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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

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

D Employer identification number
06-6038074

E Telephone number
(203) 753-1315

G Gross receipts $ 19,692,790

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

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)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	16
6	Total number of volunteers (estimate if necessary)	**6**	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,400
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	7,670

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	2,767,621	7,355,846
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,775,967	4,171,502
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	121,895	223,357
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,665,483	11,750,705
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,141,537	5,198,253
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,371,665	1,498,818
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶262,927		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	584,892	723,432
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,098,094	7,420,503
19	Revenue less expenses Subtract line 18 from line 12	567,389	4,330,202

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	109,471,165	103,084,977
21	Total liabilities (Part X, line 26)	256,237	377,808
22	Net assets or fund balances Subtract line 21 from line 20	109,214,928	102,707,169

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

****** 2019-07-22
Signature of officer Date

DAVID PELLETIER TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2019-07-22		P00041154

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

Firm's address ▶ 2 ENTERPRISE DRIVE
SHELTON, CT 064844640 — Phone no (203) 944-2100

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 6,464,833 including grants of $ 5,198,253) (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** ▶ 6,464,833

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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	6		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	Yes
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			**8**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 Contractors**

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOUGLAS JOHNSON CHAIR	1 00	X		X				0	0	0
(2) BRIAN HENEBRY SECRETARY	1 00	X		X				0	0	0
(3) DAVID PELLETIER TREASURER	1 00	X		X				0	0	0
(4) KATHY TAYLOR VICE CHAIR	1 00	X		X				0	0	0
(5) REGINALD BEAMON TRUSTEE	1 00	X						0	0	0
(6) DANIEL BEDARD TRUSTEE	1 00	X						0	0	0
(7) KATHY BOWER TRUSTEE	1 00	X						0	0	0
(8) BARBARA BRADBURY-PAPE TRUSTEE	1 00	X						0	0	0
(9) VALERIE FRIEDMAN TRUSTEE	1 00	X						0	0	0
(10) MICHAEL GIARDINA TRUSTEE	1 00	X						0	0	0
(11) ELIZABETH JOHNSON TRUSTEE	1 00	X						0	0	0
(12) BRIAN JONES TRUSTEE	1 00	X						0	0	0
(13) KATHRYN KEHOE TRUSTEE	1 00	X						0	0	0
(14) JOHN NEWTON TRUSTEE	1 00	X						0	0	0
(15) ERIC POLOKOFF TRUSTEE	1 00	X						0	0	0
(16) CAROLYN SETLOW TRUSTEE	1 00	X						0	0	0
(17) STEPHEN SEWARD 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) BARBARA RYER DIRECTOR OF FINANCE AND AD	40 00			X				119,078	0	20,245
(19) JULIE LOUGHRAN PRESIDENT & CEO	40 00			X				151,842	0	21,751
1b Sub-Total ▶										
c Total from continuation sheets to Part VII**, Section A** ▶										
d Total (add lines 1b and 1c) ▶								270,920	0	41,996

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 ▶ 3

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,355,846			
	g Noncash contributions included in lines 1a - 1f $ 339,764					
	h Total. Add lines 1a-1f		7,355,846			
Program Service Revenue		Business Code				
	2a					
	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)		2,915,853			2,915,853
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	9,197,734				
	b Less cost or other basis and sales expenses	7,942,085				
	c Gain or (loss)	1,255,649				
	d Net gain or (loss)		1,255,649	1,255,649		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a MISC INCOME	900099	218,957			218,957
	b PRVT FOUND FEES	900099	4,400		4,400	
	c					
	d All other revenue					
	e Total. Add lines 11a–11d		223,357			
	12 Total revenue. See Instructions		11,750,705	1,255,649	4,400	3,134,810

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	4,249,851	4,249,851		
2 Grants and other assistance to domestic individuals See Part IV, line 22	940,402	940,402		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	8,000	8,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	312,915	73,357	204,333	35,225
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	891,286	650,053	126,626	114,607
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	88,298	53,190	25,072	10,036
9 Other employee benefits	107,650	58,075	35,033	14,542
10 Payroll taxes	98,669	60,300	26,522	11,847
11 Fees for services (non-employees)				
a Management				
b Legal	6,500		6,500	
c Accounting	25,464		25,464	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	35,558		35,558	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,047		10,047	
12 Advertising and promotion	19,139	11,503	5,263	2,373
13 Office expenses	88,506	53,192	24,339	10,975
14 Information technology	79,305	47,662	21,809	9,834
15 Royalties				
16 Occupancy	113,156	68,007	31,118	14,031
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	82,452	49,554	22,674	10,224
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,578		11,578	
23 Insurance	15,974		15,974	
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 FUND EXPENSE	120,208	72,245	33,057	14,906
b CONSULTANTS	55,901	33,596	15,373	6,932
c ANNUAL REPORT AND NEWSL	40,494	24,337	11,136	5,021
d OTHER PERSONNEL & TRAIN	15,020	9,027	4,131	1,862
e All other expenses	4,130	2,482	1,136	512
25 **Total functional expenses.** Add lines 1 through 24e	7,420,503	6,464,833	692,743	262,927
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	3,090,325	1	3,338,394
	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: 55,099			
	b	Less accumulated depreciation — 10b: 24,039	40,595	10c	31,060
	11	Investments—publicly traded securities	105,829,000	11	99,204,278
	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)	109,471,165	16	103,084,977
Liabilities	17	Accounts payable and accrued expenses	43,558	17	93,838
	18	Grants payable	47,515	18	109,400
	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	165,164	25	174,570
	26	**Total liabilities.** Add lines 17 through 25	256,237	26	377,808
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	108,967,670	27	102,471,237
	28	Temporarily restricted net assets	247,258	28	235,932
	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	109,214,928	33	102,707,169
	34	Total liabilities and net assets/fund balances	109,471,165	34	103,084,977

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,750,705
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,420,503
3	Revenue less expenses Subtract line 2 from line 1	3	4,330,202
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	109,214,928
5	Net unrealized gains (losses) on investments	5	-10,837,961
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	102,707,169

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 06-6038074

Name: CONNECTICUT COMMUNITY FOUNDATION INC

Form 990 (2018)

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
CONNECTICUT COMMUNITY FOUNDATION INC

Employer identification number
06-6038074

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

The organization is not a private foundation because it is (For lines 1 through 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 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	1,570,623	3,567,733	3,303,252	2,767,621	4,706,406	15,915,635
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	1,570,623	3,567,733	3,303,252	2,767,621	4,706,406	15,915,635
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)						1,712,372
6 **Public support.** Subtract line 5 from line 4						14,203,263

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	1,570,623	3,567,733	3,303,252	2,767,621	4,706,406	15,915,635
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,764,683	2,547,190	2,608,851	2,622,341	2,915,853	13,458,918
9 Net income from unrelated business activities, whether or not the business is regularly carried on	4,400	4,400	4,400	5,978	4,400	23,578
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	20,582	20,333	21,203	115,917	218,957	396,992
11 **Total support.** Add lines 7 through 10						29,795,123

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 2018 (line 6, column (f) divided by line 11, column (f))	**14**	47 670 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	**15**	47 050 %

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
UNUSUAL CONTRIBUTIONS EXCLUDED FROM PART II SECTION A LINE 1	2014 - $3,075,257 2015 - $1,700,000 2018 - $2,649,440

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	76	569
2	Aggregate value of contributions to (during year)	644,827	6,839,332
3	Aggregate value of grants from (during year)	590,127	4,608,126
4	Aggregate value at end of year	10,700,686	92,384,290

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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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	104,268,307	93,575,999	89,715,399	92,640,208	88,796,886
b Contributions . . .	4,981,303	1,303,615	1,906,090	3,614,124	4,390,381
c Net investment earnings, gains, and losses	-6,427,540	14,901,932	7,021,266	-2,105,033	3,987,243
d Grants or scholarships . . .	5,142,841	5,135,936	4,703,294	4,059,111	4,173,454
e Other expenditures for facilities and programs . . .					
f Administrative expenses	401,337	377,303	363,462	374,789	360,848
g End of year balance	97,277,892	104,268,307	93,575,999	89,715,399	92,640,208

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		55,099	24,039	31,060
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				31,060

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
LIABILITY UNDER SPLIT-INTEREST AGREEMENTS	95,760
ANNUITY PAYABLE	78,810
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	174,570

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	32,989
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-10,438,455		
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	-10,438,455
3	Subtract line **2e** from line **1**			3	10,471,444
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	34,465		
b	Other (Describe in Part XIII)	4b	1,244,796		
c	Add lines **4a** and **4b**			4c	1,279,261
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	11,750,705

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	7,072,260
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	7,072,260
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	35,558		
b	Other (Describe in Part XIII)	4b	312,685		
c	Add lines **4a** and **4b**			4c	348,243
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	7,420,503

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 1,244,796

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	ADJUSTMENT FOR FUNDS HELD AS AGENCY ENDOWMENTS 312,685

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

OMB No 1545-0047

2018

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

(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
(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	ASIA - CHINA AND AUSTRALIA	1	4,000				
(2) SCHOLARSHIP	NORTH AMERICA - CANADA, BUT NOT THE UNITED STATES	1	4,000				
(3)							
(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, don't 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, don't 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: 93493205007019

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
CONNECTICUT COMMUNITY FOUNDATION INC

Employer identification number
06-6038074

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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	121	936,402			
(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

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
ACTS 4 MINISTRY INC 1713 THOMASTON AVENUE WATERBURY, CT 06704	20-3676244	501(C)(3)	10,338				INSPIRATION ANNUAL EVENT ON 6/28/2018 AT THE PALACE THEATER
AFTER SCHOOL ARTS PROGRAM PO BOX 15 WASHINGTON DEPOT, CT 06794	20-1308465	501(C)(3)	68,346				FOR GIVELOCAL2018, METAMORPHOSIS 2018 SANCTUARY PROJECT, CELEBRATION OF YOUNG WRITERS,GIRLS ON FYER THEATER INTENSIVE, AND FOR THE YOUNG WRITER'S AWARDS PROGRAM FOR 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
AMERICAN CANCER SOCIETY INC HERSHEY DIVISION OFFICE ROUTE 422 SIPE AVENUE HERSHEY, PA 17033	25-1798733		96,075				GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 5 BROOKSIDE DRIVE WALLINGFORD, CT 06492	13-5613797	501(C)(3)	97,075				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
ANIMAL WELFARE SOCIETY INC 8 DODD ROAD NEW MILFORD, CT 06776	06-6084293	501(C)(3)	24,094				GIVE LOCAL 2018
ARCHDIOCESE OF HARTFORD PO BOX 28 HARTFORD, CT 061410028	06-0646669	501(C)(3)	6,300				ARCHDIOCESAN PROGRAMS, ESPECIALLY SERVICE TO THE POOR, 2018 ANNUAL DONATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ARTS ESCAPE INC 88 MAIN STREET SOUTH SOUTHBURY, CT 06488	45-4200252	501(C)(3)	26,627				"THREADS WEAVING WORDS AND ART", GIVE LOCAL 2018
AUDUBON CENTER AT BENT OF THE RIVER 185 EAST FLAT HILL ROAD SOUTHBURY, CT 06488	13-1624102	501(C)(3)	17,432				JUNIOR FOREST TECHNICIANS, GIVE LOCAL 2018, FIREFLY NIGHT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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	501(C)(3)	17,705				GIVE LOCAL 2018
BRASS CITY CHARTER SCHOOL 212 CHESTNUT AVENUE WATERBURY, CT 06710	46-2366321	501(C)(3)	21,915				GIVE LOCAL 2018, LEEVER MUSIC, ARTS CITIZENSHIP PROGRAM, AND 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
BRASS CITY HARVEST PO BOX 11115 WATERBURY, CT 06703	75-3263005	501(C)(3)	12,255				GIVE LOCAL 2018, BRASS CITY HARVEST'S ANNUAL FARM TO TABLE DINNER, BRASS CITY COOKS' SENIOR NUTRITION & HEALTHY COOKING CLASS
BRIDGE TO SUCCESS COMMUNITY PARTNERSHIP 100 NORTH ELM STREET 2ND FLOOR WATERBURY, CT 06702	06-0646634	501(C)(3)	42,390				GENERAL SUPPORT, YOUTH DEVELOPMENT, BBS2018 BACKBONE 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
CAREER RESOURCES INC 350 FAIRFIELD AVENUE BRIDGEPORT, CT 06604	06-1427945	501(C)(3)	10,000				STRIVE WATERBURY
CATHOLIC CHARITIES ARCHDIOCESE OF HARTFORD 839 - 841 ASYLUM AVENUE HARTFORD, CT 061052801	06-0667607	501(C)(3)	7,672				QUALITY MATTERS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CATHOLIC MISSION AID SOCIETY OF THE ARCHDIOCESE OF HARTFORD 467 BLOOMFIELD AVENUE BLOOMFIELD, CT 06002	06-0646901	501(C)3	5,000				2018-2019 SCHOLARSHIPS FOR THE SEMINARIANS OF THE ADELINA N LIM FOUNDATION IN THE CITY OF LEGAZPI, ALBAY, PHILIPPINES
CHESHIRE EDUCATION FOUNDATION INC PO BOX 7 CHESHIRE, CT 06410	06-1442308	501(C)(3)	31,299				GIVE LOCAL 2018 FOR FINDING OF SCHOLARSHIPS, MINI GRANTS AND FOUNDATION OPERATIONS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 IN PLACEMENT INC-CT CASA INC 155 EAST STREET SUITE 202 NEW HAVEN, CT 06511	06-1182114	501(C)(3)	12,275				YOUTH SPONSORSHIP, CASE AND VOLUNTEER MANAGEMENT SOFTWARE
CHILDREN'S CENTER 11-A ASPETUCK AVENUE NEW MILFORD, CT 06776	23-7137832	501(C)(3)	30,330				GIVE LOCAL 2018

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 PO BOX 1746 WATERBURY, CT 06721	06-1000761	501(C)(3)	82,512				ANNUAL DINNER, GIVE LOCAL 2018, OPERATIONAL SUPPORT, FOR SCHOLARSHIPS AND CURRICULUM DEVELOPMENT & ASSESSMENT
CHIME IN MUSIC WITH A MISSION PO BOX 21 BETHLEHEM, CT 06751	45-3868994	501(C)(3)	6,294				GIVE LOCAL 2018

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CHRIST CHURCH EPISCOPAL PO BOX 4 ROXBURY, CT 06783		501(C)3	6,563				FOR SUPPORTING THE PARISH CHURCH, RECTORY AND OTHER FACILITIES, THE COLUMBARIUM, AND THE PARISH PRIEST
COLUMBIA UNIVERSITY DEPT OF OPHTHALMOLOGY 635 W 165TH STREET PO BOX 13 NEW YORK, NY 10032			11,959				GIVE LOCAL 2018

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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	501(C)(3)	46,872				GIVE LOCAL 2018, CORNERSTONE ORGANIZATION OPERATIONAL FUNDING GRANT, RECIPE FOR SUCCESS ON 3/24/2018 AT 19 MAIN ST
COMMUNITY MENTAL HEALTH AFFILIATES INC (CMHA) 270 JOHN DOWNEY DRIVE NEW BRITAIN, CT 06051	06-0934544	501(C)(3)	7,500				SENSORY INTERGRATION THERAPY AND SUPPLIES FOR CHILDREN WITH BEHAVIORAL HEALTH ISSUES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 SERVICES COUNCIL OF WOODBURY INC PO BOX 585 WOODBURY, CT 06798	22-3186254	501(C)(3)	7,285				GIVE LOCAL 2018, NEIGHBORS FOR NEIGHBORS PROGRESSIVE DINNER 10/7/2018 AT WOODBURY COMMUNITY CENTER
CONNECTICUT ASSOCIATION FOR HUMAN SERVICES 237 HAMILTON STREET SUITE 208 HARTFORD, CT 06106	06-0653158	501(C)(3)	5,000				FAMILY ECONOMIC SUCCESS PROGRAMS 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
CONNECTICUT CHORAL SOCIETY INC PO BOX 42 SOUTHBURY, CT 064880042	06-1043577	501(C)(3)	12,276				TO SUPPORT CHARITABLE OR EDUCATIONAL PURPOSES OF THE AGENCY, CANDLELIGHT AND CAROLS CONCERT, FOR GENERAL PURPOSES, GIVE LOCAL 2018
CONNECTICUT COALITION TO END HOMELESSNESS 257 LAWRENCE STREET HARTFORD, CT 06106	06-1126880	501(C)(3)	10,000				ENDING HOMELESSNESS IN THE 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
CONNECTICUT COMMUNITY CARE INC 43 ENTERPRISE DRIVE BRISTOL, CT 060107472	06-1024632	501(C)(3)	10,000				BBS2018 CT HEALTHY LIVING COLLECTIVE (BACKBONE SUPPORT-YEAR 2)
CONNECTICUT COUNCIL FOR PHILANTHROPY 221 MAIN STREET HARTFORD, CT 06106	23-7024016	501(C)(3)	13,500				2018 & 2019 MEMBERSHIP SUPPORT, PARTICIPANT IN EARLY CHILDHOOD FUNDERS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 EARLY CHILDHOOD ALLIANCE 237 HAMILTON STREET SUITE 208 HARTFORD, CT 06106	06-0653158	501(C)(3)	10,000				INFANT/TODDLER AND EARLY CHILDHOOD POLICY DEVELOPMENT
CONNECTICUT FOOD BANK 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	06-1063025	501(C)(3)	20,500				TO FEED THE HUNGRY, SOUTHBURY MOBILE PANTRY, GENERAL PURPOSES, CT FOOD BANK (BACKBONE 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
CONNECTICUT LAND CONSERVATION COUNCIL 16 MERIDEN ROAD ROCKFALL, CT 06481	82-2683386	501(C)(3)	16,000				TRUSTEE FUND AWARD PAYMENT, CT LAND TRUST ADVANCEMENT INITIATIVE BUILDING CONSERVATION IMPACT THROUGH LAND TRUST COLLABORATION
CONNECTICUT PARTNERSHIP FOR CHILDREN INC DBA NAUGATUCK PARTNERSHIP FOR CH 98 OLIVE STREET NAUGATUCK, CT 06770	26-4609367	501(C)(3)	16,585				PRESCHOOL/KINDERGARTEN PEER PARTNERSHIP, HOLISTIC FAMILY 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
DOUBLE D LIVING HISTORY FARM 102 PAINTER HILL ROAD ROXBURY, CT 06783	20-1469683	501(C)(3)	5,000				FOR THE GENERAL FUND
EASTERSEALS 22 TOMPKINS STREET WATERBURY, CT 06708	06-0737391	501(C)(3)	13,670				GIVE LOCAL 2018, 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
ETA ALPHA LAMBDA INC 206 ELM STREET UNIT 204342 NEW HAVEN, CT 06520	81-2898205	501(C)(3)	7,000				ALPHA ACADEMY-ALPHA ESQUIRE, GO TO HIGH TO SCHOOL COLLEGE AND HOMEWORK HELP
							GIVE LOCAL 2018, 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
FIRST CONGREGATIONAL CHURCH OF NEW MILFORD 36 MAIN STREET NEW MILFORD, CT 06776			16,000				TO SUPPORT "RAISE THE ROOF" CAMPAIGN AT CHURCH
FIVE POINTS GALLERY INC 33 MAIN STREET PO BOX 1028 TORRINGTON, CT 06790	46-1555586	501(C)(3)	5,545				GIVE LOCAL 2018

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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	501(C)(3)	35,555				FOR GENERAL SUPPORT, FARM TO TABLE DINNER AND AUCTION, ANNUAL GIFT, GIVE LOCAL 2018, ENHANCE ENVIRONMENTAL EDUCATION CURRICULUM FOR STUDENTS IN GRADES K-12
FOODCORPS INC 1140 SE 7TH AVENUE SUITE 110 PORTLAND, OR 97214	27-3990987	501(C)(3)	30,000				HEALTHY SCHOOLS FOR HEALTHY KIDS IN NAUGATUCK

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
GAYLORD HOSPITAL PO BOX 400 WALLINGFORD, CT 06492	06-0646649	501(C)3	5,766				FOR GENERAL SUPPORT
GIRL SCOUTS OF CONNECTICUT 340 WASHINGTON STREET HARTFORD, CT 06106	06-0662134	501(C)(3)	13,460				GIVEL LOCAL 2018, SET UP TO STEM, WATERBURY OUTREACH TROOP

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 COMMUNITY CARE AND HOSPICE 5 OLD MIDDLE STREET GOSHEN, CT 06756	06-1198075	501(C)(3)	7,370				GIVE LOCAL 2018, SENIOR SOCIALS AND LUNCHEONS YEAR 4, TECHNOLOGY GRANT
GOSHEN LAND TRUST PO BOX 501 GOSHEN, CT 06756	06-1030299	501(C)(3)	6,185				FOR GENERAL PURPOSES, GIVEL LOCAL 2018

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 PLAYERS PO BOX 63 GOSHEN, CT 067560063	22-2775679	501(C)(3)	6,083				GIVE LOCAL 2018, 2018-2019 SEASON
GRANVILLE ACADEMY OF WATERBURY PO BOX 2891 WATERBURY, CT 06723	06-1404367	501(C)(3)	5,500				FOR GENERAL PURPOSES, COLLEGE AND CAREER PREPARATION

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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	501(C)(3)	21,989				GIVE LOCAL 2018, FOR TRUSTEE FUND AWARD 2018, PRESENTATION MATERIAL GWIM FEEDING PROGRAMS, FOR THE SOUP KITCHEN
GREENWOODS COUNSELING REFERRALS INC PO BOX 1549 LITCHFIELD, CT 06759	06-1351190	501(C)(3)	20,741				FOR GENERAL PURPOSES, SUBOXONE MAINTENANCE & RELAPSE PREVENTION PROGRAM, GREENWOODS TECHNOLOGY UPDATE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 PO BOX 1273 WASHINGTON, CT 06793	06-0691373	501(C)(3)	16,493				GIVE LOCAL 2018, LIBRARY LUMINARIES AT GUNN LIBRARY
HARTFORD BISHOPS' FOUNDATION INC 467 BLOOMFIELD AVENUE BLOOMFIELD, CT 06002	81-1546773		100,000				FOR GENERAL PURPOSES

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

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HARTFORD HEALTHCARE AT HOME 680 MAIN STREET SUITE 300 WATERTOWN, CT 06795	06-0646938	501(C)(3)	10,592				GENERAL SUPPORT, VISITING NURSE'S SALARY, VNA HOSPICE IN WATERBURY
HEALTH EQUITY SOLUTIONS 750 MAIN STREET SUITE 1108-2 HARTFORD, CT 06103	46-5011055	501(C)(3)	7,120				HEALTH EQUITY ACADEMY-WATERBURY

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HIDDEN ACRES THERAPEUTIC RIDING CENTER PO BOX 1879 NAUGATUCK, CT 06770	26-3248176	501(C)(3)	36,595				PATHWAYS PROGRAM FOR YOUTH AT RISK, FINANCIAL AID, GIVE LOCAL 2018
HISPANIC COALITION OF GREATER WATERBURY INC 135 EAST LIBERTY STREET WATERBURY, CT 06706	06-1349937	501(C)(3)	24,981				TRANSPORTATION, WATERBURY BRASS SENIOR PROGRAM SITE YEAR 7,SENIOR GREENHOUSE PLANTING, WORKING CITIES CHALLENGE SOUTH END VOCATIONAL ESL PROJECT, POOL TABLE PURCHASE

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

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HOLY CROSS HIGH SCHOOL 587 ORONOKE ROAD WATERBURY, CT 06708	06-0849047	501(C)(3)	24,999				GIVE LOCAL 2018
HOUSATONIC VALLEY ASSOCIATION 150 KENT ROAD CORNWALL BRIDGE, CT 06754	06-6049295	501(C)(3)	14,683				GIVE LOCAL 2018, PRELIM DESIGN FOR A DEMONSTRATION CULVERT REPLACEMENT PROJECT IN THE TOWN OF WASHINGTON, VHA ANNUAL AUCTION FOR THE ENVIRONMENT, CONSTITUENT RELATIONS MANAGEMENT PROGRAM

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

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HUMAN RESOURCE DEVELOPMENT AGENCY 575 RUBBER AVENUE NAUGATUCK, CT 06770	06-0939080	501(C)(3)	30,000				MEDICAL TRANSPORTATION/SOCIALIZATION
JANE DOE NO MORE INC 203 CHURCH STREET REAR NAUGATUCK, CT 06770	61-1525250	501(C)(3)	7,448				GIVE LOCAL 2018

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 067620285	46-2210426	501(C)(3)	43,418				GIVE LOCAL 2018
LAKE WARAMAUG TASK FORCE INC 50 CEMETERY ROAD WARREN, CT 06754	06-1063687	501(C)(3)	11,759				LAKE WARAMAUGH CATCH BASIN INVENTORY, GIVE LOCAL 2018

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

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LANDMARK COMMUNITY THEATRE PO BOX 158 THOMASTON, CT 067870158	27-1112550	501(C)(3)	9,581				GIVE LOCAL 2018
LITCHFIELD COMMUNITY CENTER 421 BANTAM ROAD LITCHFIELD, CT 06759	06-1520254	501(C)(3)	12,639				AGING MASTERY PROGRAM YEAR 2, GIVE LOCAL 2018, FOR GENERAL SUPPORT, FOR WILDERNESS SKILLS SCHOLARSHIP, SUMMERFEST GALA

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

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LITCHFIELD HILLS CHORE SERVICE INC PO BOX 294 LITCHFIELD, CT 06759	20-3824096	501(C)(3)	10,353				ELDERLY SERVICES SUPPORT AND OUTREACH, GIVE LOCAL 2018, FOR GENERAL SUPPORT
LITCHFIELD LAND TRUST INC PO BOX 712 LITCHFIELD, CT 067590712	23-7002462	501(C)(3)	6,275				GIVE LOCAL 2018, 2018 SUNSET PARTY

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

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LITCHFIELD MONTESSORI SCHOOL 5 KNIFE SHOP ROAD NORTHFIELD, CT 06778	23-7320463	501(C)(3)	26,830				GIVE LOCAL 2018, GIVE LOCAL MATCHING GRANT
LITERACY VOLUNTEERS ON THE GREEN PO BOX 366 NEW MILFORD, CT 067760366	26-2018636	501(C)(3)	8,896				GIVE LOCAL 2018, CELEBRATION OF LITERACY

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

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LITTLE BRITCHES THERAPEUTIC RIDING INC PO BOX 120 WOODBURY, CT 06798	06-1342553	501(C)(3)	20,605				GIVE LOCAL 2018, SUMMER PROGRAM 2018 WITH AN OCCUPATIONAL THERAPIST, FOR GENERAL SUPPORT, LITTLE BRITCHES DINNER
LIVING IN SAFE ALTERNATIVES INC 200 EXECUTIVE BLVD SUITE 4C SOUTHINGTON, CT 06489	06-0899577	501(C)(3)	195,800				FOR LISA INC PROGRAM OPERATIONS, FOR GENERAL PURPOSES, FOR DOWN PAYMENT FOR NEW BUILDING TO HOUSE THE SAIL PROGRAM, GIVE LOCAL 2018

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

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LIVINGSTON RIPLEY WATERFOWL SANCTUARY PO BOX 210 LITCHFIELD, CT 06759	51-0280202	501(C)(3)	8,165				GIVE LOCAL 2018
MADRE LATINA INC PO BOX 3082 WATERBURY, CT 06705	46-3164021	501(C)(3)	16,960				LATINO WORKFORCE PROGRAM, GIVE LOCAL 2018, ACHIEVER GALA & AWARD CEREMONY, HEALTH ON WHEELS 2018

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

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MAIN STREET BALLET COMPANY 124 SOUTH POMPERAUG AVENUE WOODBURY, CT 06798	46-3755768	501(C)(3)	5,438				THE NUTCRACKER ON 12/1 & 12/2 AT POMPERAUGH HS, GIVE LOCAL 2018
MASSACHUSETTS EYE AND EAR INFIRMARY 243 CHARLES STREET BOSTON, MA 02114	04-2103591	501(C)(3)	11,959				DESIGNATED FOR EYE RESEARCH

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MATTATUCK MUSEUM 144 WEST MAIN STREET WATERBURY, CT 06702	06-0443990	501(C)(3)	107,362				GIVE LOCAL 2018, FOR LIBRARY AND EXHIBITS OF INDUSTRIAL PROCESSES & PRODUCTS DEVELOPED IN GREATER WATERBURY, WATERBURY BRASS SENIOR PROGRAM, MATTATUCK MUSEUM CAPITAL CAMPAIGN, MATT BY NIGHT, MINI MASTER YOUNG ARTIST
MATTATUCK UNITARIAN UNIVERSALIST SOCIETY 214 MAIN STREET SOUTH WOODBURY, CT 067983708	06-1023279	501(C)(3)	8,328				GREATER WOODBURY ENVIRONMENTAL FORUM, ENVELOPE #305

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MENTAL HEALTH CONNECTICUT 61 SOUTH MAIN STREET SUITE 100 WEST HARTFORD, CT 06107	06-0646593	501(C)(3)	15,000				MENDING ART
MIDDLEBURY LAND TRUST PO BOX 193 MIDDLEBURY, CT 06762	23-7050688	501(C)(3)	16,341				FOR GENERAL ANNUAL GIFT, GIVE LOCAL 2018

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

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MINOR MEMORIAL LIBRARY 23 SOUTH STREET ROXBURY, CT 06783	06-0692376	501(C)3	5,000				FOR THE GENERAL FUND
MINORITY INCLUSION PROJECT 901 MAIN STREET 2ND FLOOR MANCHESTER, CT 06040	81-2174225		5,000				COURAGE IN CONVERSATIONS

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MORRIS LAND TRUST PO BOX 31 MORRIS, CT 06763	35-2286224	501(C)(3)	9,247				GIVE LOCAL 2018
MOUNT OLIVEAME ZION SENIOR CENTER 82-100 PEARL STREET WATERBURY, CT 067043343	22-3092504	501(C)(3)	9,500				WATERBURY BRASS SENIOR PROGRAM SITE, SENIOR CENTER OPERATIONAL YEAR

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MUSIC MOUNTAIN PO BOX 738 LAKEVILLE, CT 06039	23-7219961	501(C)(3)	11,000				FOR UNDERWRITING-DOVER QUARTER, FOR GENERAL PURPOSES
NAUGATUCK RIVER REVIVAL GROUP INC 132 RADNOR AVENUE NAUGATUCK, CT 06770	35-2334025	501(C)(3)	11,232				GIVE LOCAL 2018, FOR GENERAL PURPOSES

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NAUGATUCK VALLEY COMMUNITY COLLEGE FOUNDATION 750 CHASE PARKWAY WATERBURY, CT 06708	23-7165869	501(C)(3)	4,062				GIVE LOCAL 2018
NAUGATUCK YMCA 284 CHURCH STREET NAUGATUCK, CT 06770	06-0646770	501(C)(3)	35,081				GIVE LOCAL 2018, FOR THREE SUMMER CAMP PROGRAM FEES, THERAPEAUTIC EXERCISE (PATHWAYS YEAR 4)

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NAUGATUCK YOUTH SERVICES INC 13 SCOTT STREET NAUGATUCK, CT 06770	20-8934900	501(C)(3)	26,052				CORNERSTONE ORGANIZATION-OPERATIONAL FUNDING GRANT, GIVE LOCAL 2018
NEIGHBORHOOD HOUSING SERVICES OF WATERBURY INC 193 GRAND STREET 3RD FLOOR WATERBURY, CT 06702	06-1022915	501(C)(3)	46,546				CORNERSTONE ORGANIZATION-OPERATIONAL FUNDING GRANT, GIVE LOCAL 2018,2ND ANNUAL HOME MATTERS DINNER & BENEFIT, WATERBURY JUNETEETH COMMITTEE, TRUSTEE FUND AWARD 2018, NHSW SOCIAL ENTERPRISE INITIATIVE, WATERBURY VOTES VOTER ENGAGEMENT

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NEW MILFORD HISTORICAL SOCIETY P O BOX 359 NEW MILFORD, CT 067760359	06-0670251	501(C)(3)	6,857				AN ARTIST'S EYE ON NEW MILFORD ART SHOW, GIVE LOCAL 2018, 2018 NEW MILFORD HISTORICAL SOCIETY WEBSITE UPGRADE
NEW MILFORD RIVER TRAIL ASSOCIATION INC PO BOX 697 NEW MILFORD, CT 06776	46-2875512	501(C)(3)	7,246				GIVE LOCAL 2018

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NEW MILFORD VNA INC 68 PARK LANE ROAD NEW MILFORD, CT 06776	06-0653153	501(C)(3)	10,310				100TH ANNIVERSARY GALA, GIVE LOCAL 2018, FAMILY SUPPORT SERVICES
NEW OPPORTUNITIES INC 232 NORTH ELM STREET WATERBURY, CT 06702	06-6071847	501(C)(3)	75,052				GIVE LOCAL 2018, CHEF ON SITE, WATERBURY BRASS SENIOR PROGRAMS LEAD AGENCY, EVACUEE SUPPORT FUND

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NEW YORK STEAM ENGINE ASSOCIATION PO BOX 1149 CANANDAIGUA, NY 14424	16-6044822	501(C)(3)	5,000				TO PURCHASE STEAM ENGINE
NORTH SHORE ANIMAL LEAGUE AMERICA 16 LEWYT STREET PORT WASHINGTON, NY 11050	11-1666852	501(C)(3)	11,898				FOR GENERAL USE AND PURPOSES

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NORTHWEST CONNECTICUT ARTS COUNCIL 40 MAIN STREET SUITE 1 TORRINGTON, CT 06790	06-1725017	501(C)(3)	19,990				BBS2018 NORTHWEST CT ARTS COUNCIL, FOR GENERAL SUPPORT, GIVE LOCAL 2018
NORTHWEST CONSERVATION DISTRICT 1185 NEW LITCHFIELD STREET TORRINGTON, CT 06790	06-0869263	501(C)(3)	12,538				GIVE LOCAL 2018, BUILDING RESILIENT LOCAL COMMUNITIES WITH LOW IMPACT DEVELOPMENT

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OLIVER WOLCOTT LIBRARY INC PO BOX 187 LITCHFIELD, CT 06759	06-0709304	501(C)(3)	6,460				FESTIVAL OF TREES, GIVE LOCAL 2018
PALACE THEATER 100 EAST MAIN STREET WATERBURY, CT 06702	02-0620399	501(C)(3)	14,489				GIVE LOCAL 2018, FOR GENERAL PURPOSES, PALACE 10 3 PARTY OF THE DECADES, A SECOND ACT

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PENNSYLVANIA STATE UNIVERSITY OFFICE OF SPONSORED PROGRAMS 110 TECHNOLOGY CENTER BUILDING UNIVERSITY PARK, PA 168027000	24-6000376	501(C)3	29,984				SCHOOL OF HOSPITALITY MANAGEMENT SENIOR LIVING INITIATIVE
PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS (PETA) 501 FRONT STREET NORFOLK, VA 23510	52-1218336	501(C)(3)	11,898				FOR GENERAL USES AND PURPOSES

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PET ASSISTANCE INC PO BOX 2015 NEW PRESTON, CT 06777	13-2856917	501(C)(3)	10,344				GIVELOCAL 2018
PHOENIX STAGE COMPANY INC 133 MAIN STREET OAKVILLE, CT 06779	27-4966816	501(C)(3)	9,248				GIVELOCAL 2018

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PHS GRADNITE INC PO BOX 951 SOUTHBURY, CT 06488	46-1154471	501(C)(3)	5,519				PHS GRADNITE 18, GIVE LOCAL 2018, PHS GRADNITE 2019
PHYSICIAN'S COMMITTEE FOR RESPONSIBLE MEDICINE 5100 WISCONSIN AVE SUITE 400 WASHINGTON, DC 20016	52-1394893	501(C)(3)	23,796				FOR GENERAL SUPPORT

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PILOBOLUS INC PO BOX 388 6 CALHOUN STREET WASHINGTON DEPOT, CT 06794	03-0230490	501(C)(3)	12,000				FAMILY PROGRAMS AT THE FIVE SENSES FESTIVAL, CONNECTING WITH BALANCE, YEAR
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND 345 WHITNEY AVENUE NEW HAVEN, CT 065112384	06-0263565	501(C)(3)	35,272				WATERBURY CHAPTER, GIVE LOCAL 2018

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POLICE ACTIVITY LEAGUE OF WATERBURY INC 64 DIVISION STREET WATERBURY, CT 06704	20-8262614	501(C)(3)	15,475				FOR FILM PRODUCTION, GIVE LOCAL 2018, PAL RIVER BRIGADE
POMPERAUG DISTRICT DEPARTMENT OF HEALTH 77 MAIN ST NORTH SUITE 205 SOUTHBURY, CT 06488	06-1173579	501(C)3	33,000				BETTER AGING & LIFESTYLE AWARENESS NETWORK CHRONIC DISEASE EDUCATION-BALANCE, VISION FOR TOMORROW MAKING EYE HEALTH A PUBLIC HEALTH IMPERATIVE PROJECT

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

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POMPERAUG RIVER WATERSHED COALITION 39 SHERMAN HILL ROAD SUITE C103 WOODBURY, CT 06798	06-1583895	501(C)(3)	44,617				POMPERAUG RIVER WATERSHED COALITION YOUTH CONSERVATION CORPS, GIVE LOCAL 2018, DRINKING WATER & PRIVATE WELLS SOUTHBURY FORUM, ANNUAL DISBURSEMENT FROM ENDOWMENT FUND, BLUE BASH! A CELEBRATION OF OUR WATER RESOURCES
PRIME TIME HOUSE 810 MAIN STREET TORRINGTON, CT 06790	22-2719755	501(C)(3)	5,443				GIVE LOCAL 2018

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REACH OUT AND READ CONNECTICUT PO BOX 290 MADISON, CT 06443	04-3481253	501(C)(3)	10,057				GIVE LOCAL 2018, GREATER WATERBURY EARLY CHILDREN TX FOR SUCCESS
REBUILDING TOGETHER LITCHFIELD COUNTY INC 122 STILSON HILL ROAD NEW MILFORD, CT 06776	38-3693059	501(C)(3)	13,923				HOME PRESERVATION AND REPAIRS, GIVE LOCAL 2018

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(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
REGION 15 SCHOOL DISTRICT 286 WHITTEMORE ROAD PO BOX 395 MIDDLEBURY, CT 06762	06-0854923	501(C)3	7,500				NAMES CAN REALLY HURT US
REGIONAL DATA COOPERATIVE FOR GREATER NEW HAVEN 129 CHURCH STREET SUITE 605 NEW HAVEN, CT 06510	06-1567201	501(C)(3)	100,035				GWHIP 2018 PHONE SURVEYS FOR WELLBEING SURVEY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGIONAL YMCA OF WESTERN CT 246 FEDERAL ROAD STE B-21 BROOKFIELD, CT 06804	06-6051610	501(C)3	15,880				TYPE 2 DIABETES RISK SCREENING AND PREVENTION PROGRAMMING FOR NEW MILFORD RESIDENTS
ROBOTICS AND BEYOND PO BOX 607 NEW MILFORD, CT 067762706	20-8821398	501(C)(3)	5,193				GIVE LOCAL 2018

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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	501(C)(3)	5,000				FOR THE GENERAL FUND
ROXBURY BRIDGEWATER GARDEN CLUB PO BOX 130 ROXBURY, CT 06783	06-6047490	501(C)(3)	7,923				GIVE LOCAL 2018

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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	501(C)(3)	34,718				GIVE LOCAL 2018
ROXBURY VOLUNTEER FIRE DEPARTMENT PO BOX 146 ROXBURY, CT 067830146	06-0959487	501(C)(3)	5,000				FOR THE GENERAL FUND

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 910 MAIN STREET SOUTH SOUTHBURY, CT 06488	06-0689694	501(C)(3)	43,000				FOR THE HOMELESS OUTREACH FUND, MISSION TRIP 2018, FOR BRIAN GIBBONS HOMELESS OUTREACH WINE & CHEESE RECOGNITION NIGHTM FOR THE HOMELESS OUTREACH FUND
SAFE HAVEN OF GREATER WATERBURY INC 29 CENTRAL AVENUE WATERBURY, CT 06702	06-0996479	501(C)(3)	32,062				GIVE LOCAL 2018, SAFER COMMUNITIES SOUTHBURY, CONNECT AND HELP FOR SURVIVORS OF SEXUAL ASSAULT, SMART GIRLS, SAFER COMMUNITIES GREATER WATERBURY, OUT OF THE SHADOWS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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	501(C)(3)	8,177				FOR GENERAL SUPPORT, FOR RESEARCH FELLOWSHIPS THROUGH THE YALE RESIDENCY PROGRAM, FOR THE ONCOLOGY DEPT, FOR THE ALUMNI ASSOC SCHOLRSHIP FUND
SAINT MARY'S HOSPITAL FOUNDATION 56 FRANKLIN STREET WATERBURY, CT 06706	22-2528400	501(C)(3)	7,700				GALA DONATION, GIVE LOCAL 2018, PINK OUT FOR BREAST AWARENESS, FOR GENERAL PURPOSES

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

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SALVATION ARMY 74 CENTRAL AVENUE WATERBURY, CT 06702	13-5562351	501(C)(3)	18,444				FOR GENERAL SUPPORT, FAMILY EMERGENCY SHELTER, GIVE LOCAL 2018, 10TH ANNUAL KETTLE KICK-OFF DINNER
SALVATION ARMY - HARTFORD 855 ASYLUM AVENUE HARTFORD, CT 06105	13-5562351	501(C)(3)	13,201				GIVE LOCAL 2018

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SAVE GIRLS ON FYER 276 HIGHLAND AVENUE WATERBURY, CT 067083022	46-2376450	501(C)(3)	14,783				GIVE LOCAL 2018 F Y E R BALL, GIRLS ON FYER LEADERSHIP PROGRAM
SEVEN ANGELS THEATRE COMPANY PO BOX 3358 WATERBURY, CT 067053358	06-1303263	501(C)(3)	13,505				ARTS & CULTURE, GIVE LOCAL 2018

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

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SHAKESPERIENCE PRODUCTIONS INC 117 BANK STREET WATERBURY, CT 06702	06-1555859	501(C)(3)	34,924				GIVE LOCAL 2018, SWEETS TO THE SWEET,WATERBURY INTERACTIVE OUR CITY, OUR NEIGHBORHOODS
SILAS BRONSON LIBRARY 267 GRAND STREET WATERBURY, CT 06702	23-7339733	501(C)3	8,264				FOR GENERAL SUPPORT, FOR THE PURCHASE OF CHILDREN'S BOOKS, WATERBURY BRASS SENIOR PROGRAM, IN MEMORY OF INGRID MARTLAND FOR THE PURCHASE OF BOOKS FOR CHILDREN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
SIMPLY SMILES INC 1771 POST ROAD EAST WESTPORT, CT 06880	56-2332922	501(C)(3)	5,500				FOR ORPHANAGE CAPITAL CAMPAIGN, FOR GENERAL PURPOSES
SOUTHBURY FOOD BANK PO BOX 68 SOUTHBURY, CT 06488	22-3018164	501(C)(3)	7,370				GIVE LOCAL 2018

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

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SOUTHBURY LAND TRUST PO BOX 600 SOUTHBURY, CT 06488	06-0977326	501(C)(3)	13,729				GIVE LOCAL 2018, GARDEN TOUR & PARTY AT PINE MEADOW GARDENS, SOUTHBURY FARMS POSTING AND MONITORING
SOUTHBURY PUBLIC LIBRARY 100 POVERTY ROAD SOUTHBURY, CT 06488	06-6002089	501(C)3	9,435				TO BE APPLIED IN FURTHERANCE OF A "SPECIAL PROJECT SELECTED BY THE HEAD LIBRARIAN WITH SUGGESTIONS FROM THE REFERENCE LIBRARIAN, TO SUPPORT THE OPERATIONS OF THE LIBRARY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 TOWN OF 501 MAIN STREET SOUTH SOUTHBURY, CT 06488	06-6002089	501(C)3	5,965				FOR THE SOCIAL SERVICES DEPT FOR ELDERLY RESIDENTS OF SOUTHBURY SUFFERING HARDSHIP OR ILLNESS WITH PARTICULAR CONCERN FOR ELDERLY IN HERITAGE VLG, SOUTHBURY SENIOR NETWORK
SMART INC 948 OLD WATERBURY ROAD SOUTHBURY, CT 06488	30-0665423	501(C)(3)	11,814				OUTREACH & EDUCATION, GIVE LOCAL 2018

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

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SPOTTY DOG RESCUE INC PO BOX 1571 WATERBURY, CT 06721	46-1056652	501(C)(3)	5,293				GIVE LOCAL 2018
ST MARGARET WILLOW PLAZA NEIGHBORHOOD COMMUNITY CTR 60 ELMWOOD AVENUE WATERBURY, CT 06710	30-0196431	501(C)(3)	8,300				WATERBURY BRASS SENIOR PROGRAM SITE, TODAY'S YOUTH, 1ST ANNUAL WINE TASTING EVENT

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

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ST VINCENT DEPAUL MISSION OF WATERBURY PO BOX 1612 WATERBURY, CT 067211612	06-1001527	501(C)(3)	16,753				GIVE LOCAL 2018, FOR GENERAL PURPOSES, FOR GENERAL SUPPORT, DAY PROGRAM FOR SINGLE WOMEN
STAYWELL HEALTH CARE INC 80 PHOENIX AVENUE WATERBURY, CT 06702	22-3160873	501(C)(3)	29,862				BH PAPERLESS PROJECT, QUEER UNITY EMPOWERMENT SUPPORT TEAM (QUEST) (FORMERLY LGBTW PROJECT), GIVELOCAL2018, STAYWELL HEALTH CENTER'S 7TH ANNUAL SUMMER'S END FETE

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

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STEEP ROCK ASSOCIATION INC PO BOX 279 WASHINGTON DEPOT, CT 067940279	06-6069060	501(C)(3)	16,870				GIVE LOCAL2018, INTERGENERATIONAL FAMILIES AND SENIORS IN STEEP ROCK
STEVEK FOUNDATION INC CRAMER & ANDERSON LLP 30 MAIN STREET STE 204 DANBURY, CT 06810	75-3140355	501(C)(3)	20,000				FOR AWARDS

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

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SUSAN B ANTHONY PROJECT 179 WATER STREET TORRINGTON, CT 06790	06-1085983	501(C)(3)	22,746				WALK A MILER IN HER SHOES, GIVE LOCAL 2018, THE TOUCHSTONE GIRLS EMPOWERMENT GROUP, THE REBUILDING LIVES PROGRAM,
THE AMERICAN MURAL PROJECT PO BOX 538 100 WHITING STREET WINSTED, CT 06098	26-3993911	501(C)(3)	7,300				"ALL OUR OWN" MURAL PROJECT AT ROTELLA SCHOOL

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

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THE GLEBE HOUSE AND GERTRUDE JEKYLL GARDEN PO BOX 245 WOODBURY, CT 067980245	06-0653106	501(C)(3)	8,528				FOR THE GENERAL FUND, AN EVENING OF COCKTAILS AND FESTIVE DINNERS WITH FRIENDS, YOUTH SUMMER PROGRAM ASSISTANTS, GIVE LOCAL 2018
THE JUDY BLACK MEMORIAL PARK AND GARDENS PO BOX 331 WASHINGTON DEPOT, CT 06794	46-2392418	501(C)(3)	13,410				GIVE LOCAL 2018

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

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THE TAFT SCHOOL 110 WOODBURY ROAD WATERTOWN, CT 067952100	06-0646921	501(C)(3)	10,613				FOR THE WATERTOWN AREA SCHOLARSHIP FUND, FOR SCHOLARSHIPS, COLLEGIUM MUSICUM CONCERT TOUR TO LONDON AND PARIS
THE WARNER THEATRE (NW CT ASSOCIATION FOR THE ARTS) PO BOX 1012 TORRINGTON, CT 06790	06-1048713	501(C)(3)	7,035				GIVE LOCAL 2018, FOR GENERAL SUPPORT

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

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UCONN - OSHER LIFELONG LEARNING INSTITUTE 99 EAST MAIN STREET WATERBURY, CT 067022311	06-6070722	501(C)(3)	7,582				GREENING OF WATERBURY- FROM PLANTING TO HARVEST, GIVE LOCAL 2018
UNITED WAY OF CENTRAL & NORTHEASTERN CT 30 LAUREL STREET HARTFORD, CT 06106		501(C)3	12,000				EMERGENCY HOUSING ASSISTANCE

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

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UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET 2ND FL WATERBURY, CT 067021512	06-0646634	501(C)(3)	31,258				GIVE LOCAL 2018 FOR FINDING OF SCHOLARSHIPS, MINI GRANTS AND FOUNDATION OPERATIONS, FOR UNITED WAY ADMINISTRATIVE EXPENSES, 17/18 CAMPAIGN MATCH FUNDS
UNITED WAY OF NAUGATUCK & BEACON FALLS PO BOX 209 NAUGATUCK, CT 067700209	06-0788028	501(C)(3)	17,411				WELCOME BABY! FOR GENERAL SUPPORT, FOR SUPPORT OF THE CHARITABLE OR EDUCATIONAL PURPOSES OF THE UNITED WAY OF NAUGATUCK AND BECON FALLS AND ITS AFFILIATED AGENCIES, FOR GENERAL PURPOSES

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

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UNITED WAY OF WESTERN CONNECTICUT (NORTHERN FAIRFIELD COUNTY OFFICE) 301 MAIN STREET SUITE 2-5 DANBURY, CT 06810	06-0646577	501(C)(3)	17,177				GIVE LOCAL 2018
UNIVERSITY OF NEW HAVEN OFFICE OF GRANTS AND SPONSORED PROGRAMS 300 BOSTON POST ROAD WEST HAVEN, CT 06516	06-0761704	501(C)(3)	5,000				TRANSFORMING YOUTH JUSTICE LEADERSHIP DEVELOPMENT PROGRAM

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

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VASSAR COLLEGE STUDENT FINANCIAL SERVICES 124 RAYMOND AVENUE BOX 8 POUGHKEEPSIE, NY 126040008	14-1338587	501(C)(3)	12,000				TO SUPPORT EDUCATIONAL PROGRAMS, FOR JOHN B SCHWARTZ MEMORIAL TRAVEL AWARD FOR STUDENTS IN MEDIEVAL STUDIES PROGRAM
VILLAGE CENTER FOR THE ARTS INC 12 MAIN STREET NEW MILFORD, CT 06776	06-1325983	501(C)(3)	7,807				GIVE LOCAL 2018, CLUB MUD FOR SENIORS, GET MESSY!

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

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WASHINGTON AMBULANCE ASSOCIATION 109 BEE BROOK ROAD PO BOX 294 WASHINGTON DEPOT, CT 06794	06-6055363	501(C)3	18,402				GIVE LOCAL 2018
WASHINGTON ART ASSOCIATION PO BOX 173 WASHINGTON DEPOT, CT 06794	06-0754956	501(C)(3)	6,205				GIVE LOCAL 2018

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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	47-5034272	501(C)(3)	7,786				GIVE LOCAL 2018, WASHINGTON FRIENDS OF MUSIC 2018 SUMMER CONCERTS
WASHINGTON MONTESSORI SCHOOL 240 LITCHFIELD TURNPIKE NEW PRESTON, CT 06777	23-7100723	501(C)(3)	78,987				GIVE LOCAL 2018

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 PUBLIC SCHOOLS 236 GRAND STREET WATERBURY, CT 06702		501(C)3	20,000				WATERBURY ROBOTICS EXPANSION PROJECT
WATERBURY SYMPHONY ORCHESTRA 160 ROBBINS STREET WATERBURY, CT 067082614	06-6090876	501(C)(3)	140,163				PICNIC & POPS, LIGHTS, CAMERA, SYMPHONY! GIVE LOCAL 2018, TO PROVIDE COMPENSATION, FEES OR HONORARIA FOR SYMPHONY MUSICIANS OR GUEST ARTISTS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount 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 SERVICES INC 83 PROSPECT STREET WATERBURY, CT 06702	06-1219372	501(C)(3)	27,244				LINKING ACADEMICS TO LIFE (LAL) PROGRAM, TECHNOLOGY GRANT TO REPLACE OLD, OUTDATED SERVER, 21ST ANNUAL BACK TO SCHOOL RALLY, FOR GENERAL PURPOSES, GIVE LOCAL 2018, WATERBURY GIRLS WHO CODE
WEANTINOGE HERITAGE LAND TRUST INC PO BOX 821 KENT, CT 06757	06-6082034	501(C)(3)	24,051				GIVE LOCAL 2018, FALL CELEBRATION, FOR GENERAL PURPOSES, REGIONAL PARTNERSHIP INTERN PROGRAM

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

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WELLMORE BEHAVIORAL HEALTH 141 EAST MAIN STREET WATERBURY, CT 06702	06-0669107	501(C)(3)	52,513				GIVE LOCAL 2018, BUILDING ASSETS AND REDUCING AT-RISK BEHAVIORS IN MS/HS STUDENTS
WELLSPRING FOUNDATION PO BOX 370 BETHLEHEM, CT 067510370	06-1014227	501(C)(3)	59,618				GIVE LOCAL 2018, PARENT SUPPORT GROUP, FOR GENERAL SUPPORT

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

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WESTERN CONNECTICUT AREA AGENCY ON AGING 84 PROGRESS LANE WATERBURY, CT 06705	06-1182488	501(C)(3)	85,188				EXPANDING EVIDENCE-BASED HEALTH PROGRAMS IN WATERBURY, GIVE LOCAL 2018, WATERBURY OUTREACH
WHEELS PROGRAM OF GREATER NEW MILFORD 40 MAIN STREET NEW MILFORD, CT 06776	47-5673921	501(C)(3)	5,363				GIVE LOCAL 2018,VEHICLE PURCHASE

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

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WOLCOTT TOWN OF 10 KENEA AVENUE WOLCOTT, CT 06716	06-6002140	501(C)3	8,000				STAYING ACTIVE THROUGH EXERCISE
WOODBURY PUBLIC LIBRARY 269 MAIN STREET SOUTH WOODBURY, CT 06798	06-6002142	501(C)3	19,853				REPURPOSE ROOM TO STUDY/MEETING ROOM, FOR THE PURCHASE OF BOOKS YEARLY FOR KINDERGARTEN-AGE CHILDREN, FOR GALLERY RENOVATION/KITCHEN WORK, FOR SPEAKER, CARPETING, GIRLS WHO CODE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY SCHOOL OF MEDICINE DEPT OF OPHTHALMOLOGY 40 TEMPLE STREET SUITE 1B NEW HAVEN, CT 06510	06-0646973	501(C)3	11,965				FOR OPHTHALMOLOGY RESEARCH
YMCA OF GREATER WATERBURY 136 WEST MAIN STREET WATERBURY, CT 06702	06-0646988	501(C)(3)	123,478				WATERBURY BRASS SENIOR PROGRAM, FOR GENERAL SUPPORT, GIVE LOCAL 2018, YMCA MOSAIC ART PROJECT, YMCA ANNEX AT ROSE HILL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DARCEY SCHOOL 1686 WATERBURY ROAD CHESIRE, CT 06410		501(C)(3)	8,960				CIRCLE OF SECURITY
THE MCCALL CENTER FOR BEHAVIORAL HEALTH 85 HIGH STREET TORRINGTON, CT 06790	06-0961756	501(C)(3)	7,487				GIVE LOCAL 2018GIVE LOCAL 2018

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
CONNECTICUT COMMUNITY FOUNDATION INC

Employer identification number
06-6038074

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any 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 accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JULIE LOUGHRAN PRESIDENT & CEO	(i)	151,842	0	0	12,260	9,491	173,593	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation

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

OMB No 1545-0047

2018

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	10	339,764	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 ▶ (_____)				

			Yes	No
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

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
CONNECTICUT COMMUNITY FOUNDATION INC

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 R IGHT TO ELECT THE MEMBERS OF THE BOARD OF TRUSTEES OF THE CORPORATION, AND SUCH OTHER RIGH TS,PRIVILEGES AND POWERS AS ARE AFFORDED TO VOTING MEMBERS OF A CONNECTICUT NONSTOCK CORPO RATION UNDER THE CERTIFICATE OF INCORPORATION, THESE BY-LAWS, AND THE ACT IN ORDER TO QUA LIFY 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 F UND 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 HOLDI NG 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 C URRENT OR FORMER TRUSTEE OF THE FOUNDATION (F) ALL OTHER MEMBERS, NOT INCLUDED IN (A-E) A BOVE, AS OF THE EFFECTIVE DATE OFTHESE 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 FOLLOW ING MATTERS (REFERRED TO HEREIN AS THE "FUNDAMENTAL MEMBER MATTERS") SHALL REQUIRE THE AFF IRMATIVE 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 DI SSOLUTION AND LIQUIDATION OF THE CORPORATION UNDER SECTION 2 OF ARTICLE VII, (C) THE AMEND MENT OF THESE BY-LAWS UNDER SECTION 4 OF ARTICLE VIII, PROVIDED, HOWEVER, THAT THE AMENDME NT RELATES TO ANY CHANGE IN THE DEFINITION OF THE QUALIFICATIONS REQUIRED TO BE A MEMBER I N THIS CORPORATION PURSUANT TO SECTION 1(A-E) OF THIS ARTICLE II AND TO ANY PROVISION RELA TING 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 B E PERMITTED AT ANY MEETING OF THE MEMBERS SECTION 10 - CONSENTS MEMBERS SHALL NOT BE PER MITTED 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 T HE STATEMENT WILL BE FILED WITH THE PRESIDENT & CEO OF THE FOUNDATION THE STATEMENT INCLU DES A LIST OF PRINCIPAL BUSINESS ACTIVITIES, AS WELL AS, INVOLVEMENT WITH OTHER CHARITABLE AND BUSINESS ORGANIZATIONS, VENDORS, OR BUSINESS INTERESTS, OR WITH ANY OTHER ASSOCIATION S THAT MIGHT PRODUCE A CONFLICT OF INTEREST WHEN A VOLUNTEER OR STAFF IS TO DECIDE UPON A N ISSUE ABOUT WHICH A VOLUNTEER OR STAFF MEMBER HAS AN UNAVOIDABLE CONFLICT OF INTEREST, T HAT 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 RE LEVANT 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 VOT E ON SUCH MATTER OR ATTEMPT TO EXERT PERSONAL INFLUENCE IN CONNECTION WITH THE VOTE DISCL OSURE 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 PRESI DENT & CEO THE PRESIDENT & CEO IS AUTHORIZED TO ESTABLISH THE SALARIES AND BENEFIT STRUCT URE FOR ALL OTHER EMPLOYEES TRUSTEES SHALL NOT RECEIVE ANY COMPENSATION FOR THEIR SERVICE S AS TRUSTEES THE PRESIDENT & CEO ANNUALLY RECOMMENDS TOTAL COMPENSATION INCLUDING ALL BE NEFITS AND CONTINGENCY FUNDS FOR SALARY INCREASES AND BONUSES FOR EMPLOYEES TO THE BOARD O F 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 MEMB ERS AND REPORT FINDINGS TO THE EXECUTIVE COMMITTEE THE DATA MAY INCLUDE BUT IS NOT LIMITE D 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

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

OMB No 1545-0047

2018

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	(g) Section 512(b)(13) controlled entity? No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1)POOLED INCOME FUND	SPLIT INTEREST 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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or**(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation