIST CHURCH 1921 MAIN STREET HARTFORD, CT 06120			5,500				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED CEREBRAL PALSY OF GREATER HARTFORD 80 WHITNEY STREET HARTFORD, CT 06105	06-0737307	509(A)(1)	9,957				HEALTH PHYSICAL HEALTH
UNITED CEREBRAL PALSY OF GREATER HARTFORD 80 WHITNEY STREET HARTFORD, CT 06105	06-0737307	509(A)(1)	24,500				SUMMER PROGRAMS CAMPERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED CONNECTICUT ACTION FOR NEIGHBORHOODS 20-28 SARGEANT STREET HARTFORD, CT 06105	06-0990578	509(A)(1)	50,000				HEALTH PHYSICAL HEALTH
UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT 30 LAUREL STREET HARTFORD, CT 06106	06-0646653	509(A)(1)	150,000				COMMY/ECON DEVEL EMPLOY/TRAIN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT 30 LAUREL STREET HARTFORD, CT 06106	06-0646653	509(A)(1)	137,065				FAMILY/CHILD/SOC BASIC HUMAN NEED
UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT 30 LAUREL STREET HARTFORD, CT 06106	06-0646653	509(A)(1)	25,000				FAMILY/CHILD/SOC FAMILY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF CONNECTICUT 1344 SILAS DEANE HIGHWAY 4TH FLOOR ROCKY HILL, CT 06067	06-1084194	509(A)(1)	5,000				FAMILY/CHILD/SOC BASIC HUMAN NEED
UNITED WAY OF CONNECTICUT 1344 SILAS DEANE HIGHWAY 4TH FLOOR ROCKY HILL, CT 06067	06-1084194	509(A)(1)	10,000				FAMILY/CHILD/SOC ERLY CHILD (B-5)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF BRIDGEPORT STUDENT FINANCIAL SERVICES OFFICE BRIDGEPORT, CT 06601	06-0646936	509(A)(1)	5,000				EDUCATION SCHOLARSHIP
UNIVERSITY OF CONNECTICUT OFFICE OF THE BURSAR STORRS, CT 062694100	06-6070722	509(A)(1)	222,817				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CONNECTICUT FOUNDATION 2390 ALUMNI DRIVE STORRS, CT 062693206	06-6070722	509(A)(1)	60,977				EDUCATION HIGHER EDUCATION
UNIVERSITY OF CONNECTICUT FOUNDATION 2390 ALUMNI DRIVE STORRS, CT 062693206	06-6070722	509(A)(1)	9,957				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CONNECTICUT GREATER HARTFORD CAMPUS FINANCE OFFICE WEST HARTFORD, CT 06117	06-6070722	509(A)(1)	54,576				EDUCATION SCHOLARSHIP
UNIVERSITY OF CONNECTICUT HEALTH CENTER JOHN DEMPSEY HOSPITAL FARMINGTON, CT 060303802	23-7187838	509(A)(1)	126,532				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CONNECTICUT LAW SCHOOL FOUNDATION 45 ELIZABETH STREET HARTFORD, CT 061052213	23-7387568	509(A)(1)	18,000				EDUCATION HIGHER EDUCATION
UNIVERSITY OF CONNECTICUT NEAG SCHOOL OF EDUCATION 249 GLENBROOK ROAD UNIT 3093 STORRS, CT 06269	06-6085975	509(A)(2)	20,700				EDUCATION HIGHER EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE & OF DENTAL MEDICINE 263 FARMINGTON AVENUE FARMINGTON, CT 060301827	06-6070722	509(A)(1)	25,250				EDUCATION SCHOLARSHIP
UNIVERSITY OF DELAWARE OFFICE OF SCHOLFINANCIAL AID NEWARK, DE 19716	51-6000297	509(A)(1)	12,000				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117	06-0731360	509(A)(1)	32,753				EDUCATION HIGHER EDUCATION
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117	06-0731360	509(A)(1)	69,143				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF MAINE OFFICE OF THE BURSAR ORONO, ME 044695703	01-6011501	509(A)(1)	7,000				EDUCATION SCHOLARSHIP
UNIVERSITY OF MASSACHUSETTS 255 WHITMORE ADMINISTRATIVE BUILDING AMHERST, MA 010039313	04-6013152	509(A)(1)	5,000				EDUCATION HIGHER EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS 255 WHITMORE ADMINISTRATIVE BUILDING AMHERST, MA 010039313	04-6013152	509(A)(1)	6,000				EDUCATION SCHOLARSHIP
UNIVERSITY OF MASSACHUSETTS 255 WHITMORE ADMINISTRATIVE BUILDING AMHERST, MA 010039313	04-6013152	509(A)(1)	10,000				HEALTH PHYSICAL HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEW HAVEN OFFICE OF THE BURSAR WEST HAVEN, CT 06516	06-0761704	509(A)(1)	12,800				EDUCATION SCHOLARSHIP
UNIVERSITY OF RHODE ISLAND ENROLLMENT SERVICES KINGSTON, RI 02881	05-6014351	509(A)(1)	9,200				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF SAINT JOSEPH 1678 ASYLUM AVENUE WEST HARTFORD, CT 061172791	06-0646829	509(A)(1)	8,208				EDUCATION EDUC'N PREK-12
UNIVERSITY OF SAINT JOSEPH 1678 ASYLUM AVENUE WEST HARTFORD, CT 061172791	06-0646829	509(A)(1)	13,000				EDUCATION HIGHER EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF SAINT JOSEPH 1678 ASYLUM AVENUE WEST HARTFORD, CT 061172791	06-0646829	509(A)(1)	77,052				EDUCATION SCHOLARSHIP
UNIVERSITY OF SAINT JOSEPH 1678 ASYLUM AVENUE WEST HARTFORD, CT 061172791	06-0646829	509(A)(1)	3,000				FAMILY/CHILD/SOC ELDERLY

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SAINT JOSEPH 1678 ASYLUM AVENUE WEST HARTFORD, CT 061172791	06-0646829	509(A)(1)	500				HEALTH PHYSICAL HEALTH
UNIVERSITY OF TENNESSEE MARTIN BURSARS OFFICE 116 ADMINISTRATIVE BUILDING MARTIN, TN 38238			5,000				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VERMONT STUDENT FINANCIAL SERVICES WILLISTON, VT 054951306	03-0179440	509(A)(1)	9,000				EDUCATION SCHOLARSHIP
UPPER ALBANY MAIN STREET 1382 ALBANY AVENUE HARTFORD, CT 06112	06-1599527	509(A)(1)	55,339				COMMY/ECON DEVEL OTHER COMMY/ECON

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
URBAN LEAGUE OF GREATER HARTFORD INC 140 WOODLAND STREET HARTFORD, CT 06105	06-6066491	509(A)(1)	929				COMMY/ECON DEVEL OTHER COMMY/ECON
URBAN LEAGUE OF GREATER HARTFORD INC 140 WOODLAND STREET HARTFORD, CT 06105	06-6066491	509(A)(1)	1,400				EDUCATION HIGHER EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN LEAGUE OF GREATER HARTFORD INC 140 WOODLAND STREET HARTFORD, CT 06105	06-6066491	509(A)(1)	20,000				GENERAL INFORM GENERAL PUBLIC
VERNON COMMUNITY ARTS CENTER DBA ARTS CENTER EAST 709 HARTFORD TURNPIKE VERNON, CT 06066	26-3069097	509(A)(1)	5,000				ARTS, CULTURE OTHER ART RELATE

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VERNON PUBLIC SCHOOLS 30 PARK STREET VERNON, CT 06066		GOVERN	20,000				EDUCATION EDUC'N PREK-12
THE VILLAGE FOR FAMILIES & CHILDREN INC 1680 ALBANY AVENUE HARTFORD, CT 06105	06-0668594	509(A)(1)	674,195				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE VILLAGE FOR FAMILIES & CHILDREN INC 1680 ALBANY AVENUE HARTFORD, CT 06105	06-0668594	509(A)(1)	72,500				FAMILY/CHILD/SOC BASIC HUMAN NEED
THE VILLAGE FOR FAMILIES & CHILDREN INC 1680 ALBANY AVENUE HARTFORD, CT 06105	06-0668594	509(A)(1)	67,162				FAMILY/CHILD/SOC ERLY CHILD (B-5)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE VILLAGE FOR FAMILIES & CHILDREN INC 1680 ALBANY AVENUE HARTFORD, CT 06105	06-0668594	509(A)(1)	3,126				FAMILY/CHILD/SOC FAMILY
THE VILLAGE FOR FAMILIES & CHILDREN INC 1680 ALBANY AVENUE HARTFORD, CT 06105	06-0668594	509(A)(1)	19,000				SUMMER PROGRAMS CAMPERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY STUDENT SERVICES BUILDING SUITE 150 VIRGINIA TECH BLACKSBURG, VA 24061			9,000				EDUCATION SCHOLARSHIP
WADSWORTH ATHENEUM MUSEUM OF ART 600 MAIN STREET HARTFORD, CT 061032990	06-0653111	509(A)(1)	601,867				ARTS, CULTURE MUSEUM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE WALKS FOUNDATION INC POST OFFICE BOX 155 WEST GRANBY, CT 06090	06-6035204	509(A)(2)	6,000				EDUCATION EDUC'N PREK-12
WATKINSON SCHOOL 180 BLOOMFIELD AVENUE HARTFORD, CT 061051096	06-0655136	509(A)(1)	40,699				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATKINSON SCHOOL 180 BLOOMFIELD AVENUE HARTFORD, CT 061051096	06-0655136	509(A)(1)	11,000				SUMMER PROGRAMS TUTORIAL
THE WEBB-DEANE-STEVENS MUSEUM 211 MAIN STREET WETHERSFIELD, CT 06109	06-0699245	509(A)(1)	5,000				ARTS, CULTURE MUSEUM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLESLEY COLLEGE OFFICE FOR RESOURCES WELLESLEY, MA 02181	04-2103637	509(A)(1)	7,857				EDUCATION SCHOLARSHIP
WENTWORTH INSTITUTE OF TECHNOLOGY STUDENT SERVICES CENTER BOSTON, MA 028845170	04-1958460	509(A)(1)	6,000				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WESLEYAN UNIVERSITY STUDENT ACCOUNTS MIDDLETOWN, CT 06459	06-0646959	509(A)(1)	15,000				EDUCATION LITERACY
WESLEYAN UNIVERSITY STUDENT ACCOUNTS MIDDLETOWN, CT 06459	06-0646959	509(A)(1)	7,254				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOWN OF WEST HARTFORD 50 SOUTH MAIN STREET WEST HARTFORD, CT 06107		GOVERN	5,930				FAMILY/CHILD/SOC BASIC HUMAN NEED
TOWN OF WEST HARTFORD 50 SOUTH MAIN STREET WEST HARTFORD, CT 06107		GOVERN	1,000				GENERAL ENVIRONMENT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE WEST INDIAN FOUNDATION INC 1229 ALBANY AVENUE BLOOMFIELD, CT 06002	06-0976022	509(A)(1)	16,000				SUMMER PROGRAMS CAMPERSHIP
WESTERN NEW ENGLAND UNIVERSITY STUDENT ADMINISTRATIVE SERVICE SPRINGFIELD, MA 011192684	04-2108376	509(A)(1)	13,000				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTMINSTER PRESBYTERIAN CHURCH 2080 BOULEVARD WEST HARTFORD, CT 06107			28,200				FAMILY/CHILD/SOC FAMILY
WETHERSFIELD HISTORICAL SOCIETY 150 MAIN STREET WETHERSFIELD, CT 06109	06-6038062	509(A)(1)	26,975				ARTS, CULTURE MUSEUM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TOWN OF WETHERSFIELD 505 SILAS DEANE HIGHWAY WETHERSFIELD, CT 06109		GOVERN	4,000				FAMILY/CHILD/SOC BASIC HUMAN NEED
TOWN OF WETHERSFIELD 505 SILAS DEANE HIGHWAY WETHERSFIELD, CT 06109		GOVERN	2,825				FAMILY/CHILD/SOC CHILDREN & YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WHEATON COLLEGE STUDENT FINANCIAL SERVICES NORTON, MA 02766	04-2103638	509(A)(1)	8,000				EDUCATION SCHOLARSHIP
WILLIAM H HALL HIGH SCHOOL 975 NORTH MAIN STREET WEST HARTFORD, CT 06117		GOVERN	5,450				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLIAM H HALL HIGH SCHOOL 975 NORTH MAIN STREET WEST HARTFORD, CT 06117		GOVERN	500				EDUCATION SCHOLARSHIP
WINDING TRAILS INC 50 WINDING TRAILS DRIVE FARMINGTON, CT 06032	06-0670252	509(A)(2)	50,000				GENERAL RECREATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WINDSOR HISTORICAL SOCIETY 96 PALISADO AVENUE WINDSOR, CT 06095	06-0851583	509(A)(1)	78,507				ARTS, CULTURE MUSEUM
WINDSOR LOCKS PUBLIC SCHOOLS 58 SOUTH ELM STREET WINDSOR LOCKS, CT 06096		GOVERN	145,000				EDUCATION EDUC'N PREK-12

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINDSOR PUBLIC SCHOOLS 601 MATIANUCK AVENUE WINDSOR, CT 06095		GOVERN	108,648				EDUCATION EDUC'N PREK-12
WOMEN'S LEAGUE CHILD DEVELOPMENT CENTER 1695 MAIN STREET HARTFORD, CT 06120	06-0646969	509(A)(1)	16,500				FAMILY/CHILD/SOC ERLY CHILD (B-5)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WORCESTER POLYTECHNIC INSTITUTE BURSARS OFFICE WORCESTER, MA 016092280	04-2121659	509(A)(1)	6,000				EDUCATION SCHOLARSHIP
WORKFORCE ALLIANCE 560 ELLA T GRASSO BOULEVARD NEW HAVEN, CT 06519	06-1090440	509(A)(1)	20,000				COMMY/ECON DEVEL EMPLOY/TRAIN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WORLD AFFAIRS COUNCIL OF CONNECTICUT 1049 ASYLUM AVENUE HARTFORD, CT 06105	06-0771570	509(A)(2)	48,044				GENERAL INFORM GENERAL PUBLIC
WORLD LEARNING KIPLING ROAD BRATTLEBORO, VT 053020676	03-0179592	509(A)(1)	25,000				COMMY/ECON DEVEL OTHER COMMY/ECON

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE SCHOOL OF MEDICINE FINANCIAL AID OFFICE NEW HAVEN, CT 06510	06-0646973	509(A)(1)	5,000				HEALTH PHYSICAL HEALTH
YALE UNIVERSITY STUDENT FINANCIAL SERVICES NEW HAVEN, CT 065208288	06-0646973	509(A)(1)	9,645				EDUCATION SCHOLARSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA GREATER BOSTON 18 TREMONT STREET SUITE 400 BOSTON, MA 02108	04-2103551	509(A)(2)	30,000				COMMY/ECON DEVEL EMPLOY/TRAIN
YMCA OF METROPOLITAN HARTFORD INC 50 STATE HOUSE SQUARE SECOND FLOOR HARTFORD, CT 06103	06-0881325	509(A)(1)	40,937				FAMILY/CHILD/SOC CHILDREN & YOUTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF METROPOLITAN HARTFORD INC 50 STATE HOUSE SQUARE SECOND FLOOR HARTFORD, CT 06103	06-0881325	509(A)(1)	45,000				FAMILY/CHILD/SOC FAMILY
YMCA OF METROPOLITAN HARTFORD INC 50 STATE HOUSE SQUARE SECOND FLOOR HARTFORD, CT 06103	06-0881325	509(A)(1)	23,500				SUMMER PROGRAMS CAMPERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YMCA OF METROPOLITAN HARTFORD INC 50 STATE HOUSE SQUARE SECOND FLOOR HARTFORD, CT 06103	06-0881325	509(A)(1)	5,000				SUMMER PROGRAMS CIT PROGRAM
YWCA HARTFORD REGION INC 135 BROAD STREET HARTFORD, CT 06105	06-0646993	509(A)(1)	100,000				COMMY/ECON DEVEL EMPLOY/TRAIN

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YWCA HARTFORD REGION INC 135 BROAD STREET HARTFORD, CT 06105	06-0646993	509(A)(1)	53,000				EDUCATION HIGHER EDUCATION
YWCA HARTFORD REGION INC 135 BROAD STREET HARTFORD, CT 06105	06-0646993	509(A)(1)	18,500				FAMILY/CHILD/SOC BASIC HUMAN NEED

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
YWCA HARTFORD REGION INC 135 BROAD STREET HARTFORD, CT 06105	06-0646993	509(A)(1)	39,000				FAMILY/CHILD/SOC FAMILY
YWCA HARTFORD REGION INC 135 BROAD STREET HARTFORD, CT 06105	06-0646993	509(A)(1)	5,300				SUMMER PROGRAMS CAMPERSHIP

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF NEW BRITAIN 19 FRANKLIN SQUARE NEW BRITAIN, CT 06051	06-0598620	509(A)(2)	23,854				FAMILY/CHILD/SOC FAMILY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493292012197

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
HARTFORD FOUNDATION FOR PUBLIC GIVING

Employer identification number
06-0699252

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 on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax 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 on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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 in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 LINDA J KELLY PRESIDENT & SECRETARY	(i)	302,884	0	9,459	61,500	9,876	383,719	0
	(ii)	0	0	0	0	0	0	0
2 VIRGILIO BLONDET JR VP ADMIN&FINANCE/ ASST SE	(i)	201,307	0	4,548	20,522	12,214	238,591	0
	(ii)	0	0	0	0	0	0	0
3 JUDITH ROZIE-BATTLE SR VP/ASST SECRETARY	(i)	200,000	0	5,481	20,000	1,325	226,806	0
	(ii)	0	0	0	0	0	0	0
4 DEBORAH ROTHSTEIN VP FOR DEVELOPMENT AND DON	(i)	172,086	0	1,600	17,510	10,258	201,454	0
	(ii)	0	0	0	0	0	0	0
5 SHARON O'MEARA DIRECTOR, COMMUNITY INVEST	(i)	154,292	0	6,875	16,043	8,682	185,892	0
	(ii)	0	0	0	0	0	0	0
6 NANCY BENBEN VP FOR COMMUNICATIONS	(i)	170,508	0	1,555	17,065	1,184	190,312	0
	(ii)	0	0	0	0	0	0	0
7 SARA A SNEED DIRECTOR, EDUCATION INVEST	(i)	156,824	0	1,443	16,003	10,515	184,785	0
	(ii)	0	0	0	0	0	0	0
8 ANNMARIE REIMER DIRECTOR, NONPROFIT SUPPORT PROGRAM	(i)	150,493	0	3,901	15,435	12,376	182,205	0
	(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
PART I, LINE 4B	THE FOUNDATION CONTRIBUTED $12,500 INTO A NONQUALIFIED DEFERRED COMPENSATION PLAN FOR THE BENEFIT OF LINDA J KELLY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493292012197

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

2016

Open to Public Inspection

Name of the organization
HARTFORD FOUNDATION FOR PUBLIC GIVING

Employer identification number
06-0699252

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	34	1,905,437	MARKET QUOTES
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

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 990-EZ 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

2016

Open to Public Inspection

Name of the organization
HARTFORD FOUNDATION FOR PUBLIC GIVING

Employer identification number
06-0699252

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	PURSUANT TO THE FOUNDATION'S RESOLUTION AND DECLARATION OF TRUST, ITS GOVERNING DOCUMENT, EACH OF THE FOLLOWING HAS AUTHORITY TO APPOINT ONE MEMBER OF THE BOARD OF DIRECTORS - CHIE F JUSTICE OF THE SUPREME COURT OF THE STATE OF CONNECTICUT, MAJORITY VOTE OF THE PRESIDENT S OF THE COLLEGES THAT ARE FULL MEMBERS OF THE HARTFORD CONSORTIUM OF HIGHER EDUCATION, JU DGE OF THE PROBATE COURT FOR THE DISTRICT OF HARTFORD, CHAIR OF THE BOARD OF DIRECTORS OF THE UNITED WAY OF CENTRAL AND NORTHEASTERN CONNECTICUT, CHAIR OF THE BOARD OF DIRECTORS OF THE METROHARTFORD ALLIANCE, TRUSTEES COMMITTEE, WHOSE APPOINTEE SHALL NOT BE AN EXECUTIVE OFFICER OF ANY OF THE TRUSTEE CORPORATIONS THEN ACTING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	UNDER THE FOUNDATION'S RESOLUTION AND DECLARATION OF TRUST, A MAJORITY VOTE BY THE TRUSTEE S COMMITTEE IS REQUIRED TO APPROVE AMENDMENTS TO THE RESOLUTION AND DECLARATION OF TRUST, INCLUDING THE POWER TO APPROVE A DECISION BY THE BOARD OF DIRECTORS TO TERMINATE THE FOUND ATION AND ALL THE POWERS AND DUTIES OF THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PREPARED BY THE FOUNDATION'S INDEPENDENT AUDITORS, AND THEN REVIEWED BY TH E FOUNDATION'S FINANCIAL AND EXECUTIVE STAFF THE AUDIT COMMITTEE OF THE BOARD OF DIRECTOR S REVIEWS AND APPROVES THE 990 THE BOARD OF DIRECTORS APPROVES THE FORM 990 FOR FILING WI TH THE IRS ON THE RECOMMENDATION OF THE AUDIT COMMITTEE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	INFORMATION GATHERING ANNUALLY, THE BOARD OF DIRECTORS, INVESTMENT COMMITTEE MEMBERS (INCL UDES NON-DIRECTORS) AND ALL STAFF MEMBERS ARE ASKED TO REVIEW THE CONFLICT OF INTEREST POL ICY AND COMPLETE THE DISCLOSURE FORM, INFORMATION FROM WHICH IS REVIEWED IN CONNECTION WIT H GRANT PROPOSALS OR NEW VENDOR RELATIONSHIPS REVIEW AND MONITORING - BOARD AND STAFF CON FLICTS DISCLOSURE FORMS ARE REVIEWED BY THE PRESIDENT - BOARD AND SENIOR STAFF CONFLICTS ARE THEN COMPILED IN A CHART FOR DISTRIBUTION TO THE FOUNDATION'S PROGRAM STAFF FOR REGULA R REVIEW AS GRANT WRITE-UPS ARE PREPARED AND SUBMITTED TO THE BOARD - DIRECTORS ARE FURTH ER ASKED TO DISCLOSE CONFLICTS, OR POTENTIAL CONFLICTS, BEFORE ACTION IS TAKEN ON ANY GRAN T PROPOSAL THE DIRECTOR OR SENIOR STAFF MEMBER MUST ABSTAIN FROM ACTING ON ANY PROPOSAL W HEN THERE IS A CONFLICT OR POTENTIAL CONFLICT OF INTEREST - CONFLICTS AND ABSTENTIONS ARE NOTED IN THE BOARD MEETING MINUTES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION DETERMINATION - DIRECTORS REVIEW COMPENSATION DATA THAT INCLUDES COMPARABLE C OMPENSATION DATA COMPILED BY THE COUNCIL ON FOUNDATIONS AND COMPENSATION INFORMATION FROM SIMILARLY SITUATED COMMUNITY FOUNDATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS - REVIEW O F PERFORMANCE OF CHIEF EXECUTIVE OFFICER BY THE DIRECTORS, NONE OF WHOM HAS A CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT - BOARD CHAIR AND VICE CHAIR EXECUT E A CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION IN WRITING, PRIOR TO A NY COMPENSATION ADJUSTMENT FOR THE CEO - A SIMILAR PROCESS OCCURS FOR THE CEO'S REVIEW OF THE OTHER SENIOR MANAGEMENT OFFICIALS - THIS PROCESS IS UNDERTAKEN ANNUALLY, INCLUDING 2 016

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	CORPORATE GOVERNANCE DOCUMENTS ARE PART OF THE PUBLIC FILES OF THE CT SECRETARY OF STATE, AUDITED FINANCIAL STATEMENTS AND QUARTERLY INVESTMENT PERFORMANCE DATA ARE AVAILABLE ON OU R WEBSITE, AND THE OTHERS ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN VALUE/SPLIT-INTEREST 138,773

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, SECTION B	THE FORM IS BEING AMENDED TO REFLECT CHANGES IN UNRELATED BUSINESS INCOME DUE TO FILING OF FORM 990-T THIS HAS RESULTED IN CHANGES TO THE FOLLOWING 990- PART 1 LINES 7A AND 7B, P ART V LINES 3A AND 3B, PART VIII LINES 3 AND 7D 990T

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493292012197

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
HARTFORD FOUNDATION FOR PUBLIC GIVING

Employer identification number
06-0699252

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)HFPG SPECIAL ASSETS INC 10 COLUMBUS BLVD 8TH FLOOR HARTFORD, CT 06106 30-0303718	TO ASSIST THE FOUNDATION IN RECEIVING DONATIONS	CT	501 (C) (3)	TYPE 1 SUPPORTING			No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)POOLED INCOME FUND	SPLIT INTEREST AGREEMENTS	CT		T					No
(2)CHARITABLE REMAINDER TRUST (12)	SPLIT INTEREST AGREEMENTS	CT		T					No

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

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

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation