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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2019

Open to Public Inspection

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

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

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

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

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 \$ 13,882,073

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 AN EQUITABLE AND INCLUSIVE COMMUNITY IN GREATER WATERBURY AND LITCHFIELD HILLS BY INSPIRING GENEROSITY, SUPOORTING ORGANIZATIONS, AND CULTIVATING EFFECTIVE LEADERS

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

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

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

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

7b Net unrelated business taxable income from Form 990-T, line 39

Revenue

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

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

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

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

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

Prior Year

Current Year

7,355,846

5,729,609

0

0

4,171,502

5,583,862

223,357

50,039

11,750,705

11,363,510

Expenses

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25)

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

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

19 Revenue less expenses Subtract line 18 from line 12

5,198,253

5,217,671

0

0

1,498,818

1,552,924

0

0

723,432

762,016

7,420,503

7,532,611

4,330,202

3,830,899

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Beginning of Current Year

End of Year

103,084,977

121,215,805

377,808

253,320

102,707,169

120,962,485

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

Signature of officer

2020-06-16

Date

DAVID PELLETIER TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-06-16

Check if self-employed

PTIN P00041154

Firm's name BLUM SHAPIRO & COMPANY PC

Firm's EIN 06-1009205

Firm's address 2 ENTERPRISE DRIVE

Phone no (203) 944-2100

SHELTON, CT 064844640

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

Yes

No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2019)

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 AN EQUITABLE AND INCLUSIVE COMMUNITY IN GREATER WATERBURY AND LITCHFIELD HILLS BY INSPIRING GENEROSITY, SUPOORTING ORGANIZATIONS, AND CULTIVATING EFFECTIVE LEADERS

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 \$ 6,598,850 including grants of \$ 5,217,671) (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 ▶ 6,598,850

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6 Yes	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
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	

Part IV Checklist of Required Schedules (continued)

		Yes	No	
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	
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	8	
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	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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		
9 Sponsoring organizations maintaining donor advised funds.				
a 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?				
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	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	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.

See instructions for the order in which to list the persons above.

☐ 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) KATHY TAYLOR CHAIR	1 00	X		X				0	0	0
(2) DOUGLAS JOHNSON VICE CHAIR	1 00	X		X				0	0	0
(3) DAVID PELLETIER TREASURER	1 00	X		X				0	0	0
(4) BRIAN HENEERY SECRETARY	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) KATHLEEN MCPADDEN TRUSTEE	1 00	X						0	0	0
(15) JOHN NEWTON TRUSTEE	1 00	X						0	0	0
(16) ERIC POLOKOFF 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) JULIE LOUGHRAN PRESIDENT & CEO	40 00			X				156,192	0	22,509
(19) BARBARA RYER DIRECTOR OF FINANCE	40 00			X				122,817	0	22,286
(20) HEIDI GREEN DIRECTOR OF DEVELOPMENT	40 00					X		107,580	0	21,110
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								386,589	0	65,905

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		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	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		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		

Form 990 (2019)										Page 9							
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		5,729,609											
		g Noncash contributions included in lines 1a - 1f \$		1g		84,456											
		h Total. Add lines 1a-1f				5,729,609											
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)						3,475,397						3,475,397			
		4 Income from investment of tax-exempt bond proceeds															
		5 Royalties															
				(i) Real		(ii) Personal											
		6a Gross rents		6a													
		b Less rental expenses		6b													
		c Rental income or (loss)		6c													
		d Net rental income or (loss)															
				(i) Securities		(ii) Other											
		7a Gross amount from sales of assets other than inventory		7a		4,627,028											
		b Less cost or other basis and sales expenses		7b		2,518,563											
		c Gain or (loss)		7c		2,108,465											
		d Net gain or (loss)						2,108,465						2,108,465			
		8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		8a													
		b Less direct expenses		8b													
		c Net income or (loss) from fundraising events															
		9a Gross income from gaming activities See Part IV, line 19		9a													
		b Less direct expenses		9b													
		c Net income or (loss) from gaming activities															
		10a Gross sales of inventory, less returns and allowances		10a													
b Less cost of goods sold		10b															
c Net income or (loss) from sales of inventory																	
Miscellaneous Revenue				Business Code													
11a MISC INCOME				900099		45,639						45,639					
b PRVT FOUND FEES				900099		4,400				4,400							
c																	
d All other revenue																	
e Total. Add lines 11a-11d						50,039											
12 Total revenue. See instructions						11,363,510		0		4,400		5,629,501					

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	4,341,831	4,341,831		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	875,840	875,840		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	323,805	108,012	166,656	49,137
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.	911,367	662,199	153,275	95,893
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	94,292	57,860	25,108	11,324
9 Other employee benefits.	126,822	73,412	40,578	12,832
10 Payroll taxes.	96,638	60,429	24,627	11,582
11 Fees for services (non-employees):				
a Management.				
b Legal.	5,035		5,035	
c Accounting.	23,809		23,809	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	37,458		37,458	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12 Advertising and promotion.	42,785	26,698	11,081	5,006
13 Office expenses.	33,410	20,848	8,653	3,909
14 Information technology.	87,131	54,370	22,567	10,194
15 Royalties.				
16 Occupancy.	94,629	59,048	24,509	11,072
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	43,977	27,442	11,390	5,145
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	9,477		9,477	
23 Insurance.	14,336		14,336	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a NON PROFIT OUTREACH	241,248	150,539	62,483	28,226
b CONSULTANTS	101,943	63,613	26,403	11,927
c OTHER	26,778	16,709	6,936	3,133
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	7,532,611	6,598,850	674,381	259,380
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,338,394	1	3,840,203
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		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 33,516	31,060	10c 21,583
	11 Investments—publicly traded securities	99,204,278	11	116,842,774
	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)	103,084,977	16	121,215,805	
Liabilities	17 Accounts payable and accrued expenses	93,838	17	55,946
	18 Grants payable	109,400	18	24,500
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	174,570	25	172,874
	26 Total liabilities. Add lines 17 through 25	377,808	26	253,320
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	102,471,237	27	120,704,514
	28 Net assets with donor restrictions	235,932	28	257,971
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	102,707,169	32	120,962,485	
33 Total liabilities and net assets/fund balances	103,084,977	33	121,215,805	

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,363,510
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,532,611
3	Revenue less expenses Subtract line 2 from line 1	3	3,830,899
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	102,707,169
5	Net unrealized gains (losses) on investments	5	14,424,417
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	120,962,485

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

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

Additional Data

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

Form 990 (2019)

Form 990, Part III, Line 4a:

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

SCHEDULE A
(Form 990 or 990-EZ)

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 instructions and the latest information.

OMB No 1545-0047

2019

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s)

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

Part II

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	3,567,733	3,303,252	2,767,621	4,706,406	4,229,609	18,574,621
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	3,567,733	3,303,252	2,767,621	4,706,406	4,229,609	18,574,621
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)						1,769,021
6	Public support. Subtract line 5 from line 4						16,805,600
Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	3,567,733	3,303,252	2,767,621	4,706,406	4,229,609	18,574,621
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,547,190	2,608,851	2,622,341	2,915,853	3,475,397	14,169,632
9	Net income from unrelated business activities, whether or not the business is regularly carried on	4,400	4,400	5,978	4,400	4,400	23,578
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	20,333	21,203	115,917	218,957	45,639	422,049
11	Total support. Add lines 7 through 10						33,189,880
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 2019 (line 6, column (f) divided by line 11, column (f))					14	50.630 %
15	Public support percentage for 2018 Schedule A, Part II, line 14					15	47.670 %
16a	33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, 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 2019 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 2020. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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	2015 - \$1,700,000 2018 - \$2,649,440 2019 - \$1,500,000

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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 instructions and the latest information.

OMB No 1545-0047

2019

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	82	514
2 Aggregate value of contributions to (during year)	749,396	4,820,561
3 Aggregate value of grants from (during year)	658,025	4,559,646
4 Aggregate value at end of year	9,702,408	111,513,398

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

► \$

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

Cat No 52283D

Schedule D (Form 990) 2019

Part III

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes ☐ No

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

Part V

Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	97,277,892	104,268,307	93,575,999	89,715,399	92,640,208
b Contributions	4,403,732	4,981,303	1,303,615	1,906,090	3,614,124
c Net investment earnings, gains, and losses	19,118,987	-6,427,540	14,901,932	7,021,266	-2,105,033
d Grants or scholarships	4,846,719	5,142,841	5,135,936	4,703,294	4,059,111
e Other expenditures for facilities and programs					
f Administrative expenses	1,819,365	401,337	377,303	363,462	374,789
g End of year balance	114,134,527	97,277,892	104,268,307	93,575,999	89,715,399

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

a Board designated or quasi-endowment ▶ 100 000 %

b Permanent endowment ▶

c Temporarily restricted endowment ▶

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

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		No
3a(ii)		No
3b		

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

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	33,516	21,583
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				21,583

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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	172,874

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 ☐

Schedule D (Form 990) 2019

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	24,065,658
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	13,823,060
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	13,823,060
3	Subtract line 2e from line 1	3	10,242,598
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	36,067
b	Other (Describe in Part XIII)	4b	1,084,845
c	Add lines 4a and 4b	4c	1,120,912
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	11,363,510

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	7,169,761
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	7,169,761
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	37,458
b	Other (Describe in Part XIII)	4b	325,392
c	Add lines 4a and 4b	4c	362,850
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	7,532,611

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 1,084,845

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	ADJUSTMENT FOR FUNDS HELD AS AGENCY ENDOWMENTS 325,392

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

Name of the organization
CONNECTICUT COMMUNITY FOUNDATION INC

**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

2019

Open to Public
Inspection

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	125	875,840			
(2)					
(3)					
(4)					
(5)					
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Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
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Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFTER SCHOOL ARTS PROGRAM 6 BEE BROOK ROAD UNIT B PO BOX 15 WASHINGTON DEPOT, CT 06794	20-1308465	501(C)(3)	73,487				METAMORPHOSIS PROJECT 2019, SAVE GIRLS ON F Y E R SUMMER PROGRAMMING, ASAP CELEBRATES 20 YEARS - PERFORMANCE, DINNER, GIVE LOCAL 2019
AMERICAN CANCER SOCIETY 825 BROOK STREET ROCKY HILL, CT 06067	13-1788491		96,363				GENERAL OPERATING, FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AMERICAN HEART ASSOCIATION 5 BROOKSIDE DRIVE WALLINGFORD, CT 06492	13-5613797	501(C)(3)	97,508				GENERAL SUPPORT
ANIMAL WELFARE SOCIETY 8 DODD ROAD NEW MILFORD, CT 06776	06-6084293	501(C)(3)	35,036				GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ARCHDIOCESE OF HARTFORD PO BOX 28 HARTFORD, CT 061410028	06-0646669	501(C)(3)	5,300				FOR 2019 ARCHBISHOP'S ANNUAL APPEAL
ARTS ESCAPE 88 MAIN STREET SOUTH SOUTHBURY, CT 06488	45-4200252	501(C)(3)	18,659				"THREADS WEAVING WORDS AND ART", GIVE LOCAL 2019, GENERAL PURPOSES

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AUDUBON CENTER AT BENT OF THE RIVER 185 EAST FLAT HILL ROAD SOUTHBURY, CT 06488	13-1624102	501(C)(3)	19,339				FOR THE BIRDS' PROGRAM AND FIELD TRIP FOR WATERBURY ELEMENTARY SCHOOLS, LET'S GO BIRDING TOGETHER GUIDED TOUR, PARTNERING, GIVE LOCAL 2019
BEACON FALLS TOWN OF TOWN HALL 10 MAPLE AVENUE BEACON FALLS, CT 06403	06-6001959	501(C)(3)	5,590				MINFUL LIVING SERIES, BECON FALLS SENIORS CULTURE, COMARADERIE AND TECHNOLOGY (YEAR 2)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BRASS CITY CHARTER SCHOOL 212 CHESTNUT AVENUE WATERBURY, CT 06710	46-2366321	501(C)(3)	25,500				FOR GENERAL PURPOSES, SCHOOL BASED HEALTH CLINIC, GIVE LOCAL 2019
BRASS CITY HARVEST PO BOX 11115 WATERBURY, CT 06703	75-3263005	501(C)(3)	29,153				GIVE LOCAL 2018, LEEVER MUSIC, ARTS CITIZENSHIP PROGRAM, LEEER SCIENCE PROGRAM FUNDING, AND GENERAL PURPOSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CAREER RESOURCES 350 FAIRFIELD AVENUE BRIDGEPORT, CT 06604	06-1427945	501(C)(3)	9,500				STRIVE WATERBURY
CARING FOR BETHLEHEM PO BOX 5 BETHLEHEM, CT 06751	82-2473303	501(C)(3)	5,523				GIVE LOCAL 2019

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CATHOLIC MISSION AID SOCIETY-ARCHDIOCESE OF HARTFORD 467 BLOOMFIELD AVENUE BLOOMFIELD, CT 060022999	06-0646901	501(C)(3)	5,000				2019/2020 SCHOLARSHIPS FOR SEMINARIANS OF THE ADELINA N LIM FOUNDATION
CHILDREN'S CENTER THE 11-A ASPETUCK AVENUE NEW MILFORD, CT 06776	23-7137832	501(C)(3)	14,709				GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CHILDREN'S COMMUNITY SCHOOL 31 WOLCOTT STREET PO BOX 1746 WATERBURY, CT 06702	06-1000761	501(C)3	140,490				PRE-K-5TH GRADE SECOND STEP SOCIAL EMOTIONAL LEARNING CURRICULUM, FOR OPERATIONAL SUPPORT, ANNUAL DISTRIBUTION, & ANNUAL AWARDWS DINNER
CHILDREN'S LAW CENTER OF CONNECTICUT 30 ARBOR STREET 4TH FL NORTH HARTFORD, CT 06106	06-1381700	501(C)(3)	5,193				GIVE LOCAL 2018M 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.							
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CHIME IN MUSIC WITH A MISSION PO BOX 21 BETHLEHEM, CT 06751	45-3868994	501(C)(3)	7,295				GIVE LOCAL 2019
CHRIST CHURCH EPISCOPAL PO BOX 4 ROXBURY, CT 06783		501(C)(3)	11,760				SUPPORT THE PARISH CHUCH, RECTORY, AND OTHER FACILITIES, THE COLUMBARIUM, AND THE PARISH PRIEST, FOR GENERAL PURPOSES

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COMMUNITY CULINARY SCHOOL OF NORTHWESTERN CT 40 MAIN STREET NEW MILFORD, CT 06776	26-3551690	501(C)(3)	39,354				CORNERSTONE CAPACITY BUILDING FUNDS, EMPLOYMENT SKILLS TRAINING, CORNERSTONE - GOS FUNDING, GIVE LOCAL 2019
COMMUNITY PARTNERS IN ACTION 110 BARTHOLOMEW AVENUE SUITE 3010 HARTFORD, CT 06106	06-0646592	501(C)(3)	12,000				GREATER WATERBURY REENTRY CENTER PLANNING GRANT, & BUS PASSES

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COMMUNITY SERVICES COUNCIL OF WOODBURY PO BOX 585 WOODBURY, CT 06798	22-3186254	501(C)3	5,209				NEIGHBORS FOR NEIGHBORS TOWNWIDE PROGRESSIVE DINNER & GIVE LOCAL 2019
CONNECTICUT ASSOCIATION FOR HUMAN SERVICES 237 HAMILTON STREET SUITE 208 HARTFORD, CT 06106	06-0653158		10,000				INFANT TODDLER, AND EARLY CHILDGOOD POLICY DEELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CONNECTICUT CHORAL SOCIETY PO BOX 42 SOUTHBURY, CT 064880042	06-1043577	501(C)(3)	9,209				TO SUPPORT THE CHARITABLE OR EDUCATIONAL PURPOSES OF THE AGENCY, SPECIAL ENDOWMENT FUND DISTRIBUTION, FOR GENERAL PURPOSES, BERNSTEIN AT 100 CONCERT, & GIVE LOCAL 2019
CONNECTICUT COALITION TO END HOMELESSNESS 257 LAWRENCE STREET HARTFORD, CT 06106	06-1126880	501(C)(3)	5,000				END HOMELESSNESS IN THE WATERBURY-LITCHFIELD BY 2023

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CONNECTICUT COUNCIL FOR PHILANTHROPY 75 CHARTER OAK AVENUE SUITE 1-205 HARTFORD, CT 06106	23-7024016	501(C)(3)	7,000				EARLY CARE FUNDERS COLLABORATIVE SUPPORT, ORGANIZER'S CONVENING COMMITMENT
CONNECTICUT FOOD BANK 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	06-1063025	501(C)(3)	18,000				SOUTHBURY MOBILE PANTRY, NAUGATUCK MOBILE PANTRY, FOR GENERAL PURPOSES

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CONNECTICUT HEALTHCARE RESEARCH AND EDUCATION FOUNDATION 110 BARNES STREET PO BOX 90 WALLINGFORD, CT 06492	06-0890298	501(C)(3)	10,000				NASCENT
CONNECTICUT LAND CONSERVATION COUNCIL 16 MERIDEN ROAD ROCKFALL, CT 06481	82-2683386	501(C)(3)	9,270				CONNECTICUT LAND TRUST ADVANCEMENT INITIATIVE THE CONSERVATION PARTNER'S PROJECT

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CONNECTICUT MIRROR 1049 ASYLUM AVENUE HARTFORD, CT 06105	27-0583046	501(C)(3)	6,000				NOT FOR PROFIT CT NEWSPAPER
DARCEY SCHOOL 1686 WATERBURY ROAD CHESIRE, CT 06410		501(C)(3)	10,000				CIRCLE OF SECURITY

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DOUBLE D LIVING HISTORY FARM 102 PAINTER HILL ROAD ROXBURY, CT 06783	20-1469683	501(C)(3)	5,000				FOR GENERAL PURPOSES
EASTERSEALS 22 TOMPKINS STREET WATERBURY, CT 06708	06-0737391	501(C)(3)	12,814				FOR GENERAL PURPOSES & GIVE LOCAL 2019

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EDADVANCE PO BOX 909 355 GOSHEN ROAD LITCHFIELD, CT 067590909	06-0842189	501(C)(3)	10,000				UNIVERSITY PATHWAYS A COMPREHENSIVE TRANSITION PROGRAM
EVERWONDER CHILDREN'S MUSEUM 31 PECKS LANE SUITE 11 NEWTOWN, CT 06470	45-2171358	501(C)(3)	5,000				SOUTHBURY ELEMENTARY SCHOOL TRIPS & LIBRARY OUTREACH

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FAIRFIELD COUNTY'S COMMUNITY FOUNDATION 40 RICHARDS AVENUE 4TH FLOOR NORWALK, CT 068542320	06-1083893	501(C)(3)	5,000				FOR SOCIAL VENTURE PARTNERS FUND
FAMILY AND CHILDREN'S AID 75 WEST STREET DANBURY, CT 06810	06-0888719	501(C)(3)	5,000				WATERBURY CHILD GUIDANCE CENTER

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FIVE POINTS GALLERY PO BOX 1028 33 MAIN STREET TORRINGTON, CT 06790	46-1555586	501(C)3	5,712				GIVE LOCAL 2019
FLANDERS NATURE CENTER & LAND TRUST 5 CHRUCH HILL ROAD WOODBURY, CT 06798	06-0791823	501(C)(3)	47,340				FOR END OF YEAR DONATION, FLANDERS NGSS PROGRAMS IN WATERBURY PUBLIC SCHOOLS, FOR GENERAL PURPOSES, GIVE LOCAL 2019

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FOODCORPS 1140 SE 7TH AVENUE SUITE 110 PORTLAND, OR 97214	27-3990987	501(C)(3)	25,000				FOODCORPS HEALTHY KIDS, HEALTHY FUTURES IN NAUGATUCK
FRIENDS OF ROXBURY LIBRARY 23 SOUTH STREET ROXBURY, CT 06783	06-1286246	501(C)(3)	9,842				A UNIVERSE OF STORIES SUMMER READING PROGRAM & GIVE LOCAL 2019

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GAYLORD HOSPITAL PO BOX 400 WALLINGFORD, CT 06492	06-0646649	501(C)3	5,847				GENERAL SUPPORT
GIRL SCOUTS OF CONNECTICUT 340 WASHINGTON STREET HARTFORD, CT 06106	06-0662134		8,678				WATERBURY OUTREACH TROOP, STEM COACH, GIVE LOCAL 2019

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GIRLS INC OF WESTERN CONNECTICUT 35 PARK PLACE WATERBURY, CT 06702	06-0646950	501(C)(3)	8,011				FOR GENERAL SUPPORT, GIWCT FUNDING TECH, GIVE LOCAL 2019
GOSHEN COMMUNITY CARE AND HOSPICE 5 OLD MIDDLE STREET GOSHEN, CT 06756	06-1198075	501(C)(3)	7,330				SENIOR SOCIALS AND LUNCHEONS PROGRAM, FOR GENERAL PURPOSES, GIVE LOCAL 2019

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GOSHEN LAND TRUST 16 MILL STREET PO BOX 501 GOSHEN, CT 06756	06-1030299	501(C)(3)	10,828				GIVE LOCAL 2019
GRANVILLE ACADEMY OF WATERBURY PO BOX 2891 WATERBURY, CT 06723	06-1404367	501(C)3	6,000				FOR GENERAL SUPPORT, FOR GRANVILEE ACADEMY COLLEGE TOUR, ALABAMA COLLEGE TOUR & CIVIL RIGHTS HISTORY TOUR

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GREATER WATERBURY HEALTH PARTNERSHIP 1389 WEST MAIN STREET SUITE 321 WATERBURY, CT 06708		501(C)(3)	26,240				BBS2019 GWHP (BACKBONE SUPPORT - YEAR 6)
GREATER WATERBURY INTERFAITH MINISTRIES 770 EAST MAIN STREET WATERBURY, CT 06702	06-0658070	501(C)(3)	14,911				FOR THE SOUP KITCHEN, REPAIRS TO EMERGENCY FOOD PANTRY BUILDING, GIVE LOCAL 2019

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GREENWOODS COUNSELING REFERRALS 25 SOUTH STREET PO BOX 1549 LITCHFIELD, CT 06759	06-1351190	501(C)(3)	31,548				GREENWOODS OFFICE EXPANSION, OUTFIT & UPDATE COMPUTERS, NEON NONPROFIT CLIENT RELATIONSHIP MANAGEMENT (CRM) SYSTEM, COUNSELING SESSION SUBSIDY FOR WOMEN, TRUSTEE FUND GRANTS 2019, A NIGHT OF JAZZ, SOUL AND A LITTLE ROCK & ROLL, GIVE LOCAL 2019
GUNN HISTORICAL MUSEUM PO BOX 1419 WASHINGTON, CT 06793	06-0691373	501(C)(3)	5,886				GIVE LOCAL 2019

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GUNN MEMORIAL LIBRARY 5 WYKEHAM ROAD PO BOX 1273 WASHINGTON, CT 06793	06-0691373	501(C)(3)	16,478				LIBRARY LUMINARIES COCKTAIL PARTY & GIVE LOCAL 2019
HARRYBROOKE PARK & HARDEN HOUSE MUSEUM PO BOX 364 100 STILL RIVER DRIVE NEW MILFORD, CT 06776	23-7441860	501(C)(3)	5,542				GIVE LOCAL 2019

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HARTFORD BISHOPS' FOUNDATION INC 467 BLOOMFIELD AVENUE BLOOMFIELD, CT 06002	81-1546773	501(C)(3)	200,000				FOR UNRESTRICTED PURPOSES
HARTFORD HEALTHCARE AT HOME 680 MAIN STREET SUITE 300 WATERTOWN, CT 06795	06-0646938	501(C)(3)	10,466				TO BE USED TOWARD A VISITING NURSE'S SALARY IN WATERBURY, FOR VNA HOSPICE IN WATERBURY, FOR GENERAL SUPPORT

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HIDDEN ACRES THERAPEUTIC RIDING CENTER 45 GABRIEL DRIVE NAUGATUCK, CT 06770	26-3248176	501(C)(3)	23,314				TECHNOLOGY ENHANCEMENTS FOR ORGANIZATIONAL DEVELOPMENT, FOR GENERAL PURPOSES, HIDDEN ACRES THERAPEUTIC RIDING CENTER PARTICIPANT FINANCIAL AID, GIVE LOCAL 2019
HISPANIC COALITION OF GREATER WATERBURY 135 EAST LIBERTY STREET WATERBURY, CT 06706	06-1349937		22,954				RIVER BALDWIN RE-BRANDING INITIATIVE, ARTS AND CRAFT SUPPLIES, WORKING CITIES CHALLENGE SOUTH END VOCATIONAL ESL PROJECT (YEAR 3), HISPANIC COALITION OF GREATER WATERBURY 18TH ANNUAL COQUI AWARDS, & WATERBURY BRASS SENIOR PROGRAM SITE YEAR 8

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)	20,923				GIVE LOCAL 2019
HOUSATONIC HABITAT FOR HUMANITY 51 AUSTIN STREET DANBURY, CT 06810	06-1326389	501(C)(3)	9,000				A BRUSH WITH KINDNESS

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HOUSATONIC VALLEY ASSOCIATION 150 KENT ROAD PO BOX 28 CORNWALL BRIDGE, CT 06754	06-6049295	501(C)(3)	12,091				DESIGN DEVELOPMENT FOR A DEMONSTRATION CULVERT REPLACEMENT PROJECT IN THE TOWN OF ROXBURY (CT) & GIVE LOCAL 2019
HUMAN RESOURCE DEVELOPMENT AGENCY 575 RUBBER AVENUE NAUGATUCK, CT 06770	06-0939080	501(C)(3)	31,526				MEDICAL TRANSPORTATION/SOCIALIZATION & MEDICAL BUS REPAIR

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JANE DOE NO MORE 203 CHURCH STREET REAR NAUGATUCK, CT 06770	61-1525250	501(C)(3)	6,535				CRM - NETWORK FOR GOOD & GIVE LOCAL 2019
LAKE QUASSAPAUG ASSOCIATION PO BOX 285 MIDDLEBURY MIDDLEBURY, CT 06762	46-2210426	501(C)(3)	39,831				GIVE LOCAL 2019

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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
LAKE WARAMAUG TASK FORCE 50 CEMETERY ROAD WARREN WARREN, CT 06754	06-1063687	501(C)(3)	7,739				GIVE LOCAL 2019
LANDMARK COMMUNITY THEATRE PO BOX 158 THOMASTON THOMASTON, CT 06787	27-1112550	501(C)(3)	32,068				UPDATING ORGANIZATIONAL TECHNOLOGY THREE YEAR PLAN, LANDMARK COMMUNITY THEATRE'S YOUTH PROGRAM (FIRST-EIGHTH GRADES), 2019 THEATRICAL SEASON THOMASTON OPERA HOUSE, OLDER ADULTS BENEFITTING FROM IMPROVISATION AND PERFORMING ARTS & GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE IN MY DAYS INC 12 DONALD TERRACE WATERBURY, CT 06705	81-5093147	501(C)(3)	8,107				AFTER SCHOOL PROGRAMS RECLAIMING OUR ROOTS AND WELLNESS, YOUTH AND YOUNG ADULT HEALING AND TRANSFORMATION FELLOWSHIP, & GIVE LOCAL 2019
LIONS LOW VISION CENTERS OF FAIRFIELD AND NEW HAVEN COUN 1 MIDDLEBROOK LANE RIDGEFIELD RIDGEFIELD, CT 06877	06-1348458	501(C)(3)	5,000				STARTUP LOW VISION CENTER IN MERIDEN, CT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITCHFIELD COMMUNITY CENTER 421 BANTAM ROAD LITCHFIELD LITCHFIELD, CT 06759	06-1520254	501(C)(3)	17,846				FOR WILDERNESS SKILLS SCHOLARSHIP - INCOME, FOR GENERAL PURPOSES, GIVE LOCAL 2019
LITCHFIELD HILLS CHORE SERVICE PO BOX 294 LITCHFIELD LITCHFIELD, CT 06759	20-3824096	501(C)(3)	13,168				, FOR GENERAL PURPOSES, GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITCHFIELD LAND TRUST PO BOX 712 LITCHFIELD LITCHFIELD, CT 067593509	23-7002462	501(C)(3)	6,397				GIVE LOCAL 2019
LITCHFIELD MONTESSORI SCHOOL 5 KNIFE SHOP ROAD NORTHFIELD NORTHFIELD, CT 06778	23-7320463	501(C)(3)	29,477				GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITCHFIELD PERFORMING ARTS PO BOX 69 LITCHFIELD LITCHFIELD, CT 06759	06-1083202	501(C)(3)	14,927				CAPACITY DEVELOPMENT, LITCHFIELD JAZZ FESTIVAL OUTERFEST, GIVE LOCAL 2019, SPRING SPIRITS
LITERACY VOLUNTEERS OF GREATER WATERBURY 267 GRAND ST 267 GRAND STREET WATERBURY, CT 06702	06-1452659	501(C)(3)	10,879				ADULT LITERACY, CASAS ONLINE TESTING FOR STUDENTS, GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITTLE BRITCHES THERAPEUTIC RIDING PO BOX 120 WOODBURY, CT 06798	06-1342553	501(C)(3)	15,069				SUMMER PROGRAM 2019 WITH AN OCCUPATIONAL OR PHYSICAL THERAPIST, FOR GENERAL PURPOSES, GIVE LOCAL 2019
LIVING IN SAFE ALTERNATIVES 200 EXECUTIVE BLVD SUITE 4C SOUTHINGTON, CT 06489	06-0899577	501(C)(3)	250,000				FOR LISA INC PROGRAM 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
LOVE146 839 CHAPEL ST 2ND FLOOR NEW HAVEN, CT 06510	20-1168284	501(C)(3)	10,000				US SURVIVOR CARE PROGRAM
MADRE LATINA P O BOX 3082 WATERBURY, CT 06705	46-3164021	501(C)(3)	28,695				LATINO WORKFORCE PROGRAM, GIVE LOCAL 2019, ACHIEVER GALA & AWARD CEREMONY, HEALTH ON WHEELS , MARIPOSA PROJECT, AND YOUNG REPRESENTATIVE OF 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
MATTATUCK MUSEUM 63 PROSPECT STREET - ROSE HILL WATERBURY, CT 06702	06-0443990	501(C)(3)	94,596				FOR THE CAPITAL CAMPAIGN, FOR GENERAL PURPOSES, MATTATUCK MINIS, FOR LIBRARY AND EXHIBITS OF INDUSTRIAL PROCESSES & PRODUCTS DEVELOPED IN GREATER WATERBURY
MATTATUCK UNITARIAN UNIVERSALIST SOCIETY PO BOX 876 WOODBURY, CT 067980876	06-1023279	501(C)(3)	15,244				FOR GENERAL SUPPORT, GREATER WOODBURY ENVIRONMENTAL FORUM,

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MENTAL HEALTH CONNECTICUT 61 SOUTH MAIN STREET SUITE 100 WEST HARTFORD, CT 06107	06-0646593	501(C)(3)	12,000				MENDING ART
MOUNT OLIVE AME ZION SENIOR CITIZENS CENTER INC 82-100 PEARL STREET WATERBURY, CT 067043343	22-3092504	501(C)(3)	15,500				OPERATIONAL -SALARIES, WATERBURY BRASS SENIOR PROGRAM SITE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSIC MOUNTAIN PO BOX 738 LAKEVILLE, CT 06039	23-7219961	501(C)(3)	5,500				FOR GENERAL OPERATING
NAUGATUCK HISTORICAL SOCIETY PO BOX 317 NAUGATUCK, CT 06770	06-1427269	501(C)(3)	23,874				ANNUAL DISTRIBUTION, NAUGATUCK HISTORIC HOME TOUR, GIVE LOCAL 2019

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAUGATUCK RIVER REVIVAL GROUP INC 132 RADNOR AVENUE NAUGATUCK, CT 06770	35-2334025	501(C)3	15,641				FOR GENERAL PURPOSES, TRUSTEEFUND GRANTS 2019
NAUGATUCK VALLEY COMMUNITY COLLEGE FOUNDATION 750 CHASE PARKWAY WATERBURY, CT 06708	23-7165869		30,820				NVCC/CCF SENIOR LIVING PARTNERSHIP FOR STUDENT INTERNSHIPS, FOR THE ALUMNI BREAKFAST FUNDRAISER, SPONSORSHIP-MFG ALUMNI EVENT-BRASSWORKS BREWERY, ASSESSING ESTABLISHING A COLLABORATIVE BETWEEN NVCC AND AREA ASSISTED LIVING FACILITIES , FOR THE LEADERSHIP BREAKFAST, GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAUGATUCK VALLEY PROJECT 16 CHURCH STREET WATERBURY, CT 06702	22-2726260	501(C)(3)	10,500				NAUGATUCK/WATERBURY ENVIRONMENTAL JUSTICE PROJECT, NVP 7TH ANNUAL MICAH DINNER
NAUGATUCK YMCA 284 CHURCH STREET NAUGATUCK, CT 06770	06-0646770	501(C)(3)	76,036				NAUGATUCK YMCA ROOF REPAIRS, FOR THE 2019 ANNUAL CAMPAIGN, TECH UPGRADE FOR SECURITY, BEWITCHING NIGHT, SENIOR XCERCISE, LIVESTRONG, GIVE LOCAL 2019

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAUGATUCK YOUTH SERVICES INC 13 SCOTT STREET NAUGATUCK, CT 06770	20-8934900	501(C)(3)	27,159				CORNERSTONE GOS FUNDING, & GIVE LOCAL 2019
NEIGHBORHOOD HOUSING SERVICES OF WATERBURY 193 GRAND STREET 3RD FLOOR WATERBURY, CT 06702	06-1022915	501(C)(3)	84,967				2020 CENSUS POSITION FUNDING, CORNERTONE CAPACITY BUILDING GRANT, FEASIBILITY STUDY, CROWNBROOK COMMUNITY GARDEN & MURAL, GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW MILFORD TOWN OF TOWN HALL 10 MAIN STREET NEW MILFORD, CT 06776	06-6002046	501(C)(3)	6,000				SENIOR NUTRITION, NEW MILFORD CHORE SERVICES
NEW OPPORTUNITIES INC 232 NORTH ELM STREET WATERBURY, CT 06702	06-6071847	501(C)(3)	73,500				CHEF- ON SITE, GIVE LOCAL 2019, ELECTRONIC MEDICAL RECORDS FOR REAL- TIME DOCUMENTATION, BRASS SENIORPROGRAMS LEAD AGENCY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH SHORE ANIMAL LEAGUE AMERICA 16 LEWYT STREET PORT WASHINGTON, NY 11050	11-1666852	501(C)(3)	13,283				FOR GENERAL USE AND PURPOSES
NORTHWEST CONNECTICUT ARTS COUNCIL 40 MAIN STREET STE 1 TORRINGTON, CT 06790	06-1725017	501(C)(3)	25,335				STRATEGIC PLAN DEVELOPMENT FOR CAPACITY BUILDING, OPERATIONAL SUPPORT, FOR GENERAL PURPOSES & GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST CONSERVATION DISTRICT 1185 NEW LITCHFIELD STREET TORRINGTON, CT 06790	06-0869263	501(C)(3)	12,528				& GIVE LOCAL 2019
OLIVER WOLCOTT LIBRARY PO BOX 187 LITCHFIELD, CT 06759	06-0709304	501(C)(3)	7,869				FOR THE FESTIVAL OF TREES & GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORATORY OF THE LITTLE WAY PO BOX 221 GAYLORDSVILLE, CT 06755	06-6079146	501(C)(3)	6,226				GIVE LOCAL 2019
OXFORD TOWN OF 486 OXFORD ROAD OXFORD, CT 06478	06-6002061	501(C)(3)	5,000				ROCKHOUSE WEST TRAIL EXPANSION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PALACE THEATER GROUP 100 EAST MAIN STREET WATERBURY, CT 06702	02-0620399	501(C)(3)	10,474				ANNUAL GIFT, CASABLANCE IN CONCERT WITH THE WATERBURY SYMPHONY & GIVE LOCAL 2019
PENNSYLVANIA STATE UNIVERSITY OFFICE OF SPONSORED PROGRAMS 110 TECHNOLOGY CENTER BUILDING UNIVERSITY PARK, PA 168027000	24-6000376	501(C)(3)	25,000				PENN STATE HOSPITALITY IN SENIOR LIVING INITIATIVE (YEAR 9)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS (PETA) 501 FRONT STREET NORFOLK, VA 23510	52-1218336	501(C)(3)	13,283				FOR GENERAL USES AND PURPOSES
PET ASSISTANCE PO BOX 2015 NEW PRESTON, CT 06777	13-2856917	501(C)(3)	8,925				GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PHOENIX STAGE COMPANY 133 MAIN STREET OAKVILLE, CT 06779	27-4966816	501(C)(3)	6,896				GIVE LOCAL 2019
PHYSICIAN'S COMMITTEE FOR RESPONSIBLE MEDICINE 5100 WISCONSIN AVE SUITE 400 WASHINGTON, DC 20016	52-1394893	501(C)(3)	26,565				FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PILOBOLUS 6 CALHOUN ST PO BOX 388 WASHINGTON DEPOT, CT 06794	03-0230490	501(C)3	17,239				, FIVE SENSES FESTIVAL, GIVE LOCAL 2019
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND 345 WHITNEY AVE 345 WHITNEY AVE NEW HAVEN, CT 06511	06-0263565	501(C)(3)	33,642				SPECIFICALLY FOR THE WATERBURY CHAPTER OF PLANNED PARENTHOOD & GIVE LOCAL 2019

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLICE ACTIVITY LEAGUE OF WATERBURY 64 DIVISION ST WATERBURY, CT 06704	20-8262614	501(C)(3)	32,614				FOR GENERAL PURPOSES, PAL CUSTOMER RELATIONSHIP MANAGEMENT, FOR PURCHASE OF 4 MOTORIZED BIKES FOR WATERBURY POLICE OFFICERS, 2020 TAFT-PAL SUMMER SCHOOL PROGRAM, TRUSTEE FUND GRANTS, GIVE LOCAL 2019
POMPERAUG DISTRICT DEPARTMENT OF HEALTH 77 MAIN ST NORTH SUITE 205 SOUTHBURY, CT 06488	06-1173579	501(C)(3)	39,000				BLOOD PRESSURE EDUCATION ALLIANCE FOR TRACKING AND SELF-MANAGEMENT (BEATS) & REGIONAL OPIOID ALLIANCE AND DATA SHARING (ROADS)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POMPERAUG RIVER WATERSHED COALITION INC 39 SHERMAN HILL ROAD C-103 WOODBURY, CT 06798	06-1583895	501(C)(3)	40,555				PRWC YOUTH CONSERVATION CORPS, ANNUAL DISBURSEMENT FROM ENDOWMENT FUND, POMPERAUG RIVER WATERSHED ANNUAL BENEFIT - COCKTAIL BRUNCH BY THE POND & GIVE LOCAL 2019
PRATT NATURE CENTER 163 PAPER MILL ROAD NEW MILFORD, CT 06776	06-0873675	501(C)(3)	7,419				FOR ENVIRONMENTAL EDUCATION PROGRAMS, INITIATIVES, & GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PRIME TIME HOUSE 836 MAIN STREET TORRINGTON, CT 06790	22-2719755	501(C)(3)	10,648				FOR GENERAL PURPOSES & GIVE LOCAL 2019
RANDOM HACKS OF KINDNESS JUNIOR 6 WOODS WAY WOODBURY, CT 067983229	47-1787943	501(C)(3)	6,367				KIDS CODING FOR A CAUSE, & GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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REACH OUT AND READ INC 89 SOUTH STREET SUITE 201 BOSTON, MA 02111	04-3481253	501(C)(3)	10,017				GIVE LOCAL 2019 & GREATER WATERBURY RX FOR SUCCESS
REGIONAL YMCA OF WESTERN CT 2 HUCKLEBERRY HILL ROAD BROOKFIELD, CT 06804	06-6051610	501(C)(3)	5,006				TYPE 2 DIABETES RISK SCREENING AND PREVENTION PROGRAMMING FOR NEW MILFORD RESIDENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ROXBURY AMBULANCE ASSOCIATION PO BOX 94 ROXBURY, CT 067830094	06-1076186	501(C)3	5,000				FOR GENERAL PURPOSES
ROXBURY LAND TRUST 6 MINE HILL ROAD PO BOX 51 ROXBURY, CT 06783	23-7098549	501(C)(3)	44,956				GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ROXBURY VOLUNTEER FIRE DEPARTMENT 27 NORTH STREET ROXBURY, CT 067830146	06-0959487	501(C)(3)	5,000				FOR GENERAL PURPOSES
SACRED HEART CHURCH 910 MAIN STREET SOUTH SOUTHBURY, CT 06488	06-0689694	501(C)(3)	63,448				FOR THE HOMELESS OUTREACH FUND, MISSION TRIP 2018, BRIAN GIBBONS HOMELESS OUTREACH PROGRAM WINE & CHEESE RECEPTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SAFE HAVEN OF GREATER WATERBURY PO BOX 1503 WATERBURY, CT 06721	06-0996479	501(C)(3)	41,469				SAFER COMMUNITIES SOUTHURY, UPDATE IT NETWORK, SAFER COMMUNITIES GREATER WATERBURY, OUT OF THE SHADOWS, GIVE LOCAL 2019
SALVATION ARMY THE 74 CENTRAL AVENUE WATERBURY, CT 06702	13-5562351	501(C)3	29,857				FAMILY EMERGENCY SHELTER, FOR GENERAL SUPPORT, GIVE LOCAL 2019

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	21,147				GIRL ON FYER LEADERSHIP ACADEMY/ LIBERATION ON FYER & GIVE LOCAL 2019
SEABURY SOCIETY FOR THE PRESERVATION OF THE GLEBE HOUSE 49 HOLLOW ROAD / PO BOX 245 PO BOX 245 WOODBURY, CT 06798	06-0653106	501(C)3	14,083				WORKSHOPS COLONIAL LIFE OF WOMEN, YOUTH SUMMER PROGRAM ASSISTANTS, COCKTAIL HOUR FUNDRAISER FOR EVENING OF FESTIVE, GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEVEN ANGELS THEATRE 1 PLANK ROAD 30 MOUNTAIN VIEW RD WATERBURY, CT 06705	06-1303263	501(C)(3)	5,548				GIVE LOCAL 2019, ANNUAL DISTRIBUTION, SEVEN ANGELS I THE SCHOOL
SHAKESPERIENCE PRODUCTIONS 117 BANK STREET WATERBURY, CT 06702	06-1555859	501(C)(3)	66,411				FOR SHAKESPEARE IN THE LITCHFIELD HILLS 2020, CORNERSTONE STEP DOWN FUNDING - YR 1, WATERBURY INTERACTIVE OUR CITY, OUR NEIGHBORHOODS, THE GIFT OF PEACE, GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SILAS BRONSON LIBRARY 267 GRAND STREET WATERBURY, CT 06702		501(C)(3)	10,425				IN MEMORY OF INGRID MARTLAND FOR THE PURCHASE OF BOOKS FOR CHILDREN IN FIRST GRADE OR YOUNGER, FOR GENERAL SUPPORT, WATERBURY BRASS SENIOR PROGRAM
SIMPLY SMILES INC 1771 POST ROAD EAST WESTPORT, CT 06880	56-2332922	501(C)(3)	8,950				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
SOUTHBURY AND MIDDLEBURY ACTING RESPONSIBLY TOGETHER 948 OLD WATERBURY ROAD SOUTHBURY, CT 06488	30-0665423	501(C)(3)	11,368				OUTREACH & EDUCATION GIVE LOCAL 2019
SOUTHBURY FOOD BANK PO BOX 68 SOUTHBURY, CT 06488	22-3018164	501(C)(3)	10,157				GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 LAND TRUST PO BOX 600 68 1/2 BENNETT SQUARE SOUTHBURY, CT 06752	06-0977326	501(C)(3)	15,564				BUILD A PERMANENT 5K TRAIL COURSE, GIVE LOCAL 2019
SOUTHBURY PUBLIC LIBRARY 100 POVERTY ROAD SOUTHBURY, CT 06488	06-6002089	501(C)(3)	9,634				TO BE APPLIED IN FURTHERANCE OF A "SPECIAL PROJECT SELECTED BY THE HEAD LIBRARIAN WITH SUGGESTIONS FROM THE REFERENCE LIBRARIAN & TO SUPPORT 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
SOUTHMAYD HOME 250 COLUMBIA BOULEVARD WATERBURY, CT 06710	06-0646903	501(C)(3)	5,490				TECHNOLOGY CENTER FOR SOUTHMAYD RESIDENTS, GIVE LOCAL 2019, FOR GENERAL SUPPORT
ST MARY'S HOSPITAL 56 FRANKLIN STREET WATERBURY, CT 06706		501(C)(3)	5,304				FOR RESEARCH FELLOWSHIPS THROUGH THE YALE RESIDENCY PROGRAM

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARY'S HOSPITAL FOUNDATION 56 FRANKLIN STREET WATERBURY, CT 06706	22-2528400	501(C)(3)	15,644				IN SUPPORT OF 2019 GALA INITIATIVES, FOR THE EMERGENCY ROOM EXPANSION, GIVE LOCAL 2019
ST VINCENT DEPAUL MISSION OF WATERBURY PO BOX 1612 WATERBURY, CT 067211612	06-1001527	501(C)(3)	20,824				FOR GENERAL PRUPOSES,ANNUAL BANQUET OF ST VINCENT DEPAUL MISSION, DAY PROGRAM FOR SINGLE WOMEN, GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STAYWELL HEALTH CARE 80 PHOENIX AVENUE WATERBURY, CT 06702	22-3160873	501(C)(3)	33,836				QUEER UNITY EMPOWERMENT SUPPORT TEAM (QUEST), ANNUAL ENDOWMENT FUND DISTRIBUTION, DATA DRIVEN OUTREACH (SOUTHBURY), SUMMER'S END FETE LA BELLA VISTA, WATERBURY & GIVE LOCAL 2019
STEEP ROCK ASSOCIATION PO BOX 279 WASHINGTON DEPOT, CT 06794	06-6069060	501(C)(3)	31,057				FBO JUDEA GARDEN, GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN B ANTHONY PROJECT 179 WATER STREET TORRINGTON, CT 06790	06-1085983	501(C)(3)	18,112				, GIVE LOCAL 2019
THE JUDY BLACK MEMORIAL PARK AND GARDENS PO BOX 331 WASHINGTON DEPOT, CT 06794		501(C)3	19,585				GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MCDAVID GROUP CHARITIES INC 1 MAIN STREET STE 202 TEQUESTA, FL 33469	81-3958709	501(C)(3)	6,000				FOR THE FUNDRAISER
TRUE COLORS 30 ARBOR STREET SUITE 201A HARTFORD, CT 06106	06-1537001	501(C)(3)	5,000				TRUE COLORS 26 CONFERENCE ON MARCH 22, 2019

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET 2ND FLOOR WATERBURY, CT 067021512	06-0646634	501(C)(3)	62,300				FOR UNITED WAY ADMINISTRATIVE EXPENSES, FOR GENERAL PURPOSES, BOOST! WATERBURY, GIVE LOCAL 2019 & BBS2019 BTS (BACKBONE SUPPORT - YEAR 7)
UNITED WAY OF NAUGATUCK & BEACON FALLS PO BOX 209 NAUGATUCK NAUGATUCK, CT 067700209	06-0788028	501(C)3	19,879				FOR SUPPORT OF THE CHARITABLE OR EDUCATIONAL PURPOSES OF THE UNITED WAY OF NAUGATUCK AND BEACON FALLS AND ITS AFFILIATED AGENCIES, FOR GENERAL SUPPORT, DONOR ADVISED GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CONNECTICUT - OSHER LIFELONG LEARNING INST 99 EAST MAIN STREET WATERBURY, CT 067022311	06-6070722	501(C)3	8,029				THE GREENING OF WATERBURY - FROM PLANTING TO HARVEST, GIE LOCAL 2019
VILLAGE CENTER FOR THE ARTS 12 MAIN STREET NEW MILFORD, CT 06776	06-1325983	501(C)(3)	29,108				FOR "GROWING THE NEXT GENERATION OF ARTISTS & INNOVATORS" PROGRAM, CLUB MUD FOR SENIORS (YEAR 2) - CLAY SCULPTURE, WATER COLOR & DRAWING COURSES!, GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARNER THEATRE PO BOX 1012 TORRINGTON, CT 06790	06-1048713	501(C)(3)	5,905				GIVE LOCAL 2019 & GENERAL PURPOSES
WARREN LAND TRUST 50 CEMETERY ROAD WARREN, CT 06754	22-3018018	501(C)(3)	7,872				THE WARREN LAND TRUST 30TH ANNIVERSARY COMMUNITY, GIVE LOCAL 2019

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON AMBULANCE ASSOCIATION 109 BEE BROOK ROAD PO BOX 294 WASHINGTON DEPOT, CT 06794	06-6055363	501(C)(3)	27,163				FOR STAND-BY AT PRIDE IN THE HILLS EVENT ON 6/15/2019, GIVE LOCAL 2019
WASHINGTON ART ASSOCIATION 4 BRYAN MEMORIAL PLAZA WASHINGTON DEPOT, CT 06794	06-0754956	501(C)(3)	6,567				GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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)	6,408				2019 SUMMER CONCERT FESTIVAL (4 CONCERTS) AND 2020 NEW YEAR'S DAY CONCERT & GIVE LOCAL 2019
WASHINGTON MONTESSORI SCHOOL 240 LITCHFIELD TURNPIKE NEW PRESTON, CT 06777	23-7100723	501(C)(3)	58,824				GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 BRIDGE TO SUCCESS COMMUNITY PARTNERSHIP 2ND FLOOR 100 N ELM WATERBURY, CT 067021512		501(C)(3)	23,039				TO SUPPORT YOUTH DEVELOPMENT & BOOST! WATERBURY
WATERBURY PUBLIC SCHOOLS 236 GRAND STREET WATERBURY, CT 06702	06-6001900	501(C)(3)	15,000				WATERBURY ROBOTICS EXPANSION PROJECT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERBURY REGIONAL CHAMBER FOUNDATION PO BOX 1469 WATERBURY, CT 067211469	06-1074917	501(C)(3)	6,449				UMBRELLA SERVICES FOR THE ARTS IN THE GREATER WATERBURY REGION & GIVE LOCAL 2019
WATERBURY SYMPHONY ORCHESTRA 160 ROBBINS STREET WATERBURY, CT 06708	06-6090876	501(C)(3)	122,389				FOR SUPPORT OF THE SYMPHONY'S EDUCATIONAL MISSION FOR CHILDREN & YOUNG ADULTS IN GREATER WATERBURY, FOR GENERAL SUPPORT, TP PROVIDE COMPENSATION, FEES OR HONORARIA FOR SYMPHONY MUSICIANS OR GUESTS ARTISTS, TO BE APPLIED TOWARD SALARY AND OTHER COMPENSATION OF THE CONDUCTOR, PICNIC & POPS OUTDOOR CONCERT HOLLOW PARK, WOODBURY & GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount 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 83 PROSPECT STREET WATERBURY, CT 06702	06-1219372	501(C)(3)	18,405				CHILD ABUSE INTERDISCIPLINARY TEAM (CAIT) OF GREATER WATERBURY-BRIDGING PROGRAM, GIRLS WHO CODE, GIVE LOCALL 2019, & 2019 ANNUAL BACK TO SCHOOL RALLY LIBRARY PARK, WATERBURY
WEANTINOGE HERITAGE LAND TRUST PO BOX 821 KENT, CT 06757	06-6082034	501(C)(3)	23,861				PARTNER INTERN PROGRAM YEAR TWO, FOR GENERAL PURPOSES, GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLMORE BEHAVIORAL HEALTH 141 EAST MAIN STREET WATERBURY, CT 06702	06-0669107	501(C)(3)	81,345				EXPANDING EVIDENCE-BASED HEALTH PROGRAMS IN WATERBURY, YEAR 3
WELLSPRING FOUNDATION PO BOX 370 BETHLEHEM, CT 067510370	06-1014227	501(C)(3)	57,668				FOR GENERAL PURPOSES, GIVEL LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN CONNECTICUT AREA AGENCY ON AGING 84 PROGRESS LANE WATERBURY, CT 06705	06-1182488	501(C)3	59,165				WATERBURY BRASS OUTREACH & GIVE LOCAL 2019
WESTERN CONNECTICUT AREA AGENCY ON AGING INC 84 PROGRESS LANE 84 PROGRESS LANE WATERBURY, CT 06705	06-1182488	501(C)(3)	29,000				EXPANDING EVIDENCE-BASED HEALTH PROGRAMS IN WATERBURY, YEAR 3

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOLCOTT TOWN OF 10 KENEA AVENUE WOLCOTT WOLCOTT, CT 06716	06-6002140	501(C)(3)	11,000				STAYING ACTIVE THROUGH EXCERISE YEAR 5
WOMEN'S CENTER OF GREATER DANBURY 2 WEST STREET DANBURY DANBURY, CT 06810	06-0983819	501(C)(3)	5,000				SUPPORT FOR VICTIMS OF DOMESTIC VIOLENCE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODBURY TOWN OF 281 MAIN STREET SOUTH WOODBURY, CT 06798	06-6002142	501(C)(3)	22,459				FOR THE PURCHASE OF BOOKS YEARLY FOR KINDERGARTEN-AGE CHILDREN, TO BE DISTRIBUTED THROUGH REGIONAL DISTRICT 14 PUBLIC ELEMENTARY SCHOOLS, MEMORY CAF AT WOODBURY, FOR GENERAL PURPOSES
YMCA OF GREATER WATERBURY 136 WEST MAIN STREET WATERBURY, CT 06702	06-0646988	501(C)(3)	25,617				YMCA CAMP OAKASHA FINANCIAL ASSISTANCE PROGRAM, VICOTRY GARDEN, WATERBURY BRASS SENIOR PROGRAM SITE AND PARTNER, CHRONIC DISEASE PREVENTION THROUGH YMCA EVIDENCE BASED PROGRAMS & GIVE LOCAL 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOGA4CHANGE 96 CURTIS STREET MERIDEN, CT 06450	47-1037229	501(C)(3)	9,885				GREATER WATERBURY SENIOR YOGA PROGRAM (YEAR 4)

Schedule J (Form 990)	Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No 1545-0047
		2019
		Open to Public Inspection

Department of the Treasury Internal Revenue Service	Name of the organization CONNECTICUT COMMUNITY FOUNDATION INC	Employer identification number 06-6038074
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Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax indemnification 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 on 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 on 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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

[illegible]

Part III **Supplemental Information**

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

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019

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	11	84,456	FMV
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

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

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2019)

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

Name of the organization

CONNECTICUT COMMUNITY FOUNDATION INC

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

06-6038074

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

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

2019

Open to Public Inspection

Name of the organization
CONNECTICUT COMMUNITY FOUNDATION INC

Employer identification number
06-6038074

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)WATERBURY HOSPITAL FOUNDATION INC 43 FIELD STREET WATERBURY, CT 06702 83-2947453	SUPPORT CONNECTICUT COMMUNITY FOUNDATION	CT	501(C)(3)	12A	CONNECTICUT COMMUNITY FOUNDATION	Yes	

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

No

1p

No

1q

No

1r

No

1s

No

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

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation