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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

CONNECTICUT COMMUNITY FOUNDATION INC

Doing business as

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

43 FIELD STREET

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

WATERBURY, CT 06702

F Name and address of principal officer

JULIE LOUGHRAN

43 FIELD STREET

WATERBURY, CT 06702

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ CONNCF.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1923

M State of legal domicile CT

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

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

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

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

16b Total fundraising expenses (Part IX, column (D), line 25) ▶161,875

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

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

DAVID PELLETIER, TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

JOHN ZINNO

Preparer's signature

JOHN ZINNO

Date

2018-06-13

Check ☐ if self-employed

PTIN

P00041154

Firm's name

▶ BLUM SHAPIRO & COMPANY PC

Firm's EIN

▶ 06-1009205

Firm's address

▶ 2 ENTERPRISE DRIVE

Phone no.

(203) 944-2100

SHELTON, CT 064844640

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 6,299,047 including grants of \$ 5,141,536) (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 ▶ 6,299,047

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6 Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16 Yes	
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? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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.	11	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	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	17
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	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
8	Sponsoring organizations maintaining donor advised funds. 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	20	
	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	20	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.	9	No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ►CONNECTICUT COMMUNITY FOUNDATION INC 43 FIELD STREET WATERBURY, CT 06702 (203) 753-1315

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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) DOUGLAS JOHNSON CHAIR	1 00	X		X				0	0	0
(2) BRIAN HENEGBRY VICE CHAIR	1 00	X		X				0	0	0
(3) DAVID PELLETIER TREASURER	1 00	X		X				0	0	0
(4) KATHY TAYLOR SECRETARY	1 00	X		X				0	0	0
(5) JOHN MICHAELS TRUSTEE	1 00	X						0	0	0
(6) REGINALD BEAMON TRUSTEE	1 00	X						0	0	0
(7) MICHAEL GIARDINA TRUSTEE	1 00	X						0	0	0
(8) KATHY BOWER TRUSTEE	1 00	X						0	0	0
(9) ANNE DELO TRUSTEE	1 00	X						0	0	0
(10) DANIEL CARON TRUSTEE	1 00	X						0	0	0
(11) ROBERT BAILEY TRUSTEE	1 00	X						0	0	0
(12) DR CYNTHIA ROQUE TRUSTEE	1 00	X						0	0	0
(13) ELNER MORRELL TRUSTEE	1 00	X						0	0	0
(14) EDITH REYNOLDS TRUSTEE	1 00	X						0	0	0
(15) DANIEL BEDARD TRUSTEE	1 00	X						0	0	0
(16) CAROLYN SETLOW TRUSTEE	1 00	X						0	0	0
(17) MICHELLE FICA TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) VALERIE FRIEDMAN TRUSTEE	1 00	X						0	0	0
(19) KATHRYN KEHOE TRUSTEE	1 00	X						0	0	0
(20) JOYCE PETTEWAY TRUSTEE	1 00	X						0	0	0
(21) BARBARA RYER DIRECTOR OF FINANCE AND ADMINISTRATION	40 00			X				118,058	0	17,356
(22) PAULA VAN NESS PRESIDENT & CEO	40 00			X				193,399	0	25,221
(23) JULIE LOUGHRAN PRESIDENT & CEO	40 00			X				109,704	0	17,950

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	421,161	0	60,527

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0		

Part VIII Statement of Revenue						
Check if Schedule O contains a response or note to any line in this Part VIII ☐						
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a			
	b	Membership dues . . .	1b			
	c	Fundraising events . . .	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,767,621		
	g	Noncash contributions included in lines 1a-1f \$	283,637			
	h	Total. Add lines 1a-1f	2,767,621			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,622,341	
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		(i) Real (ii) Personal				
b		Less rental expenses				
c		Rental income or (loss)				
d		Net rental income or (loss)				
7a		(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses				
c		Gain or (loss)				
d		Net gain or (loss)		2,153,626		2,153,626
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18				
b		Less direct expenses				
c		Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19				
b		Less direct expenses				
c		Net income or (loss) from gaming activities				
10a		Gross sales of inventory, less returns and allowances				
b		Less cost of goods sold				
c		Net income or (loss) from sales of inventory				
Miscellaneous Revenue		Business Code				
11a	MISC INCOME	900099	115,917	115,917		
b	PRVT FOUND FEES	900099	5,978		5,978	
c						
d	All other revenue					
e	Total. Add lines 11a-11d		121,895			
12	Total revenue. See Instructions		7,665,483	115,917	5,978	4,775,967

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	4,205,085	4,205,085		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	911,952	911,952		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	24,500	24,500		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	481,689	168,591	255,295	57,803
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.	617,042	511,247	69,358	36,437
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	80,337	48,243	25,277	6,817
9 Other employee benefits.	101,320	58,270	33,385	9,665
10 Payroll taxes.	91,277	58,253	25,345	7,679
11 Fees for services (non-employees):				
a Management.				
b Legal.	4,786		4,786	
c Accounting.	21,017		21,017	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	31,430		31,430	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	5,176		5,176	
12 Advertising and promotion.	7,127	4,412	2,102	613
13 Office expenses.	70,855	43,859	20,902	6,094
14 Information technology.	65,521	40,557	19,329	5,635
15 Royalties.				
16 Occupancy.	122,294	75,700	36,077	10,517
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	62,351	38,595	18,394	5,362
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	6,054		6,054	
23 Insurance.	10,926		10,926	
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 OTHER PERSONNEL & TRAIN	70,879	43,874	20,909	6,096
b FUND EXPENSE	56,136	34,748	16,560	4,828
c ANNUAL REPORT AND NEWSL	22,122	13,694	6,526	1,902
d CONSULTANTS	16,285	10,080	4,804	1,401
e All other expenses	11,933	7,387	3,520	1,026
25 Total functional expenses. Add lines 1 through 24e.	7,098,094	6,299,047	637,172	161,875
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 SheetCheck 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	1,129,622	1	3,090,325
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	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 61,449		
	b Less: accumulated depreciation	10b 20,854	8,593	10c 40,595
	11 Investments—publicly traded securities	96,564,771	11	105,829,000
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	511,245	15	511,245
16 Total assets. Add lines 1 through 15 (must equal line 34)	98,214,231	16	109,471,165	
Liabilities	17 Accounts payable and accrued expenses	48,776	17	43,558
	18 Grants payable	5,812	18	47,515
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	134,796	25	165,164
	26 Total liabilities. Add lines 17 through 25	189,384	26	256,237
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	97,787,977	27	108,967,670
	28 Temporarily restricted net assets	236,870	28	247,258
	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	98,024,847	33	109,214,928
34 Total liabilities and net assets/fund balances	98,214,231	34	109,471,165	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,665,483
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,098,094
3	Revenue less expenses Subtract line 2 from line 1	3	567,389
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	98,024,847
5	Net unrealized gains (losses) on investments	5	10,622,692
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	109,214,928

Part XII Financial Statements and ReportingCheck 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? 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		No
b Were the organization's financial statements audited by an independent accountant? 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	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		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		

Additional Data

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

Form 990 (2017)

Form 990, Part III, Line 4a:

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

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
CONNECTICUT COMMUNITY FOUNDATION INC

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

2017

Open to Public Inspection

Employer identification number
06-6038074

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

The organization is not a private foundation because it is (For lines 1 through 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	4,119,294	1,570,623	3,567,733	3,303,252	2,767,621	15,328,523
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	4,119,294	1,570,623	3,567,733	3,303,252	2,767,621	15,328,523
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,963,157
6	Public support. Subtract line 5 from line 4						13,365,366

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4	4,119,294	1,570,623	3,567,733	3,303,252	2,767,621	15,328,523
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,293,034	2,764,683	2,547,190	2,608,851	2,622,341	12,836,099
9	Net income from unrelated business activities, whether or not the business is regularly carried on		4,400	4,400	4,400	5,978	19,178
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	42,540	20,582	20,333	21,203	115,917	220,575
11	Total support. Add lines 7 through 10						28,404,375
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► ☐

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14 47 050 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15 45 730 %
16a	33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. 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 in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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? <i>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.</i>	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	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? <i>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.</i>		
	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? <i>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.</i>		
	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)? <i>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).</i>		
	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	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).		
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? <i>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.</i>		
	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? <i>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.</i>		
	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? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	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 (explain in Part VI) **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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493171010428

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

2017

Open to Public Inspection

Name of the organization
CONNECTICUT COMMUNITY FOUNDATION INC

Employer identification number
06-6038074

Part I

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

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

74

453,898

674,502

11,055,723

(b) Funds and other accounts

471

2,462,793

4,527,035

98,194,290

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

2a

2b

2c

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2017

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

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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	93,575,999	89,715,399	92,640,208	88,796,886	77,914,544
b Contributions	1,303,615	1,906,090	3,614,124	4,390,381	2,254,647
c Net investment earnings, gains, and losses	14,901,932	7,021,266	-2,105,033	3,987,243	11,823,181
d Grants or scholarships	5,135,936	4,703,294	4,059,111	4,173,454	2,884,643
e Other expenditures for facilities and programs					
f Administrative expenses	377,303	363,462	374,789	360,848	310,843
g End of year balance	104,268,307	93,575,999	89,715,399	92,640,208	88,796,886

2

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

a

Board designated or quasi-endowment

100.000%

b

Permanent endowment

c

Temporarily restricted endowment

The percentages 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

(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				
c Leasehold improvements				
d Equipment		61,449	20,854	40,595
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				40,595

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
LIABILITY UNDER SPLIT-INTEREST AGREEMENTS	107,647
ANNUITY PAYABLE	57,517
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	165,164

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	17,714,834
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	10,308,604
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	10,308,604
3	Subtract line 2e from line 1	3	7,406,230
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	30,582
b	Other (Describe in Part XIII)	4b	228,671
c	Add lines 4a and 4b	4c	259,253
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	7,665,483

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	6,964,367
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	6,964,367
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	31,430
b	Other (Describe in Part XIII)	4b	102,297
c	Add lines 4a and 4b	4c	133,727
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	7,098,094

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: 06-6038074
Name: CONNECTICUT COMMUNITY FOUNDATION INC

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	ADJUSTMENT FOR FUNDS HELD AS AGENCY ENDOWMENTS 228,671

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	ADJUSTMENT FOR FUNDS HELD AS AGENCY ENDOWMENTS 102,297

**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.

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

OMB No 1545-0047

2017

**Open to Public
Inspection**

Name of the organization
CONNECTICUT COMMUNITY FOUNDATION INC

Employer identification number

06-6038074

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 Activities 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
(1)					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			0
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			0

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)
(1)									
(2)									
(3)									
(4)									

- 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)
(1) SCHOLARSHIP	EUROPE - UNITED KINGDOM	3	14,000				
(2) SCHOLARSHIP	ASIA - CHINA AND AUSTRALIA	2	6,500				
(3) SCHOLARSHIP	NORTH AMERICA - CANADA, BUT NOT THE UNITED STATES	1	4,000				
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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, do not file with Form 990)* ☐ 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, do not file with Form 990)* ☐ Yes ☒ No

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).

ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493171010428

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
CONNECTICUT COMMUNITY FOUNDATION INC

Employer identification number
06-6038074

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIPS	148	911,952			
(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
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Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
12BY12BY12 INC 20 BANK STREET NEW MILFORD, CT 06776	81-4924066		34,936				TO CLOSE FUND AT CCF AND MOVE TO 12BY12BY12 BANK ACCOUNT
ABILITY BEYOND 4 BERKSHIRE BOULEVARD BETHEL, CT 06801	06-0776594		5,000				EXPLORATION IN ENTREPRENEURSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACTS 4 MINISTRY INC 1713 THOMASTON AVENUE WATERBURY, CT 06704	20-3676244		8,420				INSPIRATION ANNUAL EVENT, GIVE LOCAL 2017
AFTER SCHOOL ARTS PROGRAM PO BOX 1571 WASHINGTON DEPOT, CT 06794	20-1308465		71,868				FOR THE YOUNG WRITER'S AWARDS, GIVE LOCAL 2017, WATERBURY BASED METAMORPHOSIS PROJECT, SUMMAR PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 825 BROOK STREET I-91 TECHNOLOGY CENTER BLDG 3 ROCKY HILL, CT 06067	13-1788491		83,894				GENERAL OPERATING, FOR GENERAL SUPPORT, GIVE LOCAL 2017
AMERICAN FARMLAND TRUST 78 BEAVER ROAD SUITE 2A WETHERSFIELD, CT 06109	52-1190211		8,425				FARMLAND PRESERVATION CIRCUIT, RIDER PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 HEART ASSOCIATION 5 BROOKSIDE DRIVE WALLINGFORD, CT 06492	13-5613797		96,002				FOR GENERAL SUPPORT
ANIMAL WELFARE SOCIETY INC 8 DODD ROAD NEW MILFORD, CT 06776	06-6084293		28,049				GIVE LOCAL 2017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARCHDIOCESE OF HARTFORD 134 FARMINGTON AVENUE PO BOX 28 HARTFORD, CT 06141	06-0667607		9,500				ARCHDIOCESAN PROGRAMS, ESPECIALLY SERVICE TO THE POOR, 2017 ANNUAL APPEAL
ARTS ESCAPE INC 88 MAIN STREET SOUTH SOUTHBURY, CT 06488	45-4200252		26,961				LAUNCH RECEPTION, OUR JOURNEY TO LIVING CREATIVELY, THE ART OF LIVING, AMERICAN CULTURE INFLUENCED AND AIDED BY THE FILM INDUSTRY, FOR GENERAL PURPOSES, GIVE LOCAL 2017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUDUBON CENTER AT BENT OF THE RIVER 185 EAST FLAT HILL ROAD SOUTHBURY, CT 06488	06-0653531		7,678				GIVE LOCAL 2017
BALL & SOCKET ARTS INC PO BOX 128 CHESHIRE, CT 06410	45-4079423		13,883				ROCKET SOCET LAUNCH PARTY ON 11/11/17, TECHNOLOGY AND SUPOPLIES, FOR THE CAPITAL FUND DRIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF MANAGEMENT OF HARRYBROOKE PARK 10 FRANKS LANE PO BOX 364 NEW MILFORD, CT 06776	23-7441860		15,652				GIVE LOCAL 2017
BOYS AND GIRLS CLUB OF GREATER WATERBURY 1037 EAST MAIN STREET WATERBURY, CT 06705	06-0646551		16,396				GIVE LOCAL 2017, FOR GENERAL SUPPORT, DIGITAL MEDIA & STORYTELLING, A NIGHT AT THE CLUB 3/8/2018 AT ARIA, FIREWALL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRASS CITY CHARTER SCHOOL 212 CHESTNUT AVENUE WATERBURY, CT 06710	46-2366321		23,141				GIVE LOCAL 2017
BRASS CITY HARVEST PO BOX 11115 WATERBURY, CT 06703	75-3263005		29,267				GIVE LOCAL 2017, 2017 FARM TO TABLE, BRASS CITY COOKS WATERBURY REGIONAL FOOD HHUB MASTER PLAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGE TO SUCCESS COMMUNITY PARTNERSHIP 100 NORTH ELM STREET 2ND FLOOR WATERBURY, CT 06702	06-0646634		76,631				GENERAL SUPPORT, BOOST IMPLEMENTATION, BRIDGE OF SUCCESS, TOWNLINE FARM PUBLIC TRAIL, BWLT DAY ON THE FARM 9/16/17, GIVE LOCAL 2017
BRIDGEWATER LAND TRUST 146 MAIN STREET SOUTH BRIDGEWATER, CT 06752	06-1212623		5,689				FARM REVIVAL EVENT, GIVE LOCAL 2017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 RESOURCES INC 350 FAIRFIELD AVENUE BRIDGEPORT, CT 06604	06-1427945		7,500				STRIVE WATERBURY
CATHOLIC CHARITIES INC ARCHDIOCESE OF HARTFORD 839-841 ASYLUM AVENUE HARTFORD, CT 06105	06-0667607		10,401				GIVE LOCAL 2017, CHILD DEVELOPMENT CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHASE COLLEGIATE SCHOOL 565 CHASE PARKWAY WATERBURY, CT 06708	23-7168186		7,157				FOR GENERAL SUPPORT, SUMMER CULTURAL IMMERSION, FOR MCTERNAN SCHOLARSHIP FUND, ANNUAL FUND
CHILDREN'S CENTER 11-A ASPETUCK AVENUE NEW MILFORD, CT 06776	23-7137832		41,758				OUTDOOR CLASSROOM, CHILDREN'S EDUCATION, GIVE LOCAL 2017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 COMMUNITY SCHOOL 31 WOLCOTT STREET PO BOX 1746 WATERBURY, CT 06702	06-1000761		75,969				ANNUAL DINNER, NEW ENGLAND ASSOCIATION OF SCHOOLS & COLLEGES, GIVE LOCAL 2017, OPERATION SUPPORT, SCHOLARSHIPS, GENERAL SUPPORT
CHILDREN'S LAW CENTER OF CONNECTICUT 30 ARBOR STREET 4TH FL NORTH HARTFORD, CT 06106	06-1381700		5,112				LEGAL REPRESENTATION PROGRAM WATERBURY & LITCHFIELD FAMILY COURTS, GIVE LOCAL 2017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHIME IN MUSIC PO BOX 21 BETHLEHEM, CT 06751	45-3868994		7,314				GIVE LOCAL 2017
CHRIST CHURCHEPISCOPAL PO BOX 4 ROXBURY, CT 06783			6,406				FOR SUPPORTING THE PARISH CHURCH, RECTORY AND OTHER FACILITIES, THE COLUMBARIUM, AND THE PARISH PRIEST

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 CULINARY SCHOOL OF NORTHWESTERN CONNECTICUT 40 MAIN STREET NEW MILFORD, CT 06776	26-3551690		53,168				GIVE LOCAL 2017, CORNERSTONE ORGANIZATION OPERATIONAL FUNDING GRANT, CULINARY SKILLS TRAINING, CORNERSTONE ORGANIZATION GRANT FOR CONSULTANT
CONNECTICUT CHILDREN'S MEDICAL CENTER 282 WASHINGTON STREET HARTFORD, CT 06106	06-0646755		20,000				FOR LUPUS RESEARCH AND PEDIATRIC LUPUS 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 CHORAL SOCIETY PO BOX 42 SOUTHBURY, CT 06488	06-1043577		15,293				TO SUPPORT CHARITABLE OR EDUCATIONAL PURPOSES OF THE AGENCY, CANDLELIGHT AND CAROLS CONCERT, FOR GENERAL PURPOSES, GIVE LOCAL 2017
CONNECTICUT COALITION AGAINST DOMESTIC VIOLENCE 912 SILAS DEANE HIGHWAY WETHERSFIELD, CT 06109	06-0985675		5,000				CT PROJECT TO COMPREHENSIVELY COMBAT HUMAN TRAFFICKING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 257 LAWRENCE STREET HARTFORD, CT 06106	06-1126880		10,000				ENDING HOMELESSNESS IN THE WATERBURY
CONNECTICUT COMMUNITY CARE 43 ENTERPRISE DRIVE BRISTOL, CT 060107472	06-1024632		10,000				BBS2018 CT HEALTHY LIVING COLLECTIVE (BACKBONE SUPPORT-YEAR 1)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 HARTFORD, CT 06106	23-7024016		19,000				2018 MEMBERSHP SUPPORT, PARTICIPANT IN EARLY CHILDHOOD FUNDERS
VCONNECTICUT EARLY CHILDHOOD ALLIANCE 110 BARTHOLOMEW AVENUE SUITE 4030 HARTFORD, CT 06106	06-0653158		5,000				INFANT/TODDLER AND EARLY CHILDHOOD POLICY DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 FOOD BANK 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	06-1063025		35,000				TO FEED THE HUNGRY, SOUTHURY MOBILE PANTRY, GENERAL PURPOSES, CT FOOD BANK (BACKBONE SUPPORT)
CONNECTICUT FUND FOR THE ENVIRONMENT 900 CHAPEL STREET SUITE 2202 NEW HAVEN, CT 06510	06-0990195		9,690				COMMUNITY, COLLABORATION AND THE MILL RIVER WATERSHED PLAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 JUNIOR REPUBLIC ASSOC INC PO BOX 161 LITCHFIELD, CT 06759	06-0646590		6,000				ANNUAL SCHOLARSHIP DINNER, SCHOLARSHIP SUPPORT FOR WATERBURY CJR GRADUATES, GIVE LOCAL 2017
CONNECTICUT LAND CONSERVATION COUNCIL 16 MERIDEN ROAD ROCKFALL, CT 06481	06-0613430		21,860				FOR GENERAL PURPOSES, TRUSTEE FUND AWARD PAYMENT, CT LAND TRUST ADVANCEMENT INITIATIVE BUILDING CONSERVATION IMPACT THROGUH LAND TRUST COLLABORATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 MIRROR 36 RUSS STREET HARTFORD, CT 06106	27-0583046		11,000				NONPROFIT JOURNALISM
CONNECTICUT WOMEN'S EDUCATION AND LEGAL FUND (CWEALF) ONE HARTFOR SQUARE WEST STE 1-300 HARTFORD, CT 06106	06-0913214		5,360				GIVE LOCAL 2017, CONNECTICUT WOMEN'S ORGANIZATIONS NETWORK, GIRLS AND STEM EXPO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CT LEAGUE OF CONSERVATION VOTERS EDUCATION FUND 553 FARMINGTON AVENUE HARTFORD, CT 06105	06-1582273		12,000				CHISPA LATINO ENVIRONMENTAL OUTREACH
CTCORE-ORGANIZE NOW PO BOX 8897 NEW HAVEN, CT 06532			7,500				CTCORE - WATERBURY CHAPTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DEERFIELD ACADEMY PO BOX 87 DEERFIELD, MA 01342	04-2103563		52,000				ANNUAL FUND, 50TH REUNION
DOUBLE D LIVING HISTORY FARM 102 PAINTER HILL ROAD ROXBURY, CT 06783	20-1469683		5,000				FOR OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTER SEALS REHABILITATION CENTER OF GREATER WATERBURY 22 TOMPKINS STREET WATERBURY, CT 06708	06-0737391		19,239				GIVE LOCAL 2017, GENERAL SUPPORT
FIGHT FOR SIGHT 381 PARK AVENUE SOUTH 809 NEW YORK, NY 10016	23-7085732		10,000				GRANT FOR 2017 AND 2018 HERBST FELLOWSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FINE ARTS RADIO INC PO BOX 920 MONROE, CT 064680920	22-3015791		28,958				GENERAL PURPOSES
							GIVE LOCAL 2017, LEEVER LEGACYGRANT GENERAL SUPPORT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLANDERS NATURE CENTER & LAND TRUST 5 CHURCH HILL ROAD WOODBURY, CT 06798	06-0791823		31,410				MATCHING GRANT FROM UPCOMING GIVING TUESDAY, GIVE LOCAL 2017, ENHANCE ENVIRONMENTAL EDUCATION CURRICULUM FOR STUDENTS IN GRADES 3-5, FOR GENERAL SUPPORT
FOODCORPS INC 1140 SE 7TH AVENUE SUITE 110 PORTLAND, OR 97214	27-3990987		20,000				GROWING HEALTHY KIDS IN WATERBURY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORTUNATE BLESSINGS FOUNDATION INC 409 BANTAM ROAD SUITE A-3 LITCHFIELD, CT 06759	06-1514203		5,774				GIVE LOCAL 2017
GAYLORD HOSPITAL PO BOX 400 WALLINGFORD, CT 06492	06-0646649		5,631				FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIFT OF ADOPTION CT CHAPTER PO BOX 874 MIDDLEBURY, CT 06762	39-1863217		7,117				GIVE LOCAL 217, EVENING AT LITCHFIELD DISTILLERY
GIRL SCOUTS OF CONNECTICUT 340 WASHINGTON STREET HARTFORD, CT 06106	06-0662134		8,867				GIVEL LOCAL 2017, SETP UP TO STEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRLS INCORPORATED OF SOUTHWESTERN CONNECTICUT 35 PARK PLACE WATERBURY, CT 06702	06-0646950		17,921				GIWCT VOIP PHONE UPGRADE, SEW IT UP!, FOR GENERAL SUPPORT, GIVE LOCAL 2017
GOSHEN COMMUNITY CARE AND HOSPICE PO BOX 202 GOSHEN, CT 06756	06-1198075		8,735				GIVE LOCAL 2017, SENIOR SOCIALS AND LUNCHEONS YEAR 3, TECHNOLOGY GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOSHEN LAND TRUST PO BOX 501 GOSHEN, CT 06756	06-1030299		10,468				FOR GENERAL PURPOSES, GIVEL LOCAL 2017, SMALL OFFICE COMPUTER, MONITOR AND PRINTER/SCANNER
GOSHEN PLAYERS PO BOX 63 GOSHEN, CT 067560063	22-2775679		9,140				GIVEL LOCAL 2017, 2017-2018 SEASON

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 WATERBURY INTERFAITH MINISTRIES 770 EAST MAIN STREET WATERBURY, CT 06702	06-0658070		17,102				GIVE LOCAL 2017, FOR KIDZ CLUB PROGRAM, PRESENTATION MATERIAL GWIM FEEDING PROGRAMS, FOR THE SOUP KITCHEN
GREENWOODS COUNSELING REFERRALS INC 25 SOUTH STREET POBOX 1549 LITCHFIELD, CT 06759	06-1351190		8,498				GREENWOODS WEBSITE, A SPRING GARDEN PARTY, GIVE LOCAL 2017, FOR GENERAL PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GUNN MEMORIAL LIBRARY AND MUSEUM 5 WYKEHAM ROAD PO BOX 1273 WASHINGTON, CT 06793	06-0691373		13,812				GIVE LOCAL 2017
HARTFORD BISHOPS' FOUNDATION INC 467 BLOOMFIELD AVENUE BLOOMFIELD, CT 06002			100,000				SECOND UNRESTRICTED GIFT IN SUPPORT OF THE WORK OF THE HARTFORD BISHOPS' FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 - WATERBURY 680 MAIN STREET SUITE 300 WATERTOWN, CT 06795	06-0646938		10,318				GENERAL SUPPORT, VISITING NURSE'S SALARY, VNA HOSPICE IN WATERBURY
HIDDEN ACRES THERAPEUTIC RIDING CENTER PO BOX 1879 NAUGATUCK, CT 06770	26-3248176		16,419				GIVE LOCAL 2017, HIDDEN ACRES PATHWAY PROGRAM, PATICIPANT 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
HISPANIC COALITION OF GREATER WATERBURY INC 135 EAST LIBERTY STREET WATERBURY, CT 06706	06-1349937		35,611				COQUI FUNDRAISING DINNER, GIVE LOCAL 2017, NUESTRA HISTORIA, GIFT CARS/SUPPLIES FOR FAMILIES THAT LOST THEIR HOMES DUE TO RECENT FIRES, WATERBURY BRASS SENIOR PROGRAM, SENIOR CENTER HEALTH AND ARTS SERVICES, WORKING CITIES CHALLENGE SOTH END VOCATIONAL ESL PROJECT
HISPANICS IN PHILANTHROPY 414 13TH ST SUITE 200 OAKLAND, CA 94612	94-3040607		8,000				CT COMMUNITY FOUNDATION CONTRIBUTION FOR PUERTO RICO COMMUNITY FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY CROSS HIGH SCHOOL 587 ORONOKE ROAD WATERBURY, CT 06708	06-0849047		15,358				GIVEL LOACL 2017
HOUSATONIC VALLEY ASSOCIATION PO BOX 28 CORNWALL BRIDGE, CT 06754	06-6049295		17,976				GIVE LOCAL 2017, FOR GENERAL PURPOSES, AUCTION FOR THE ENVIRONMENT, PLANNING FOR FLOOD RESILIENT AND FISH-FRIENDLY ROAD-STREAM CROSSINGS IN WASHINGTON AND ROXBURY CT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOWARD WHITTEMORE MEMORIAL LIBRARY 243 CHURCH STREET NAUGATUCK, CT 06770	06-0646963		5,979				GIVE LOCAL 2017, FOR USE IN THE CHILDREN'S DEPARTMENT, YOUNG AND PUBLISHED, BEE PLAYFUL
HUMAN RESOURCE DEVELOPMENT AGENCY 575 RUBBER AVENUE NAUGATUCK, CT 06770	06-0939080		20,835				MEDICLA TRANSPORTATION/SOCIALIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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INSTITUTE FOR AMERICAN INDIAN STUDIES (IAIS) PO BOX 1260 WASHINGTON, CT 067930260	23-7124597		6,241				UPGRADING RETAIL SALES TECHNOLOGY, NATIVE AMERICAN STONE CEREMONIAL SITES IN THE NORTHEAST, GIVE LOCAL 2017
JEWISH FEDERATION OF WESTERN CT INC 444 MAIN STREET NORTH SOUTHBURY, CT 064883808	06-0646691		10,781				GIVE LOCAL 2017, FOR GENERAL PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LAKE QUASSAPAUG ASSOCIATION PO BOX 285 MIDDLEBURY, CT 06762	46-2210426		41,616				GIVE LOCAL 2017
LANDMARK COMMUNITY THEATRE 158 MAIN STREET PO BOX 158 THOMASTON, CT 06787	27-1112550		20,045				THEATRE ARTS EDUCATION, NO STUDENT LEFT OUT, GIVE LOCAL 2017, 2017 THEATRICAL SEASON, 2018 THEATRICAL SEASON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITCHFIELD COMMUNITY CENTER 421 BANTAM ROAD LITCHFIELD, CT 06759	06-1520254		11,578				FOR WILDERNESS SKILLS SCHOLARSHIPS, GIVE LOCAL 2017, STARRY NIGHTS CAFE
LITCHFIELD HILLS CHORE SERVICE 74 WEST STREET PO BOX 294 LITCHFIELD, CT 06759	20-3824096		12,930				GIVE LOCLA 2017, ELDERLYSERVICES SUPPORT AND OUTREACH, ANNUAL FUND DRIVE SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LITCHFIELD LAND TRUST INC PO BOX 712 LITCHFIELD, CT 067590712	23-7002462		6,953				FALL SUNSET PARTY, GIVE LOCAL 2017
LITCHFIELD MONTESSORI SCHOOL 5 KNIFE SHOP ROAD LITCHFIELD, CT 06778	23-7320463		35,078				GIVE LOCAL 2017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITCHFIELD PERFORMING ARTS 174 WEST STREET PO BOX 69 LITCHFIELD, CT 06759	06-1083202		8,274				GIVE LOCAL 2017, JINGLE AND MINGLE
LITERACY VOLUNTEERS OF GREATER WATERBURY CO SILAS BRONSON LIBRARY 267 GRAND STREET WATERBURY, CT 06702	06-1452659		12,599				SOCIAL MEDIA AND TECHNOLOGY UPDATE, SENIOR MEMOIRS YEAR 3, WINES OF THE WORLD, GIVE LOCAL 2017, PROGRAM SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITERACY VOLUNTEERS ON THE GREEN PO BOX 366 NEW MILFORD, CT 067760366	26-2018636		7,979				SPEAK EASY HONORING CCF, GIVE LOCAL 2017
LITTLE BRITCHES THERAPEUTIC RIDING INC PO BOX 120 WOODBURY, CT 06798	06-1342553		12,857				GIVE LOCAL 2017, SUMMER OCCUPATIONAL THERAPIST, BOOTS AND BRITCHES BALL, ESTABLISHMENT OF A DONOR DATABASE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVING IN SAFE ALTERNATIVES INC 200 EXECUTIVE BLVD SUITE 4C SOUTHINGTON, CT 06489	06-0899577		5,958				GIVE LOCAL 2017, NOT A NUMBER CHILD TRAFFICKING & EXPLOITATION PREVENTION CURRICULUM
LIVINGSTON RIPLEY WATERFOWL SANCTUARY PO BOX 210 LITCHFIELD, CT 06759	51-0280202		5,910				GIVE LOCAL 2017, ANNUAL BENEFIT, MARCH 2017 GIFT, MAY AND JUNE 2017 GIFT, OCTOBER AND NOVEMBER 2017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 & FISHES HOSPITALITY HOUSE OF NEW MILFORD RICHMOND CITIZEN CENTER 40 MAIN STREET NEW MILFORD, CT 06776	22-2544673		9,287				GIVE LOCAL 2017
MADRE LATINA INC 232 NORTH ELM STREET POBOX 3082 WATERBURY, CT 06705	46-3164021		24,287				LATINO WORKFORCE PROGRAM, GIVE LOCAL 2017, MARIPOSA LEADERSHIP AND EMPOWERING PROGRAM FOR GIRLS, GALA & AWARD ACHIEVERS, HEALTH ON WHEELS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAIN STREET BALLET COMPANY 124 SOUTH POMPERAUG AVENUE WOODBURY, CT 06798	46-3755768		7,902				THE NUTCRACKER, GIVE LOCAL 2017
MATTATUCK MUSEUM 144 WEST MAIN STREET WATERBURY, CT 06702	06-0443990		91,199				FOR LIBRARY AND EXHIBITS OF INDUSTRIAL PROCESSES AND PRODUCTS DEVELOPED IN GREATER WATERBURY, FOR GENERAL SUPPORT AND PURPOSES MINI MASTERS YOUNG ARTISTS, JANE PETERSON - AT HOME & ABROAD - OPENING RECEPTION, HALF PAGE AD IN BRASS BUTTON 9 PROGRAM, UNRESTRICTED GIFT TO CAPITAL COMPAGIN, GRANT TO SUPPORT THE MUSEUM'S CAPITAL CAMPAGIN, COMPUTER REPLACEMENT, GIVE LOCAL 2017, OFFSITE PROGRAMMING FOR SENIORS, WATERBURY BRASS SENIOR 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
MENTAL HEALTH CONNECTICUT 61 SOUTH MAIN STREET SUITE WEST HARTFORD, CT 06107	06-0646593		12,350				MENDING ART
MIDDLEBURY LAND TRUST PO BOX 193 MIDDLEBURY, CT 06762	23-7050688		15,895				GIVE LOCAL 2017

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MINOR MEMORIAL LIBRARY 23 SOUTH STREET ROXBURY, CT 06783	06-0692376		7,500				OPERATING EXPENSES, CELEBRATING 80 YEARS OF THE HODGE MEMORIAL LIBRARY, ROXBURY ENVIRONMENTAL AWARENESS
MOUNT OLIVEAME ZION SENIOR CENTER 82 PEARL STREET WATERBURY, CT 06704	22-3092504		14,500				WATERBURY BRASS SENIOR PROGRAM, SENIOR CENTER OPERATIONAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NAUGATUCK HIGH SCHOOL 543 RUBBER AVENUE NAUGATUCK, CT 06770	06-6002041		14,400				SUBSTANCE ABUSE PREVENTION AND INTERVENTION
NAUGATUCK PARTNERSHIP FOR CHILDREN PO BOX 112 NAUGATUCK, CT 06770	06-0788028		9,700				PRE-K PEER PARTNERSHIP, TRUSTEE FUND AWARD PAYMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NAUGATUCK VALLEY PROJECT INC 16 CHURCH STREET WATERBURY, CT 06702	22-2726260		6,221				HARVARD UNIVERSITY LEADING CHANGE COURSE, MEMBERS IN COMMUNITY ACTION HONOREE AWARDS DINNER, AGING IN THE COMMUNITY YEAR 5, GIVE LOCAL 2017
NAUGATUCK YMCA 284 CHURCH STREET NAUGATUCK, CT 06770	06-0646770		67,545				THERAPEUTIC EXERCISE PATHWAYS, GIVE LOCAL 2017, AUCTION AND NIGHT OF MONOPOLY, ADAPTIVE PLAYGROUND

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAUGATUCK YOUTH SERVICES 13 SCOTT STREET NAUGATUCK, CT 06770	20-8934900		56,258				SUBSTANCE ABUSE AND INTERVENTION PROGRAM, GIVE LOCAL 2017, CORNERSTONE ORGANIZATION OPERATIONAL FUNDING GRANT
NEIGHBORHOOD HOUSING SERVICES OF WATERBURY INC 161 NORTH MAIN STREET 1ST FLOOR WATERBURY, CT 067021446	06-1022915		39,587				UPLIFTING A LIFE YOUTH COUNCIL, ALMOST HOME YOUTH SOCIAL CHANGE/STEAM PROGRAM, GIVE LOCAL 2017, COMMUNITY & ECON DEVELOPMENT, DONOR MANAGEMENT SOFTWARE, CONERSTONE ORGANIZATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 MILFORD HISTORICAL SOCIETY 6 ASPETUCK AVENUE P O BOX 359 NEW MILFORD, CT 06776	06-0670251		11,173				GIVE LOCAL 2017
NEW OPPORTUNITIES INC 232 NORTH ELM STREET WATERBURY, CT 06702	06-6071847		78,334				CHEF ON SITE PROGRAM, ECON 2017, WATERBURY BRASS SENIOR PROGRAM LEAD AGENCY, MOBILE KITCHEN TRACKING AND POINT OF SALE SYSTEM, GIVE LOCAL 2017, FOOD TRAILER EQUIPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 DAVID H KOCH THEATER 20 LINCOLN CENTER NEW YORK, NY 10023	13-2947386		6,000				FOR GENERAL PURPOSES, FOR THE JEROME ROBBINS FESTIVAL
NORTH SHORE ANIMAL LEAGUE AMERICA 16 LEWYT STREET PORT WAHINGTON, NY 11050	11-1666852		7,592				FOR GENERAL USE AND PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NORTHWEST CONNECTICUT ARTS COUNCIL 40 MAIN STREET SUITE 1 TORRINGTON, CT 06790	06-1725017		23,123				BBS 2017, GIVE LOCAL 2017
NUTMEG CONSERVATORY FOR THE ARTS 58 MAIN ST TORRINGTON, CT 06790	23-7396180		7,652				GIVE LOCAL 2017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OLIVER WOLCOTT LIBRARY INC PO BOX 187 LITCHFIELD, CT 06759	06-0709304		7,217				FOR GENERAL PURPOSES, GIVE LOCAL 2017, FOR THE FESTIVAL OF TREES
OPERATION FUEL INC 75 CHARTER OAK AVENUE SUITE 2-240 HARTFORD, CT 06106	06-1253091		5,000				EMERGENCY ENERGY ASSISTANCE FOR WATERBURY RESIDENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PALACE THEATER 100 EAST MAIN STREET WATERBURY, CT 06702	02-0620399		11,971				PALACE 10 2 CITY LIGHTS CITY NIGHTS, ANNUAL CONTRIBUTION, GIVE LOCAL 2017
PENNSYLVANIA STATE UNIVERSITY OFFICE OF SPONSORED PROGRAMS 110 TECHNOLOGY CENTER BUILDING UNIVERSITY PARK, PA 168027000	24-6000376		40,964				SCHOOL OF HOSPITALITY MANAGEMENT SENIOR LIVING INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS (PETA) 501 FRONT STREET NORFOLK, VA 23510	52-1218336		7,592				FOR GENERAL USES AND PURPOSES
PET ASSISTANCE INC PO BOX 2015 NEW PRESTON, CT 06777	13-2856917		10,600				GIVE LOCAL 2017

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PHOENIX STAGE COMPANY INC 133 MAIN STREET OAKVILLE, CT 06779	27-4966816		8,870				GIVE LOCAL 2017
PHYSICIAN'S COMMITTEE FOR RESPONSIBLE MEDICINE 5100 WISCONSIN AVE SUITE 400 WASHINGTON, DC 20016	52-1394893		15,182				FOR GENERAL SUPPORT

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PILOBOLUS INC PO BOX 388 WASHINGTON DEPOT, CT 06794	03-0230490		10,500				CONNECTING WITH BALANCE
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND 345 WHITNEY AVENUE NEW HAVEN, CT 065112384	06-0263565		45,198				GIVE LOCAL 2017, SPECIFICALLY FOR THE WATERBURY CHAPTER OF PLANNED PARENTHOOD, HIV PREVENTION PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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POMPERAUG DISTRICT DEPARTMENT OF HEALTH 77 MAIN ST NORTH SUITE 205 SOUTHBURY, CT 06488	06-1173579		23,000				SENIOR HEALTH OPIATE AWARENESS & RESPONSE (SHOAR)
POMPERAUG RIVER WATERSHED COALITION 39 SHERMAN HILL ROAD SUITE C103 WOODBURY, CT 06798	06-1583895		34,661				JAZZ ON THE LAKE AT TRANQUILITY FARM, POMPERAUG RIVER WATERSHED COALITION YOUTH CONSERVATION CORPS, GIVE LOCAL 2017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 275 MOUNT CARMEL AVENUE HAMDEN, CT 06518	06-0646701		7,876				STUDY OF ENDOCRINE-DISRUPTING CHEMICALS IN THE NAUGATUCK RIVER
REACH OUT AND READ CONNECTICUT 6 FERN LANE PO BOX 290 MADISON, CT 06443	04-3481253		5,459				GIVE LOCAL 2017, OCTOBER, NOVEMBER, JULY AUGUST & SEPTEMBER 2017 GIFTS, GREATER WATERBURY EARLY LITERACY INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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REBUILDING TOGETHER LITCHFIELD COUNTY INC 122 STILSON HILL ROAD NEW MILFORD, CT 06776	38-3693059		13,141				GIVE LOCAL 2017, HOME PRESERVATION AND REPAIR
RIVERS ALLIANCE OF CT PO BOX 1797 LITCHFIELD, CT 06759	06-1361719		12,659				GIVE LOCAL 2017, CONFERENCE ON WATER SUPPLY IN WESTERN CT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROXBURY AMBULANCE ASSOCIATION INC PO BOX 94 ROXBURY, CT 067830094	06-1076186		5,000				FOR OPERATING EXPENSES
ROXBURY BRIDGEWATER GARDEN CLUB PO BOX 130 ROXBURY, CT 06783	06-6047490		5,000				FOR OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROXBURY LAND TRUST 6 MINE HILL ROAD PO BOX 51 ROXBURY, CT 06783	23-7098549		5,934				GIVE LOCAL 2017, ENVIRONMENTAL EDUCATION FOR URBAN WATERBURY HIGH SCHOOL STUDENTS
ROXBURY VOLUNTEER FIRE DEPARTMENT PO BOX 146 ROXBURY, CT 067830146	06-0959487		5,000				FOR OPERATING EXPENSES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 CHURCH SOUTHBURY 910 MAIN STREET SOUTH SOUTHBURY, CT 06488	06-0689694		73,000				FOR THE HOMELESS OUTREACH FUND, MISSION TRIP 2017
SAFE HAVEN OF GREATER WATERBURY INC 29 CENTRAL AVENUE SUITE 2 PO BOX 1503 WATERBURY, CT 06721	06-0996479		33,829				OUT OF SHADOWS, TO SUPPORT VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT, GIVE LOCAL 2017, SAFER COMMUNITES SOUTHBURY, UPDATE HOTLINE/CRISISPHONE SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 MARY'S HOSPITAL 56 FRANKLIN STREET WATERBURY, CT 06706	06-0646844		8,045				FOR GENERAL SUPPORT, FOR RESEARCH FELLOWSHIPS THROUGH YALE RESIDENCY PROGRAM, FOR GENERAL SUPPORT FOR THE ONCOLOGY DEPT , FOR THE ALUMNI ASSOC SCHOLARSHIP FUND,
SALVATION ARMY 74 CENTRAL AVENUE WATERBURY, CT 06702	13-5562351		10,239				FOR GENERAL SUPPORT, GIVE LOCAL 2017, KETTLE CAMPAIGN KICK OFF, FAMILY EMERGENCY SHELTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY - HARTFORD 855 ASYLUM AVENUE HARTFORD, CT 06105	13-5562351		7,145				GIVE LOCAL 2017
SAVE GIRLS ON FYER 276 HIGHLAND AVENUE WATERBURY, CT 067083022	46-2376450		10,774				GIVE LOCAL 2017, GIRLS ON FYER LEADERSHIP 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
SHAKESPERIENCE PRODUCTIONS INC 117 BANK STREET WATERBURY, CT 06702	06-1555859		100,300				CORNERSTONE ORGANIZATION OPERATION FUNDING GRANT, GIVE LOCAL 2017, WATERBURY INTERACTIVE OUR CITY, OUR NEIGHBORHOODS, FOR GENERAL PURPOSES, FALL FESTIVAL TOUR
SILAS BRONSON LIBRARY 267 GRAND STREET WATERBURY, CT 06702	23-7339733		10,579				PURCHASE OF BOOKS, IN MEMORY OF INGRID J MARTLAND FOR THE PURCHASE BOOKS FOR CHILDEN IN FIRST GRADE ABD YOUNGER, FOR GENERAL SUPPORT, WATERBURY BRASS SENIOR 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
SOUTHBURY FOOD BANK PO BOX 68 SOUTHBURY, CT 06488	22-3018164		7,113				GIVE LOCAL 2017
SOUTHBURY LAND TRUST PO BOX 600 SOUTHBURY, CT 06488	06-0977326		9,546				GIVE LOCAL 2017

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHBURY PUBLIC LIBRARY 100 POVERTY ROAD SOUTHBURY, CT 06488	06-6002089		9,225				TO BE APPLIED IN FURTHERANCE OF A "SPECIAL PROJECT SELECTED BY THE HEAD LIBRARIAN WITH SUGGESTIONS FROM THE REFERENCE LIBRARIAN (NOT FOR LIBRARY'S GENERAL FUND), TO SUPPORT THE OPERATIONS OF THE LIBRARY
SOUTHBURYMIDDLEBURY ACTING RESPONSIBLY TOGETHER SMART INC 948 OLD WATERBURY ROAD SOUTHBURY, CT 06488	30-0665423		7,411				GIVE LOCAL 2017, SOCIAL NETWORKING SAFETY PRESENTATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPOTTY DOG RESCUE INC PO BOX 1571 WATERBURY, CT 06721	46-1056652		5,190				GIVE LOCAL 2017
ST JOHN'S FOUNDATION PO BOX 1278 WASHINGTON, CT 067211612	47-4806777		136,341				GIVE LOCAL 2017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 VINCENT DEPAUL SOCIETY 34 WILLOW STREET PO BOX 1612 WATERBURY, CT 06721	06-1001527		25,243				DAY PROGRAM FOR SINGLE WOMEN, FOR GENERAL PURPOSES, GIVE LOCAL 2017, UPDATED AND REDSIGN WEBSITE, ANNUAL BANQUET
STAYWELL HEALTH CARE INC 80 PHOENIX AVENUE WATERBURY, CT 06702	22-3160873		27,394				LGBTQ PROJECT, GIVE LOCAL 2017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STEEP ROCK ASSOCIATION INC PO BOX 279 WASHINGTON DEPOT, CT 06794	06-6069060		10,209				GIVE LOCAL 2017, STEEP ROCK FAMILY PICNIC
STEVEK FOUNDATION INC CRAMER & ANDERSON LLP 30 MAIN STREET STE 204 DANBURY, CT 06810	75-3140355		25,000				FOR AWARDS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN B ANTHONY PROJECT 179 WATER STREET TORRINGTON, CT 06790	06-1085983		22,758				REBUILDING LIVES PROGRAM, GIVE LOCAL 2017, MOMIX IN THE GARDEN, THE TOUCHSTONE GIRLS EMPOWERMENT GROUP
THE BASILICA OF THE IMMACULATE CONCEPTION CHURCH 74 WEST MAIN STREET WATERBURY, CT 06702	06-0653051		51,054				FOR RESTORATION ON THE BALDACCHINO, FOR THE ARCHBISHOP'S ANNUAL APPEAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 GLEBE HOUSE 49 HOLLOW ROAD PO BOX 245 WOODBURY, CT 06798	06-0653106		12,950				YOUTH DEVELOPMENT, HOLIDAY GALA & FESTIVAL, GIVE LOCAL 2017, FOR OPERATING EXPENSES
THE TAFT SCHOOL 110 WOODBURY ROAD WATERTOWN, CT 067952100	06-0646921		5,067				FOR THE WATERTOWN AREA SCHOLARSHIP FUND, FOR SCHOLARSHIPS, TAFT/PAL 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
THE WARNER THEATRE PO BOX 1012 TORRINGTON, CT 06790	06-1048713		7,725				GIVE LOCAL 2017, HOLIDAY MOVIE EVENT
UCONN - OSHER LIFELONG LEARNING INSTITUTE 99 EAST MAIN STREET WATERBURY, CT 067022311	06-6070722		11,418				SPRING OPEN HOUSE, GIVE LOCAL 2017, GREENING OF WATERBURY YEAR 4, GREENING OF WATERBURY YEAR 3

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 GREATER WATERBURY 100 NORTH ELM STREET 2ND FLOOR WATERBURY, CT 067021512	06-0646634		77,836				FOR GENERAL PURPOSES, BBS2017 BRIDGE TO SUCCESS, FUNDRAISER JOHN ZINNO, FOR UNITED WAY ADMINITRATIVE EXPENSES, INCLUDING USE FOR THE FLEX FUND, GIVE LOCAL 2017
UNITED WAY OF NAUGATUCK & BEACON FALLS 284 CHURCH STREET PO BOX 209 NAUGATUCK, CT 06770	06-0788028		7,563				FOR SUPPORT OF THE CHARITABLE OR EDUCATIONAL PURPOSES OF THE UNITED WAY OF NAUGATUCK AND BEACON FALLS, GENERAL SUPPORT, GENERAL PURPOSES, SPONSORSHIP FOR EVENT IMO KEVIN M DELGOBBO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 WESTERN CONNECTICUT (NORTHERN FAIRFIELD COUNTY OFFICE) 301 MAIN STREET SUITE 2-5 DANBURY, CT 06810	06-0646577		11,513				GIVE LOCAL 2017, PROGRAM AD 1/4 PAGE B&W FOR HOMETOWN HEROES BENEFIT DINNER
VILLAGE CENTER FOR THE ARTS INC 12 MAIN STREET NEW MILFORD, CT 06776	06-1325983		12,276				GIVE LOCAL 2017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON AMBULANCE ASSOCIATION 109 BEE BROOK ROAD PO BOX 294 WASHINGTON DEPOT, CT 06794	06-6055363		8,078				GIVE LOCAL 2017
WASHINGTON ART ASSOCIATION PO BOX 173 WASHINGTON DEPOT, CT 06794	06-0754956		15,042				GIVE LOCAL 2017, FOR GENERAL PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON FRIENDS OF MUSIC PO BOX 1284 WASHINGTON, CT 06793	06-1464519		5,370				GIVE LOCAL 2017, FOR GENERAL PURPOSES, 2017 CONCERT SEASON IN WASHINGTON
WASHINGTON MONTESSORI 240 LITCHFIELD TURNPIKE NEW PRESTON, CT 06777	23-7100723		29,391				8TH GRADE CULTURAL & COMMUNITY SERVICE TRIP, GIVE LOCAL 2017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERBURY HEALTH DEPARTMENT 1 JEFFERSON SQUARE WATERBURY, CT 06706	06-6001900		41,011				WATERBURY HEALTH DEPT , HEALTH EDUCATOR / GWHIP FACILITATOR PROGRAM
WATERBURY PUBLIC SCHOOLS 236 GRAND STREET WATERBURY, CT 06702			34,000				WATERBURY PUBLIC SCHOOLS EARLY CHILDHOOD SOCIAL EMOTIONAL INITIATIVE, WATERBURY ROBOTICS EXPANSION PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERBURY REGIONAL CHAMBER FOUNDATION PO BOX 1469 WATERBURY, CT 06721	06-1074917		11,695				BBS2017 WATERBURY REGION ARTS AND CULTURE COLLABORATIVE, GIVE LOCAL 2017
WATERBURY SYMPHONY ORCHESTRA 160 ROBBINS STREET WATERBURY, CT 067082614	06-6090876		157,947				TO PROVIDE COMPENSATION, FEES OR HONORARIA FOR SYMPHONY MUSICIANS OR GUEST ARTISTS, FOR OPERATIONS - WSO CONCERTS, GIVE LOCAL 2017, TO BE APPLIED TOWARD SALARY AND OTHER COMPENSATION OF THE CONDUCTOR, SUPPORT OF THE SYMPHONY'S EDUCATIONAL MISSION FOR SHILDREN & YOUNG ADULTS IN GREATER WATERBURY, FOR GENERAL SUPPORT, BRAVO WATERBURY SUMMER PROGRAM, MUSIC IN GREAT SPACES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERBURY YOUTH SERVICE SYSTEM INC 83 PROSPECT STREET WATERBURY, CT 06702	06-1219372		23,680				CHILD ABUSE INTERDISCIPLINARY TEAM, LINKING ACADEMICS TO LIFE, YOUNG WOMEN'S CONFERENCE, GIVE LOCAL 2017, 20TH ANNUAL BACK TO SCHOOL RALLY
WEANTINOGE HERITAGE LAND TRUST INC 5 MAPLE STREET PO BOX 821 KENT, CT 06757	06-6082034		18,153				GIVE LOCAL 2017, FALL CELEBRATIONS, MT TOM RESTORATION PROJECT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLMORE BEHAVIORAL HEALTH 141 EAST MAIN STREET WATERBURY, CT 06702	06-0669107		28,473				GIVE LOCAL 2017, VIRTUAL HOST SERVER
WELLSPRING FOUNDATION 21 ARCH BRIDGE ROAD PO BOX 370 BETHLEHEM, CT 06751	06-1014227		18,997				GIVE LOCAL 2017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN CONNECTICUT AREA AGENCY ON AGING 84 PROGRESS LANE WATERBURY, CT 06705	06-1182488		81,905				WATERBURY OUTREACH YEAR 7, EXPANDING EVIDENCE-BASED HEALTH PROGRAMS IN WATERBURY, SPANISH LIVE WELL WITH DIABETES PROGRAM
WMNR FINE ARTS RADIO INC PO BOX 920 MONROE, CT 064680920	06-6002038		11,917				FOR THE BENEFIT OF CLASSICAL MUSIC BROADCAST OVER WMNR, FOR NONPROFIT OPERATIONS EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOLCOTT SENIOR CENTER CHARLES RIETDYKE 211 NICHOLS ROAD WOLCOTT, CT 06716	06-6002140		10,580				STAYING ACTIVE THROUGH EXERCISE YEAR 4, HEALTH & SAFETY FAIR
WOODBURY PUBLIC LIBRARY 269 MAIN STREET SOUTH WOODBURY, CT 06798	06-6002142		87,077				FOR THE PURCHASE OF BOOKS YEARLY FOR KINDERGARTEN, GRANT TO SUPPLEMENT RENOVATION OF CHILDREN'S SECTION, FOR CHILDREN'S READING ROOM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 GREATER WATERBURY 136 WEST MAIN STREET WATERBURY, CT 06702	06-0646988		27,114				YEAR END GIFT, YMCA CAMP OALASHA ROPES COURSE PROGRAM, FOR GENERAL SUPPORT, GIVE LOCAL 2017, HALL17 YEAR 3 LIVESTRONG AT THE YMCA, BRASS SENIOR PROGRAM SITE AND PARTNER YEAR 6, KIDS MARATHON PROGRAM
YOGA4CHANGE 96 CURTIS STREET MERIDEN, CT 06450	47-1037229		8,493				WATERBURY SENIOR YOGA PROGRAM, WATERBURY CHAIR YOGA PROGRAM

Schedule J (Form 990)	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 2017 Open to Public Inspection	
	Department of the Treasury Internal Revenue Service		
	Name of the organization CONNECTICUT COMMUNITY FOUNDATION INC	Employer identification number 06-6038074	

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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 ☐ Independent compensation consultant ☒ Form 990 of other organizations ☒ Written employment contract ☐ Compensation survey or study ☒ 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		No
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		No
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? If "Yes," on line 5a or 5b, describe in Part III	5b		No
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? If "Yes," on line 6a or 6b, describe in Part III	6b		No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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 accrued 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		

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.

[illegible]

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
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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

2017

Open to Public Inspection

Name of the organization
CONNECTICUT COMMUNITY FOUNDATION INC

Employer identification number
06-6038074

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	9	283,637	FMV
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts . . .				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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 nonstandard 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 ServiceName of the organization
CONNECTICUT COMMUNITY FOUNDATION INC**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

2017**Open to Public
Inspection**

Employer identification number

06-6038074

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	AS PROVIDED IN 33-1055 OF THE ACT, THE CORPORATION SHALL BE A MEMBERSHIP CORPORATION THE CORPORATION SHALL HAVE ONE CLASS OF MEMBERS CALLED "MEMBERS " THE MEMBERS SHALL HAVE THE RIGHT TO ELECT THE MEMBERS OF THE BOARD OF TRUSTEES OF THE CORPORATION, AND SUCH OTHER RIGHTS, PRIVILEGES AND POWERS AS ARE AFFORDED TO VOTING MEMBERS OF A CONNECTICUT NONSTOCK CORPORATION UNDER THE CERTIFICATE OF INCORPORATION, THESE BY-LAWS, AND THE ACT IN ORDER TO QUALIFY AS A MEMBER, A MEMBER OF THE CORPORATION SHALL MEET ANY OF THE FOLLOWING REQUIREMENTS (A) AN INDIVIDUAL, WHO IS A FUND FOUNDER AND MAINTAINS A CERTAIN MINIMUM IN HIS OR HER FUND AS OF THE BEGINNING OF THE FOUNDATION'S FISCAL YEAR, AND SUCH INDIVIDUAL'S SPOUSE, (B) AN INDIVIDUAL, WHO HAS INCLUDED THE FOUNDATION AS A BENEFICIARY IN A PLANNED GIFT OR WILL AND HAS AGREED TO BE A LEGACY SOCIETY MEMBER WITH THE FOUNDATION, (C) AN INDIVIDUAL HOLDING A POSITION DESCRIBED IN THE FUND AGREEMENT OR OTHER DOCUMENT AS THE REPRESENTATIVE FOR FUNDS ESTABLISHED BY CORPORATIONS OR ORGANIZATIONS THAT MAINTAIN A MINIMUM IN THEIR FUNDS AS OF THE BEGINNING OF THE FOUNDATION'S FISCAL YEAR, (D) AN INDIVIDUAL WHO CONTRIBUTES, IN A GIVEN YEAR, AN AMOUNT EQUAL TO THAT REQUIRED FOR THE ESTABLISHMENT OF A PERMANENT FUND TO ONE OR MORE PERMANENT FUNDS IN A GIVEN YEAR ,AND SUCH INDIVIDUAL'S SPOUSE, OR (E) ANY CURRENT OR FORMER TRUSTEE OF THE FOUNDATION (F) ALL OTHER MEMBERS, NOT INCLUDED IN (A-E) ABOVE, AS OF THE EFFECTIVE DATE OF THESE BY-LAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	SECTION 8, ARTICLE 2 VOTING RIGHTS AND REQUIREMENTS- EACH MEMBER OF THE CORPORATION SHALL BE ENTITLED TO ONE (1) VOTE ON EACH MATTER SUBMITTED TO MEMBERS FOR ACTION MEMBER ACTION ON ANY MATTER WHATSOEVER SHALL REQUIRE THE AFFIRMATIVE VOTE OF A MAJORITY OF THE MEMBERS OF THE CORPORATION PRESENT AT A MEETING AT WHICH THERE IS A QUORUM, EXCEPT THAT THE FOLLOWING MATTERS (REFERRED TO HEREIN AS THE "FUNDAMENTAL MEMBER MATTERS") SHALL REQUIRE THE AFFIRMATIVE VOTE OF TWO-THIRDS (2/3) OF THE MEMBERS PRESENT AT A MEETING AT WHICH THERE IS A QUORUM (A) THE REMOVAL OF A TRUSTEE WITH CAUSE UNDER SECTION 5 OF ARTICLE III, (B) THE DISSOLUTION AND LIQUIDATION OF THE CORPORATION UNDER SECTION 2 OF ARTICLE VII, (C) THE AMENDMENT OF THESE BY-LAWS UNDER SECTION 4 OF ARTICLE VIII, PROVIDED, HOWEVER, THAT THE AMENDMENT RELATES TO ANY CHANGE IN THE DEFINITION OF THE QUALIFICATIONS REQUIRED TO BE A MEMBER IN THIS CORPORATION PURSUANT TO SECTION 1(A-E) OF THIS ARTICLE II AND TO ANY PROVISION RELATING TO A MEMBER'S RIGHTS AND DUTIES UNDER ARTICLE II AND ARTICLE III OF THESE BY-LAWS, (D) THE AMENDMENT OF THE CERTIFICATE OF INCORPORATION UNDER SECTION 6 OF ARTICLE VIII, AND (E) ANY MERGER OF THE CORPORATION WITH OR INTO ANY OTHER CORPORATION OR ENTITY IN WHICH THE CORPORATION IS NOT THE SURVIVING ENTITY SECTION 9 - PROXIES VOTING BY PROXY SHALL NOT BE PERMITTED AT ANY MEETING OF THE MEMBERS SECTION 10 - CONSENTS MEMBERS SHALL NOT BE PERMITTED TO VOTE BY WRITTEN CONSENT

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF TRUSTEES SHALL ANNUALLY REVIEW THE SALARY AND BENEFIT STRUCTURE FOR THE PRESIDENT & CEO. THE PRESIDENT & CEO IS AUTHORIZED TO ESTABLISH THE SALARIES AND BENEFIT STRUCTURE FOR ALL OTHER EMPLOYEES. TRUSTEES SHALL NOT RECEIVE ANY COMPENSATION FOR THEIR SERVICES AS TRUSTEES. THE PRESIDENT & CEO ANNUALLY RECOMMENDS TOTAL COMPENSATION INCLUDING ALL BENEFITS AND CONTINGENCY FUNDS FOR SALARY INCREASES AND BONUSES FOR EMPLOYEES TO THE BOARD OF TRUSTEES AS PART OF THE OPERATING BUDGET APPROVAL PROCESS. AT LEAST EVERY TWO YEARS, THE PRESIDENT & CEO SHALL PERIODICALLY REVIEW COMPARABLE COMPENSATION DATA FOR ALL STAFF MEMBERS AND REPORT FINDINGS TO THE EXECUTIVE COMMITTEE. THE DATA MAY INCLUDE BUT IS NOT LIMITED TO COMMUNITY FOUNDATION SURVEYS NATIONWIDE, CHAMBERS OF COMMERCE AND LOCAL UNITED WAYS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COPIES MAY BE REQUESTED BY MAIL, E-MAIL, OR ORIGINAL DOCUMENTS MAY BE VIEWED AT THE FOUNDATION OFFICE

990 Schedule O, Supplemental Information

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

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493171010428	
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
					2017
					Open to Public Inspection
Name of the organization CONNECTICUT COMMUNITY FOUNDATION INC				Employer identification number 06-6038074	

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	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) Disproportionate 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	

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	No
(1) POOLED INCOME FUND	SPLIT INTEREST AGREEMENT	CT	N/A	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

1 During the tax year, did the organization 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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

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

Schedule R (Form 990) 2017

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)