

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2020Open to Public
Inspection**A For the 2020 calendar year, or tax year beginning and ending****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)

43 FIELD STREET

Room/suite

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

WATERBURY, CT 06702

F Name and address of principal officer: JULIE LOUGHRAN

SAME AS C ABOVE

D Employer identification number

06-6038074

E Telephone number

203-753-1315

G Gross receipts \$ 20,512,930.**H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ CONNCF.ORG**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1923 **M** State of legal domicile: CT**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities:	THE FOUNDATION FOSTERS AN EQUITABLE AND INCLUSIVE COMMUNITY IN GREATER WATERBURY AND	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	16
	6	Total number of volunteers (estimate if necessary)	6	200
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,400.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 5,729,609.	Current Year 8,418,308.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,583,862.	4,447,715.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,039.	56,876.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,363,510.	12,922,899.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,217,671.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,552,924.	1,462,683.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 241,649.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	762,016.	513,896.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,532,611.	8,116,368.
19		Revenue less expenses. Subtract line 18 from line 12	3,830,899.	4,806,531.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 121,215,805.	End of Year 136,693,488.
	21	Total liabilities (Part X, line 26)	253,320.	327,744.
	22	Net assets or fund balances. Subtract line 21 from line 20	120,962,485.	136,365,744.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Date			
	DAVID PELLETIER, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name JOHN ZINNO	Preparer's signature JOHN ZINNO	Date 06/10/21	Check if self-employed <input type="checkbox"/>	PTIN P00041154
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749	Phone no. (203) 944-2100		
	Firm's address ▶ 2 ENTERPRISE DRIVE SHELTON, CT 06484				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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

THE FOUNDATION FOSTERS 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 \$ 7,243,450. including grants of \$ 6,139,789.) (Revenue \$)
SUPPORTING NONPROFIT ORGANIZATIONS IN GREATER WATERBURY AND THE LITCHFIELD HILLS FOR PROGRAMS AND SERVICES IN THE ARTS, HEALTH, OLDER ADULTS, EDUCATION, ENVIRONMENT, SOCIAL SERVICES AND WOMEN'S ISSUES; PROVIDING SCHOLARSHIPS FOR COLLEGE STUDENTS; STRENGTHENING NONPROFIT ORGANIZATIONS THROUGH GRANTS AND TECHNICAL ASSISTANCE PROGRAMS; AND PROVIDING LEADERSHIP TO ADDRESS CRITICAL ISSUES IN OUR COMMUNITIES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **7,243,450.**

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
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? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
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? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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? <i>If "Yes," complete Schedule L, Part II</i>	26	X
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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

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 7	
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 X	

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

	Yes	No
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?	2b X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b X	
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	X
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	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
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	X
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	X
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?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
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	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

Form 990 (2020)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

☒ X

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	18			
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 on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		18		
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	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
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	X
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	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
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 on Schedule O			9	X

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	X
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	X
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	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
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	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
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	X
b Other officers or key employees of the organization	15b	X
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	X
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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)

19 Describe on 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. - (203) 753-1315**
43 FIELD STREET, WATERBURY, CT 06702

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and 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 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) JULIE LOUGHRAN PRESIDENT & CEO	40.00			X				177,899.	0.	23,450.
(2) BARBARA RYER DIRECTOR OF FINANCE	40.00			X				125,026.	0.	22,473.
(3) ELLEN CARTER VP OF PROGRAM & STRATEGY	40.00				X			117,899.	0.	17,062.
(4) JOSH CAREY GRANTS MANAGEMENT DIRECTOR	40.00				X			100,455.	0.	11,452.
(5) KATHY TAYLOR CHAIR	1.00	X		X				0.	0.	0.
(6) DOUGLAS JOHNSON VICE CHAIR	1.00	X		X				0.	0.	0.
(7) DAVID PELLETIER TREASURER	1.00	X		X				0.	0.	0.
(8) KATHY BOWER SECRETARY	1.00	X		X				0.	0.	0.
(9) REGINALD BEAMON TRUSTEE	1.00	X						0.	0.	0.
(10) BARBARA BRADBURY-PAPE TRUSTEE	1.00	X						0.	0.	0.
(11) REBECCA ELECK BRUCE TRUSTEE	1.00	X						0.	0.	0.
(12) DEBORAH FOORD TRUSTEE	1.00	X						0.	0.	0.
(13) VALERIE FRIEDMAN TRUSTEE	1.00	X						0.	0.	0.
(14) MICHAEL GIARDINA TRUSTEE	1.00	X						0.	0.	0.
(15) SUBIRA GORDAN TRUSTEE	1.00	X						0.	0.	0.
(16) LINDA HALGUNSETH TRUSTEE	1.00	X						0.	0.	0.
(17) ELIZABETH JOHNSON 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 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) BRIAN JONES TRUSTEE	1.00	X						0.	0.	0.
(19) KATHRYN KEHOE TRUSTEE	1.00	X						0.	0.	0.
(20) KATHLEEN MCPADDEN TRUSTEE	1.00	X						0.	0.	0.
(21) ERIC POLOKOFF TRUSTEE	1.00	X						0.	0.	0.
(22) STEPHEN SEWARD TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								521,279.	0.	74,437.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								521,279.	0.	74,437.

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 **4**

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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
- 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

	Yes	No
3		X
4	X	
5		X

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
NONE		

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

Part VIII Statement of RevenueCheck 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	1 a 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	8,418,308.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 203,911.				
	h Total. Add lines 1a-1f			8,418,308.			
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,872,142.			2,872,142.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	(ii) Personal			
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
			9,165,604.				
	b Less: cost or other basis and sales expenses	7b	7,590,031.				
	c Gain or (loss)	7c	1,575,573.				
	d Net gain or (loss)			1,575,573.			1,575,573.
8 a 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							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a 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				
	11 a MISC INCOME		900099	52,476.			52,476.
	b PRVT FOUND FEES		900099	4,400.		4,400.	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			56,876.			
12 Total revenue. See instructions			12,922,899.	0.	4,400.	4,500,191.	

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	5,041,017.	5,041,017.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,098,772.	1,098,772.		
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	348,848.	189,843.	134,760.	24,245.
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	821,984.	503,819.	189,559.	128,606.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	85,296.	48,453.	25,018.	11,825.
9 Other employee benefits	116,997.	68,479.	36,215.	12,303.
10 Payroll taxes	89,558.	53,389.	24,537.	11,632.
11 Fees for services (nonemployees):				
a Management				
b Legal	16,691.		16,691.	
c Accounting	26,456.		26,456.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	40,658.		40,658.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	27,564.	16,318.	7,635.	3,611.
13 Office expenses	43,176.	25,558.	11,961.	5,657.
14 Information technology	60,648.	35,904.	16,800.	7,944.
15 Royalties				
16 Occupancy	92,464.	54,739.	25,612.	12,113.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	32,150.	19,033.	8,905.	4,212.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,048.		8,048.	
23 Insurance	17,184.		17,184.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on 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	89,349.	52,895.	24,749.	11,705.
b CONSULTANTS	37,367.	22,121.	10,351.	4,895.
c OTHER	22,141.	13,110.	6,130.	2,901.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	8,116,368.	7,243,450.	631,269.	241,649.
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 X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,797,636.	1	4,603,256.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	42,567.	3	717,978.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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 57,528.		
	b Less: accumulated depreciation	10b 41,563.	10c	15,965.
	11 Investments - publicly traded securities	116,842,774.	11	130,845,044.
	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 33)	121,215,805.	16	136,693,488.	
Liabilities	17 Accounts payable and accrued expenses	55,946.	17	46,392.
	18 Grants payable	24,500.	18	114,500.
	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	172,874.	25	166,852.
	26 Total liabilities. Add lines 17 through 25	253,320.	26	327,744.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	120,704,514.	27	136,086,199.
	28 Net assets with donor restrictions	257,971.	28	279,545.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	120,962,485.	32	136,365,744.
	33 Total liabilities and net assets/fund balances	121,215,805.	33	136,693,488.

Form 990 (2020)

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	12,922,899.
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,116,368.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,806,531.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	120,962,485.
5	Net unrealized gains (losses) on investments	5	10,596,728.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	136,365,744.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
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 on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
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 on Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2020)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3303252.	2767621.	4706406.	4229609.	5811840.	20818728.
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	3303252.	2767621.	4706406.	4229609.	5811840.	20818728.
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)						868,433.
6 Public support. Subtract line 5 from line 4.						19950295.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3303252.	2767621.	4706406.	4229609.	5811840.	20818728.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2608851.	2622341.	2915853.	3475397.	2872142.	14494584.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	4,400.	5,978.	4,400.	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.)	21,203.	115,917.	218,957.	45,639.	52,476.	454,192.
11 Total support. Add lines 7 through 10						35791082.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	55.74 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	50.63 %
16a 33 1/3% support test - 2020. 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		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. 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		► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. 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		► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. 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		► <input type="checkbox"/>
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		► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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>		
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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
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>		
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>		
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>		
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>		
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>		
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>		

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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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.)

UNUSUAL CONTRIBUTIONS EXCLUDED FROM PART II SECTION A LINE 1

2018 - \$2,649,440

2019 - \$1,500,000

2020 - \$2,606,468

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization

CONNECTICUT COMMUNITY FOUNDATION, INC.

Employer identification number

06-6038074

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures ▶ \$

3 Volunteer hours for political campaign activities

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b ▶ \$

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)	0.													
d Other exempt purpose expenditures	8,116,368.													
e Total exempt purpose expenditures (add lines 1c and 1d)	8,116,368.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	555,818.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	138,955.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount				555,818.	555,818.
b Lobbying ceiling amount (150% of line 2a, column(e))					833,727.
c Total lobbying expenditures					
d Grassroots nontaxable amount				138,955.	138,955.
e Grassroots ceiling amount (150% of line 2d, column (e))					208,433.
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2020

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

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

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

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

2020**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	84	550
2 Aggregate value of contributions to (during year)	517,140.	20,112,147.
3 Aggregate value of grants from (during year)	680,066.	5,469,723.
4 Aggregate value at end of year	10,312,566.	133,289,179.
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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education) ☐ Preservation of a 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 Tax 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

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

Schedule D (Form 990) 2020

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 make significant use of its collection items (check all that apply):

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on 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	114,134,527.	97,277,892.	104,268,307.	93,575,999.	89,715,399.
b Contributions	5,521,260.	4,403,732.	4,981,303.	1,303,615.	1,906,090.
c Net investment earnings, gains, and losses	14,437,789.	19,118,987.	-6,427,540.	14,901,932.	7,021,266.
d Grants or scholarships	4,786,904.	4,846,719.	5,142,841.	5,135,936.	4,703,294.
e Other expenditures for facilities and programs					
f Administrative expenses	1,896,006.	1,819,365.	401,337.	377,303.	363,462.
g End of year balance	127,410,666.	114,134,527.	97,277,892.	104,268,307.	93,575,999.

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

- a Board designated or quasi-endowment ☒ 100 %
 b Permanent endowment ☐ %
 c Term 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)		X
3a(ii)		X
3b		

b If "Yes" on line 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		57,528.	41,563.	15,965.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				15,965.

Schedule D (Form 990) 2020

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. (Col. (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. (Col. (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	
(2) LIABILITY UNDER SPLIT-INTEREST	
(3) AGREEMENTS	98,505.
(4) ANNUITY PAYABLE	68,347.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	166,852.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☐

Schedule D (Form 990) 2020

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	21,725,595.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	10,193,144.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	10,193,144.
3	Subtract line 2e from line 1	3	11,532,451.
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	38,425.
b	Other (Describe in Part XIII.)	4b	1,352,023.
c	Add lines 4a and 4b	4c	1,390,448.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,922,899.

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	7,821,624.
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	7,821,624.
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	40,658.
b	Other (Describe in Part XIII.)	4b	254,086.
c	Add lines 4a and 4b	4c	294,744.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	8,116,368.

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.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ADJUSTMENT FOR FUNDS HELD AS AGENCY ENDOWMENTS 1,352,023.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ADJUSTMENT FOR FUNDS HELD AS AGENCY ENDOWMENTS 254,086.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

CONNECTICUT COMMUNITY FOUNDATION, INC.

Employer identification number

06-6038074

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (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
50CAN, INC. 20 CHURCH STREET, MEZZANINE HARTFORD, CT 06103	27-3069592	501(C)(3)	5,000.	0.			COMMUNITY CONVERSATIONS OF EDUCATIONAL EQUITY
ACHIEVE HARTFORD 221 MAIN STREET, 3RD FLOOR HARTFORD, CT 06106	45-0499390	501(C)(3)	8,000.	0.			COVID-19 SCHOOL CLOSURES
ACTS 4 MINISTRY 1713 THOMASTON AVENUE WATERBURY, CT 06704	20-3676244	501(C)(3)	15,225.	0.			GIVE LOCAL 2020
AFTER SCHOOL ARTS PROGRAM 6 BEE BROOK ROAD, UNIT B P.O. BOX 1 WASHINGTON DEPOT, CT 06794	20-1308465	501(C)(3)	20,984.	0.			GIVE LOCAL 2020 & METAMORPHOSIS PROJECT AT CHILDREN'S COMMUNITY SCHOOL
AMERICAN CANCER SOCIETY 825 BROOK STREET ROCKY HILL, CT 06067	13-1788491	501(C)(3)	99,266.	0.			FOR GENERAL OPERATIONS (HALLDEN)
AMERICAN HEART ASSOCIATION 444 LIBERTY AVENUE, SUITE 1300 PITTSBURGH, PA 15222-1207		501(C)(3)	99,266.	0.			FOR GENERAL OPERATION

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

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANIMAL WELFARE SOCIETY 8 DODD ROAD NEW MILFORD, CT 06776	06-6084293	501(C)(3)	31,163.	0.			GIVE LOCAL 2020
ARC OF LITCHFIELD COUNTY 314 MAIN STREET TORRINGTON, CT 06790	06-6075006	501(C)(3)	7,820.	0.			CV19: LAPTOPS FOR REMOTE WORKERS
ARCHDIOCESE OF HARTFORD P.O. BOX 28 HARTFORD, CT 06141-0028	06-0646669	501(C)(3)	5,750.	0.			ARCHBISHOP'S 2020 ANNUAL APPEAL
ARTS ESCAPE 88 MAIN STREET SOUTH SOUTBURY, CT 06488	45-4200252	501(C)(3)	27,462.	0.			GIVE LOCAL 2020
AUDUBON CENTER BENT OF THE RIVER 185 EAST FLAT HILL ROAD SOUTBURY, CT 06489	13-1624102	501(C)(3)	19,411.	0.			GIVE LOCAL 2020 & JUNIOR FOREST TECHNICIANS
BOYS AND GIRLS CLUB OF GREATER WATERBURY - 1037 EAST MAIN STREET - WATERBURY, CT 06705	06-0646551	501(C)(3)	11,298.	0.			GIVE LOCAL 2020 & SECURITTY CAMERAS
BRASS CITY BALLET COMPANY 1255 MIDDLEBURY RD, STE 11 MIDDLEBURY, CT 06762-2333	06-1228091	501(C)(3)	17,695.	0.			GIVE LOCAL 2020
BRASS CITY CHARTER SCHOOL 212 CHESTNUT AVENUE WATERBURY, CT 06710	46-2366321	501(C)(3)	11,336.	0.			GIVE LOCAL 2020
BRASS CITY GAMERS TOURNAMENT P.O. BOX 1983 NAUGATUCK, CT 06770	47-5008696	501(C)(3)	8,710.	0.			BRASS CITY GAMERS EDUCATION PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRASS CITY HARVEST P.O. BOX 11115 WATERBURY, CT 06703	75-3263005	501(C)3	27,913.	0.			CV19: FARMERS MARKET/SENIOR FOOD DELIVERY PROGRAM, FOOD HUB DEVELOPMENT, BRASS
BRIDGEWATER LAND TRUST PO BOX 8 BIRGEWATER, CT 06752	06-1212623	501(C)(3)	5,116.	0.			GIVE LOCAL 2020
CAMELLA'S CUPBOARD PO BOX 1771 NEW MILFORD, CT 06776	83-2491257	501(C)(3)	7,514.	0.			GIVE LOCAL 2020
CAREER RESOURCES, INC. 350 FAIRFIELD AVENUE BRIDGEWATER, CT 06604	06-1427945	501(C)(3)	8,000.	0.			STRIVE WATERBURY
CARING FOR BETHLEHEM P.O. BOX 5 BETHLEHEM, CT 06751	82-2473303	501(C)(3)	20,862.	0.			GIVE LOCAL 2020
CENTER FOR HUMAN DEVELOPMENT 332 BIRNIE AVENUE SPRINGFIELD, MA 01107	04-2503926	501(C)(3)	5,000.	0.			WATERBURY HOSPITALITY CENTER
CHILDREN'S CENTER OF NEW MILFORD, INC. - 11A ASPETUCK AVENUE - NEW MILFORD, CT 06776	23-7137832	501(C)3	35,198.	0.			GIVE LOCAL 2020 & NAEYC REACCREDITATION
CHILDREN'S COMMUNITY SCHOOL 31 WOLCOTT STREET, P.O. BOX 1746 WATERBURY, CT 06702	06-1000761	501(C)4	107,654.	0.			GIVE LOCAL 2020
CHILDREN'S LAW CENTER OF CONNECTICUT - 30 ARBOR STREET, 4TH FL. NORTH - HARTFORD, CT 06106	06-1381700	501(C)(3)	9,544.	0.			LEGAL REPRESENTATION WATERBURY & LITCHFIELD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHIME IN! MUSIC WITH A MISSION P.O. BOX 21 BETHLEHEM, CT 06751	45-3868994	501(C)(3)	5,330.	0.			GIVE LOCAL 2020
CHRIST CHURCH, EPISCOPAL P.O. BOX 4 ROXBURY, CT 06783		501(C)(3)	11,929.	0.			TO SUPPORT THE PARISH CHURCH, RECTORY AND OTHER FACILITIES; THE COLUMBARIUM; AND THE
COMMUNITY CULINARY SCHOOL OF NORTHWESTERN CT - 40 MAIN STREET - NEW MILFORD, CT 06776	26-3551690	501(C)(3)	29,730.	0.			CORNERSTONE STEP-DOWN FUNDING, CV19: FOOD BANK AND SENIOR MEALS, & GIVE LOCAL 2020
COMMUNITY FOUNDATION OF EAST CENTRAL ILLINOIS - 307 W. UNIVERSITY AVE. - CHAMPAIGN, IL 61820	23-7176723	501(C)(3)	28,041.	0.			LINDA L. NELSON DISTRIBUTION FOR ILLINOIS RESIDENTS (YEAR 1)
COMMUNITY MENTAL HEALTH AFFILIATES 270 JOHN DOWNEY DRIVE NEW BRITAIN, CT 06051	06-0934544	501(C)(3)	5,600.	0.			SUPPORT FOR WATERBURY OPERATIONS DURING COVID-19
COMMUNITY PARTNERS IN ACTION 110 BARTHOLOMEW AVENUE, SUITE 3010 HARTFORD, CT 06106	06-0646592	501(C)(3)	7,500.	0.			PRISON ARTS PROGRAM
COMMUNITY SERVICES COUNCIL OF WOODBURY - PO BOX 585 - WOODBURY, CT 06798	22-3186254	501(C)(3)	16,138.	0.			GIVE LOCAL 2020
CONNECTICUT ASSOCIATION FOR HUMAN SERVICES - 237 HAMILTON STREET, SUITE 208 - HARTFORD, CT 06106	06-0653158	501(C)(3)	8,000.	0.			EARLY CHILDHOOD POLICY DEVELOPMENT
CONNECTICUT CHILDREN'S MEDICAL CENTER - 282 WASHINGTON STREET - HARTFORD, CT 06106	06-0646755	501(C)(3)	6,208.	0.			TO FUND THE AUTISM PROJECT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT CHORAL SOCIETY P.O. BOX 42 SOUTBURY, CT 06488-0042	06-1043577	501(C)(3)	7,549.	0.			GIVE LOCAL 2020
CONNECTICUT COALITION TO END HOMELESSNESS - 257 LAWRENCE STREET - HARTFORD, CT 06106	06-1126880	501(C)(3)	8,000.	0.			ENDING HOMELESSNESS IN GREATER WATERBURY
CONNECTICUT COMMUNITY CARE 43 ENTERPRISE DRIVE BRISTOL, CT 06010-7472	06-1024632	501(C)(3)	20,000.	0.			BACKBONE 2020 FOR CT HEALTHY LIVING COLLECTIVE, BBS2020: CONNECTICUT HEALTHY
CONNECTICUT COUNCIL FOR PHILANTHROPY - 75 CHARTER OAK AVENUE, SUITE 1-205 - HARTFORD, CT 06106	23-7024016	501(C)(3)	20,000.	0.			CT SOW STATEWIDE FUNDERS COLLABORATIVE & EARLY CARE FUNDERS COLLABORATIVE SUPPORT
CONNECTICUT FOOD BANK 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	06-1063025	501(C)3	12,500.	0.			NAUGATUCK MOBILE PANTRY & GENERAL PURPOSES
CONNECTICUT JUNIOR REPUBLIC ASSOCIATION - 550 GOSHEN ROAD, P.O. BOX 161 - LITCHFIELD, CT 06759	06-0646590	501(C)(3)	8,649.	0.			GIVE LOCAL 2020
CONNECTICUT LAND CONSERVATION COUNCIL - 27 WASHINGTON STREET, DEKOVEN HOUSE - MIDDLETOWN, CT 06457	82-2683386	501(C)(3)	13,025.	0.			REGIONAL LAND TRUST DEI INITIATIVE
CONNECTICUT RENAISSANCE 1 WATERVIEW DR, SUITE 202 SHELTON, CT 06484	06-0854288	501(C)(3)	5,000.	0.			SUPPORT FOR WATERBURY OPERATIONS DURING COVID-19
CONVERSATIONS ON THE GREEN, INC. PO BOX 1020 WASHINGTON, CT 06793	83-4438861	501(C)3	7,778.	0.			GIVE LOCAL 2020

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CREATIVE ARTS CENTER OF NEW MILFORD - 5 BROOKSIDE AVENUE, P.O. BOX 836 - NEW MILFORD, CT 06776	06-6103835		6,257.	0.			GIVE LOCAL 2020
CT PARTNERSHIP FOR CHILDREN 98 OLIVE STREET NAUGATUCK, CT 06770	26-4609367	501(C)(3)	11,000.	0.			PRESCHOOL KINDERGARTEN/ PEER PARTNERSHIP
DANBURY HOSPITAL 24 HOSPITAL AVENUE DANBURY, CT 06810	06-0646597	501(C)(3)	5,000.	0.			CV19: COVID-19 RELIEF AT NEW MILFORD HOSPITAL
DOCTORS WITHOUT BORDERS USA, INC. P.O. BOX 5023 HAGERSTOWN, MD 21741-5023	13-3433452	501(C)(3)	10,000.	0.			FOR GENERAL PURPOSES
DOUBLE D LIVING HISTORY FARM 102 PAINTER HILL ROAD ROXBURY, CT 06783	20-1469683	501(C)3	5,000.	0.			FOR GENERAL PURPOSES
EASTERSEALS 22 TOMPKINS STREET WATERBURY, CT 06708	06-0737391	501(C)(3)	26,013.	0.			GIVE LOCAL 2020
FAMILY AND CHILDREN'S AID 75 WEST STREET DANBURY, CT 06810	06-0888719	501(C)(3)	10,000.	0.			TECHNOLOGY FOR TELEHEALTH AT WATERBURY SITE
FISH/FRIENDS IN SERVICE TO HUMANITY OF NW CT - 332 SOUTH MAIN STREET - TORRINGTON, CT 06790	06-0878637	501(C)(3)	12,325.	0.			GIVE LOCAL 2020
FIVE POINTS GALLERY P.O. BOX 1028, 33 MAIN STREET TORRINGTON, CT 06790	46-1555586	501(C)(3)	6,924.	0.			GIVE LOCAL 2020

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FLANDERS NATURE CENTER & LAND TRUST - 5 CHURCH HILL ROAD - WOODBURY, CT 06798	06-0791823	501(C)(3)	48,797.	0.			GIVE LOCAL 2020 & NGSS PROGRAMS--VIRTUAL PROGRAM EXPANSION
FOOD RESCUE US, INC. 27 ANN ST. GROUND FLOOR NORWALK, CT 06854	27-4486556	501(C)(3)	5,000.	0.			CV19: FOOD RESCUE US - NORTHWEST CONNECTICUT
FOODCORPS 1140 SE 7TH AVENUE, SUITE 110 PORTLAND, OR 97214	27-3990987	501(C)(3)	16,500.	0.			FOODCORPS CONNECTICUT: COLLABORATING FOR HEALTHIER SCHOOLS
FRIENDS OF PRIME TIME HOUSE 810 MAIN STREET TORRINGTON, CT 06790	22-3316278	501(C)(3)	18,799.	0.			GIVE LOCAL 2020
GAYLORD HOSPITAL P.O. BOX 400 WALLINGFORD, CT 06492	06-0646649	501(C)(3)	5,627.	0.			***BALANCE OF GRANT \$\$ AVAILABLE*** FOR GENERAL SUPPORT
GIRLS INC. OF WESTERN CONNECTICUT 35 PARK PLACE WATERBURY, CT 06702	06-0646950		5,000.	0.			GIWCT TAKE2! RECYCLING ARTS PROGRAM
GOSHEN COMMUNITY CARE AND HOSPICE 5 OLD MIDDLE STREET GOSHEN, CT 06756	06-1198075	501(C)(3)	8,616.	0.			SENIOR SOCIALS AND LUNCHEONS
GOSHEN GOOD NEIGHBOR FUND P.O. BOX 492 GOSHEN, CT 06756	06-0996454	501(C)(3)	7,622.	0.			GIVE LOCAL 2020
GOSHEN LAND TRUST 16 MILL STREET, P.O. BOX 501 GOSHEN, CT 06756	06-1030299	501(C)(3)	5,447.	0.			GIVE LOCAL 2020

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOSHEN PLAYERS P.O. BOX 63 GOSHEN, CT 06756-0063	22-2775679	501(C)(3)	5,299.	0.			GIVE LOCAL 2020
GRACE FARMS FOUNDATION 365 LUKES WOOD ROAD NEW CANAAN, CT 06840		501(C)(3)	95,000.	0.			CV19: GRACE FARMS RELIEF FUND FOR CONNECTICUT
GRANVILLE ACADEMY OF WATERBURY P.O. BOX 2891 WATERBURY, CT 06723	06-1404367	501(C)(3)	10,000.	0.			GRANVILLE ACADEMY OF WATERBURY EDUCATION AND COLLEGE PREPARATION PROGRAM
GREATER WATERBURY INTERFAITH MINISTRIES - 770 EAST MAIN STREET - WATERBURY, CT 06702	06-0658070	501(C)(3)	8,956.	0.			GIVE LOCAL 2020
GREENWOODS COUNSELING & REFERRALS 25 SOUTH STREET, P.O. BOX 1549 LITCHFIELD, CT 06759	06-1351190	501(C)(3)	21,634.	0.			GIVE LOCAL 2020 & SUPPORT FOR OPERATIONS DURING COVID-19
GUNN MEMORIAL LIBRARY 5 WYKEHAM ROAD, P.O. BOX 1273 WASHINGTON, CT 06793	06-0691373	501(C)(3)	26,043.	0.			GIVE LOCAL 2020
HABITAT FOR HUMANITY OF GREATER WATERBURY - 1555 HAMILTON AVENUE - WATERBURY, CT 06722-1881	06-1496952	501(C)(3)	12,904.	0.			GIVE LOCAL 2020
HARRYBROOKE PARK & HARDEN HOUSE MUSEUM - P.O. BOX 364, 100 STILL RIVER DRIVE - NEW MILFORD, CT 06776	23-7441860	501(C)(3)	5,477.	0.			GIVE LOCAL 2020
HARTFORD BISHOPS' FOUNDATION INC. 467 BLOOMFIELD AVENUE BLOOMFIELD, CT 06002	81-1546773	501(C)(3)	300,000.	0.			FOR SUPPORT OF AOH INITIATIVES

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTFORD FOUNDATION FOR PUBLIC GIVING - HARTFORD SQUARE NORTH, 10 COLUMBUS BLVD, 8TH FLOOR - HARTFORD, CT 06106	06-0699252	501(C)(3)	25,000.	0.			FOR THE 4-CT COVID-19 RELIEF FUND
HARTFORD HEALTHCARE AT HOME 680 MAIN STREET, SUITE 300 WATERTOWN, CT 06795	06-0646938	501(C)(3)	7,133.	0.			TO BE USED TOWARD A VISITING NURSE'S SALARY IN WATERBURY
HOLY CROSS HIGH SCHOOL 587 ORONOKE ROAD WATERBURY, CT 06708	06-0849047	501(C)(3)	47,992.	0.			GIVE LOCAL 2020
HOUSATONIC VALLEY ASSOCIATION PO BOX 28, 150 KENT ROAD CORNWALL BRIDGE, CT 06754	06-6049295	501(C)(3)	8,692.	0.			GIVE LOCAL 2020
HUMAN RESOURCE DEVELOPMENT AGENCY 575 RUBBER AVENUE NAUGATUCK, CT 06770	06-0939080	501(C)(3)	31,747.	0.			MEDICAL TRANSPORTATION SOCIALIZATION
INSTITUTE FOR AMERICAN INDIAN STUDIES - 38 CURTIS ROAD - WASHINGTON, CT 06793	23-7124597	501(C)(3)	8,927.	0.			GIVE LOCAL 2020
INTERNATIONAL RESCUE COMMITTEE P.O. BOX 6068 ALBERT LEA, MN 56007-9847	13-5660870	501(C)(3)	5,000.	0.			FOR GENERAL PURPOSES
IOBY PO BOX 4668 #74253 NEW YORK, NY 10163		501(C)(3)	5,000.	0.			GARDENS OF EAST END
JANE DOE NO MORE 203 CHURCH STREET REAR NAUGATUCK, CT 06770	61-1525250	501(C)(3)	21,502.	0.			GIVE LOCAL 2020

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOYFUL NOISE P.O. BOX 1051 TORRINGTON, CT 06790	06-1329927	501(C)(3)	5,058.	0.			GIVE LOCAL 2020
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND - 70 FARMINGTON AVENUE - HARTFORD, CT 06105	06-0665972	501(C)(3)	10,000.	0.			JA PROJECT TOMORROWS (WATERBURY)
KIDSPRAY CHILDREN'S MUSEUM 61 MAIN STREET TORRINGTON, CT 06790	45-4928276	501(C)(3)	26,122.	0.			GIVE LOCAL 2020
LAKE QUASSAUG ASSOCIATION P.O. BOX 285 MIDDLEBURY, CT 06762-0285	46-2210426	501(C)(3)	64,156.	0.			GIVE LOCAL 2020
LAKE WARAMAUG TASK FORCE 50 CEMETARY RD WARREN, CT 06754	06-1063687	501(C)(3)	8,651.	0.			GIVE LOCAL 2020
LANDMARK COMMUNITY THEATRE P.O. BOX 158 THOMASTON, CT 06787-0158	27-1112550	501(C)3	31,365.	0.			GIVE LOCAL 2020
LIFE IN MY DAYS, INC PO BOX 2855 WATERBURY, CT 06723-2855	81-5093147		12,500.	0.			COVID-MUTUAL AID NETWORK & ART, EQUITY, AND WELLNESS COMMUNITY PROGRAMS
LITCHFIELD COMMUNITY CENTER 421 BANTAM ROAD LITCHFIELD, CT 06759	06-1520254	501(C)(3)	26,157.	0.			GIVE LOCAL 2020
LITCHFIELD HILLS CHORE SERVICE P.O. BOX 294 LITCHFIELD, CT 06759	20-3824096	501(C)(3)	10,000.	0.			ELDER SERVICES SUPPORT AND OUTREACH

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LITCHFIELD HISTORICAL SOCIETY P.O. BOX 385 LITCHFIELD, CT 06759	06-6000486	501(C)(3)	5,328.	0.			GIVE LOCAL 2020
LITCHFIELD LAND TRUST PO BOX 712 LITCHFIELD, CT 06759-3509	23-7002462	501(C)(3)	5,590.	0.			GIVE LOCAL 2020
LITCHFIELD MONTESSORI SCHOOL 5 KNIFE SHOP ROAD NORTHFIELD, CT 06778	23-7320463	501(C)(3)	33,502.	0.			GIVE LOCAL 2020
LITCHFIELD PERFORMING ARTS P.O. BOX 69 LITCHFIELD, CT 06759	06-1083202	501(C)(3)	12,045.	0.			GIVE LOCAL 2020
LITERACY VOLUNTEERS OF GREATER WATERBURY - 267 GRAND STREET - WATERBURY, CT 06702	06-1452659	501(C)(3)	5,000.	0.			ADULT LITERACY
LITERACY VOLUNTEERS ON THE GREEN P.O. BOX 366 NEW MILFORD, CT 06776-0366	26-2018636	501(C)(3)	5,669.	0.			GIVE LOCAL 2020
LITTLE BRITCHES THERAPEUTIC RIDING P.O. BOX 120 WOODBURY, CT 06798	06-1342553	501(C)(3)	17,563.	0.			GIVE LOCAL 2020
LIVEGIRL 237 ELM STREET, SUITE 1D NEW CANAAN, CT 06840	81-0872133	501(C)(3)	7,500.	0.			MIDDLE SCHOOL CONFIDENCE CLUB (WITH COVID-19 PTSD UNITS)
LOAVES & FISHES HOSPITALITY HOUSE RICHMOND CITIZEN CENTER, 40 MAIN ST NEW MILFORD, CT 06776	22-2544673	501(C)(3)	8,883.	0.			GIVE LOCAL 2020

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LOCAL INITIATIVES SUPPORT CORPORATION - 75 CHARTER OAK AVE, SUITE 2-250 - HARTFORD, CT 06106	13-3030229	501(C)(3)	12,000.	0.			FINANCIAL OPPORTUNITY CENTERS (WATERBURY)
LOVE146 839 CHAPEL ST, 2ND FLOOR NEW HAVEN, CT 06510	20-1168284	501(C)(3)	8,500.	0.			U.S. SURVIVOR CARE PROGRAM
MADRE LATINA P O BOX 3082 WATERBURY, CT 06705	46-3164021	501(C)(3)	31,500.	0.			HEALTH ON WHEELS, MARIPOSA PROJECT, YOUNG REPRESENTING OF WATERBURY, LATINO
MATTATUCK MUSEUM 63 PROSPECT STREET WATERBURY, CT 06702	06-0443990	501(C)(3)	41,060.	0.			GIVE LOCAL 2020 & HANDCRAFTED ART JOURNALING & CAPITAL CAMPAIGN
MCCALL CENTER FOR BEHAVIORAL HEALTH - 58 HIGH STREET - TORRINGTON, CT 06790	06-0961756	501(C)(3)	5,913.	0.			GIVE LOCAL 2020
MENTAL HEALTH CONNECTICUT 61 SOUTH MAIN STREET, SUITE 100 WEST HARTFORD, CT 06107	06-0646593	501(C)(3)	5,000.	0.			MOVING STORIES
MINOR MEMORIAL LIBRARY 23 SOUTH STREET ROXBURY, CT 06783	06-0692376	501(C)(3)	5,000.	0.			FOR GENERAL PURPOSES
MOUNT OLIVE A.M.E. ZION SENIOR CITIZENS CENTER, INC - 82-100 PEARL STREET - WATERBURY, CT 06704	22-3092504	501(C)3	8,000.	0.			OPERATIONAL - SALARIES
NAUGATUCK HISTORICAL SOCIETY P.O. BOX 317 NAUGATUCK, CT 06770	06-1427269	501(C)(3)	11,281.	0.			GIVE LOCAL 2020

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NAUGATUCK RIVER REVIVAL GROUP 132 RADNOR AVENUE NAUGATUCK, CT 06770	35-2334025	501(C)(3)	12,000.	0.			KINNEYTOWN DAM - FISH PASSAGE
NAUGATUCK VALLEY PROJECT 16 CHURCH STREET WATERBURY, CT 06702	22-2726260	501(C)(3)	20,000.	0.			CV19: NVP COVID-19 ASSISTANCE PROGRAM/PROGRAMA DE ASISTENCIA &
NAUGATUCK YMCA 284 CHURCH STREET NAUGATUCK, CT 06770	06-0646770	501(C)(3)	46,861.	0.			GIVE LOCAL 2020, SENIOR EXERCISE AND CARDIO EQUIPMENT UPGRADE, LIVESTRONG, CHARLES
NAUGATUCK YOUTH SERVICES INC. 13 SCOTT STREET NAUGATUCK, CT 06770	20-8934900	501(C)(3)	10,000.	0.			CORNERSTONE STEP-DOWN FUNDING
NAUGATUCK, BOROUGH OF 229 CHURCH STREET NAUGATUCK, CT 06770		501(C)(3)	6,000.	0.			CV19: SUPPORT IN 2020
NEIGHBORHOOD HOUSING SERVICES OF WATERBURY - 193 GRAND STREET, 3RD FL - WATERBURY, CT 06702	06-1022915	501(C)(3)	79,364.	0.			FISCAL SPONSORSHIP 2020, GIVE LOCAL 2020, CORNERSTONE STEP-DOWN FUNDING, COMMUNITY IN
NEW MILFORD CHORE SERVICES 40 MAIN ST. NEW MILFORD, CT 06776	06-6002046	501(C)(3)	14,850.	0.			HOARDING RESPONSE AND ACTION PROJECT
NEW MILFORD, TOWN OF TOWN HALL, 10 MAIN STREET NEW MILFORD, CT 06776	06-6002046	501(C)(3)	5,500.	0.			CV19: YOUTH AGENCY CHILDCARE PROGRAM
NEW OPPORTUNITIES, INC. 232 NORTH ELM STREET WATERBURY, CT 06702	06-6071847	501(C)3	103,716.	0.			BRASS (BRINGING RESOURCES TO ACTION TO SERVE SENIORS), CV19: MEALS ON WHEELS COVID SUPPORT,

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NORTH SHORE ANIMAL LEAGUE AMERICA 16 LEWYT STREET PORT WASHINGTON, NY 11050	11-1666852	501(C)(3)	14,903.	0.			FOR GENERAL USE AND PURPOSES
NORTHWEST CONNECTICUT ARTS COUNCIL 40 MAIN STREET STE 1 TORRINGTON, CT 06790	06-1725017	501(C)(3)	20,871.	0.			GIVE LOCAL 2020, BACKBONE SUPPORT TO IMPLEMENT STRATEGIC PLAN AND STABILIZE REVENUE
NORTHWEST CONNECTICUT LAND CONSERVANCY - P.O. BOX 821 - KENT, CT 06757	06-6082034	501(C)(3)	12,770.	0.			GIVE LOCAL 2020 & PARTNER STEWARDSHIP INTERN PROGRAM
NUTMEG BIG BROTHERS BIG SISTERS 30 LAUREL STREET, SUITE 3 HARTFORD, CT 06106	06-0850379	501(C)(3)	5,000.	0.			COMMUNITY-BASED MENTORING
NUTMEG CONSERVATORY FOR THE ARTS 58 MAIN ST. TORRINGTON, CT 06790	23-7396180	501(C)3	8,622.	0.			GIVE LOCAL 2020
OLIVER WOLCOTT LIBRARY P.O. BOX 187 LITCHFIELD, CT 06759	06-0709304	501(C)(3)	10,065.	0.			GIVE LOCAL 2020
OPERATION FUEL 75 CHARTER OAK AVENUE, SUITE 2-240 HARTFORD, CT 06106	06-1253091	501(C)3	12,500.	0.			CV19: EMERGENCY ENERGY ASSISTANCE FOR FAMILIES IMPACTED BY THE CORONAVIRUS
ORATORY OF THE LITTLE WAY P.O. BOX 221 GAYLORDSVILLE, CT 06755	06-6079146	501(C)(3)	11,834.	0.			GIVE LOCAL 2020
OXFORD HISTORICAL SOCIETY 60 TOWNER LANE, PO BOX 582 OXFORD, CT 06478	34-2030150	501(C)(3)	7,295.	0.			FOR GENERAL PURPOSES

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PALACE THEATER GROUP 100 EAST MAIN STREET WATERBURY, CT 06702	02-0620399	501(C)(3)	12,897.	0.			GIVE LOCAL 2020
PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS (PETA) - 501 FRONT STREET - NORFOLK, VA 23510	52-1218336	501(C)(3)	14,903.	0.			FOR GENERAL USES AND PURPOSES
PET ASSISTANCE P.O. BOX 2015 NEW PRESTON, CT 06777	13-2856917	501(C)(3)	8,268.	0.			GIVE LOCAL 2020
PHOENIX STAGE COMPANY 133 MAIN STREET OAKVILLE, CT 06779	27-4966816	501(C)(3)	12,839.	0.			GIVE LOCAL 2020
PHYSICIAN'S COMMITTEE FOR RESPONSIBLE MEDICINE - 5100 WISCONSIN AVE., SUITE 400 - WASHINGTON, DC 20016	52-1394893	501(C)(3)	29,807.	0.			FOR GENERAL SUPPORT
PILOBOLUS 6 CALHOUN ST, PO BOX 388 WASHINGTON DEPOT, CT 06794	03-0230490	501(C)(3)	11,600.	0.			CONNECTING WITH BALANCE
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVE - NEW HAVEN, CT 06511	06-0263565	501(C)(3)	63,095.	0.			SPECIFICALLY FOR THE WATERBURY CHAPTER OF PLANNED PARENTHOOD & WATERBURY HEALTH CENTER
POLICE ACTIVITY LEAGUE OF WATERBURY - 64 DIVISION ST. - WATERBURY, CT 06704	20-8262614	501(C)(3)	19,495.	0.			GIVE LOCAL 2020, FOR SUMMER PROGRAM NEEDS FOR REMOTE LEARNING AND TEACHING, & 2021 PAL
POMPERAUG REGIONAL SCHOOL DISTRICT 15 - 286 WHITTEMORE ROAD - MIDDLEBURY, CT 06762	06-0854923	501(C)(3)	5,000.	0.			RULER TRAINING FOR REGION 15 STAFF

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POMPERAUG RIVER WATERSHED COALITION INC. - 39 SHERMAN HILL ROAD, C-103 - WOODBURY, CT 06798	06-1583895	501(C)(3)	38,375.	0.			GIVE LOCAL 2020 & PRWC YOUTH CONSERVATION CORPS
PRATT NATURE CENTER 163 PAPER MILL ROAD NEW MILFORD, CT 06776	06-0873675	501(C)(3)	6,081.	0.			GIVE LOCAL 2020
REACH OUT AND READ, INC. 89 SOUTH STREET, SUITE 201 BOSTON, MA 02111	04-3481253	501(C)(3)	8,000.	0.			GREATER WATERBURY RX FOR SUCCESS
READ TO GROW 53 SCHOOL GROUND ROAD, #3 BRANFORD, CT 06405	06-1572185	501(C)(3)	5,000.	0.			MULTICULTURAL BOOKS FOR WATERBURY CHILDREN
REBUILDING TOGETHER LITCHFIELD COUNTY - PO BOX 544 - BANTAM, CT 06750	38-3693059	501(C)3	5,000.	0.			2021 PROJECTS
RIPLEY WATERFOWL SANCTUARY P.O. BOX 210 LITCHFIELD, CT 06759	51-0280202	501(C)(3)	11,426.	0.			GIVE LOCAL 2020
RIVERS ALLIANCE OF CONNECTICUT 7 WEST STREET, P.O. BOX 1797 LITCHFIELD, CT 06759-1797	06-1361719	501(C)(3)	8,975.	0.			GIVE LOCAL 2020
ROXBURY AMBULANCE ASSOCIATION P.O. BOX 94 ROXBURY, CT 06783-0094	06-1076186	501(C)(3)	5,000.	0.			FOR GENERAL PURPOSES
ROXBURY LAND TRUST 6 MINE HILL ROAD, P.O. BOX 51 ROXBURY, CT 06783	23-7098549	501(C)3	50,759.	0.			GIVE LOCAL 2020

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ROXBURY VOLUNTEER FIRE DEPARTMENT 27 NORTH STREET ROXBURY, CT 06783-0146	06-0959487	501(C)3	5,000.	0.			FOR GENERAL PURPOSES
S.M.A.R.T., INC. 948 OLD WATERBURY ROAD SOUTHBURY, CT 06488	30-0665423	501(C)(3)	10,000.	0.			S/M/A/R/T/. INC OUTREACH & EDUCATION
SACRED HEART CHURCH 910 MAIN STREET SOUTH SOUTHBURY, CT 06488	06-0689694	501(C)(3)	45,000.	0.			FOR THE HOMELESS OUTREACH FUND & GENERAL PURPOSES
SAFE HAVEN OF GREATER WATERBURY P.O. BOX 1503 WATERBURY, CT 06721	06-0996479	501(C)(3)	29,075.	0.			GIVE LOCAL 2020 & SAFER COMMUNITIES GREATER WATERBURY
SAINT MARY'S HOSPITAL FOUNDATION GIFT PROCESSING CENTER, P.O. BOX 32 HARTFORD, CT 06132-9900	22-2528400	501(C)(3)	10,000.	0.			CV19: COVID-19 MEDICAL RESPONSE EFFORTS & FOR THE NEW EMERGENCY ROOM
SALVATION ARMY, THE 74 CENTRAL AVENUE WATERBURY, CT 06702	13-5562351	501(C)(3)	26,396.	0.			FOR GENERAL PURPOSES & FAMILY EMERGENCY SHELTER
SAVE GIRLS ON FYER 276 HIGHLAND AVENUE WATERBURY, CT 06708-3022	46-2376450	501(C)(3)	46,498.	0.			SGOF LEADERSHIP ACADEMY & LIBERATION ON FYER PROGRAM, F.Y.E.R. MEDIA PRODUCTION, GIRL ON FYER
SEABURY SOCIETY FOR THE PRESERVATION OF THE GLEBE HOUSE - 49 HOLLOW ROAD / PO BOX 245 - WOODBURY, CT 06798	06-0653106	501(C)(3)	8,238.	0.			GIVE LOCAL 2020
SEVEN ANGELS THEATRE 1 PLANK ROAD, 30 MOUNTAIN VIEW RD WATERBURY, CT 06705	06-1303263	501(C)(3)	14,168.	0.			GIVE LOCAL 2020 & SEVEN ANGELS AFTER SCHOOL

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SHAKESPERIENCE PRODUCTIONS 117 BANK STREET WATERBURY, CT 06702	06-1555859	501(C)(3)	35,427.	0.			GIVE LOCAL 2020 & WATERBURY INTERACTIVE: OUR CITY, OUR NEIGHBORHOODS (YEAR 7)
SHELTON ECONOMIC DEVELOPMENT CORPORATION - 475 HOWE AVENUE, SUITE 202 - SHELTON, CT 06484	06-1092685	501(C)(3)	5,000.	0.			NAUGATUCK VALLEY CEDS 2021
SIMPLY SMILES INC. 1771 POST ROAD EAST WESTPORT, CT 06880	56-2332922	501(C)(3)	10,000.	0.			FOR UNRESTRICTED PURPOSES
SOUTHBURY FOOD BANK P.O. BOX 68 SOUTHBURY, CT 06488	22-3018164	501(C)(3)	24,228.	0.			GIVE LOCAL 2020
SOUTHBURY HISTORICAL SOCIETY P.O. BOX 124 SOUTHBURY, CT 06488-0124	06-1064312	501(C)(3)	5,000.	0.			FOR THE BLACKSMITH SHOP
SOUTHBURY LAND TRUST PO BOX 600, 68 1/2 BENNETT SQUARE SOUTHBURY, CT 06752	06-0977326	501(C)(3)	15,670.	0.			GIVE LOCAL 2020
SOUTHBURY PUBLIC LIBRARY 100 POVERTY ROAD SOUTHBURY, CT 06488	06-6002089	501(C)(3)	6,157.	0.			TO SUPPORT THE OPERATIONS OF THE LIBRARY
SOUTHINGTON-CHESHIRE COMMUNITY YMCAS - 961 - 967 SOUTH MAIN STREET - CHESHIRE, CT 06410	06-0646905	501(C)3	5,000.	0.			SCCYMCA COVID RESPONSE FOR OUR COMMUNITIES
SPECIAL OLYMPICS CONNECTICUT 2666 STATE STREET, SUITE 1 HAMDEN, CT 06517	23-7099756	501(C)(3)	5,000.	0.			SPECIAL OLYMPICS CONNECTICUT'S "OPENING EYES" PROGRAM

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SPIRIT OF WATERBURY 158 GRAND STREET WATERBURY, CT 06702	06-1641218	501(C)(3)	5,000.	0.			HIDDEN SPACES/SECRET PLACES 2020
SPOTTY DOG RESCUE P.O. BOX 1571 WATERBURY, CT 06721	46-1056652	501(C)(3)	7,777.	0.			GIVE LOCAL 2020
ST. MARY'S HOSPITAL 56 FRANKLIN STREET WATERBURY, CT 06706		501(C)(3)	5,400.	0.			FOR RESEARCH FELLOWSHIPS THROUGH THE YALE RESIDENCY PROGRAM
ST. VINCENT DEPAUL MISSION OF WATERBURY - P.O. BOX 1612 - WATERBURY, CT 06721-1612	06-1001527	501(C)(3)	55,420.	0.			GIVE LOCAL 2020, SOUP KITCHEN, CV19: SUPPORT FOR SHELTER, SOUP KITCHEN, PANTRY,
STAYWELL HEALTH CARE 80 PHOENIX AVENUE WATERBURY, CT 06702	22-3160873	501(C)(3)	91,986.	0.			ORAL HEALTH ACCESS FOR UNINSURED IN NAUGATUCK, GWHP BACKBONE GRANT 2020 & 2021
STEEP ROCK ASSOCIATION P.O. BOX 279 WASHINGTON DEPOT, CT 06794	06-6069060	501(C)(3)	22,544.	0.			GIVE LOCAL 2020
SUPPORTIVE HOUSING WORKS INC. 815 MAIN STREET BRIDGEPORT, CT 06604		501(C)(3)	30,000.	0.			CV19: NORTHWEST CAN COVID RESPONSE
SUSAN B. ANTHONY PROJECT 179 WATER STREET TORRINGTON, CT 06790	06-1085983	501(C)(3)	32,036.	0.			GIVE LOCAL 2020 & REBUILDING LIVES PROGRAM
SUSTAINABLE CT 372 HIGH STREET WILLIMANTIC, CT 06226	82-4894473	501(C)(3)	5,000.	0.			SUSTAINABLE CT FELLOWSHIP SUPPORT

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TEAM, INC. 30 ELIZABETH STREET DERBY, CT 06418	06-0835182	501(C)(3)	10,000.	0.			FAMILY CHILD CARE - TEAM SHARED SERVICES NETWORK 2
THE JUDY BLACK MEMORIAL PARK AND GARDENS - P.O. BOX 331 - WASHINGTON DEPOT, CT 06794		501(C)(3)	18,819.	0.			GIVE LOCAL 2020
THE PENNSYLVANIA STATE UNIVERSITY OFFICE OF SPONSORED PROGRAMS, 110 TECHNOLOGY CENTER BUILDING - UNIVERSITY PA	24-6000376	501(C)(3)	10,000.	0.			PENN STATE HOSPITALITY IN SENIOR LIVING INITIATIVE
THE WOODHALL SCHOOL P.O. BOX 550 BETHLEHEM, CT 06751	06-1076770	501(C)(3)	23,994.	0.			GIVE LOCAL 2020
UNITED NATIONS FOUNDATION P.O. BOX 96539 WASHINGTON, DC 20090-6539	58-2368165	501(C)(3)	5,000.	0.			FOR GENERAL PURPOSES 2020 CAMPAIGN
UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET, 2ND FL WATERBURY, CT 06702-1512	06-0646634	501(C)(3)	90,200.	0.			CONTRIBUTION, BTS BACKBONE GRANT 2020, BBS2020: BTS (BACKBONE
UNIVERSITY OF CONNECTICUT - WATERBURY BRANCH (GRANTS) - 99 EAST MAIN STREET - WATERBURY, CT 06702-2311	06-6070722	501(C)(3)	7,000.	0.			THE GREENING OF WATERBURY
VILLAGE CENTER FOR THE ARTS 12 MAIN STREET NEW MILFORD, CT 06776	06-1325983	501(C)(3)	17,272.	0.			GIVE LOCAL 2020
WARNER THEATRE P.O. BOX 1012 TORRINGTON, CT 06790	06-1048713	501(C)(3)	12,499.	0.			GIVE LOCAL 2020

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WARREN LAND TRUST 50 CEMETERY ROAD WARREN, CT 06754	22-3018018	501(C)(3)	7,077.	0.			GIVE LOCAL 2020
WASHINGTON AMBULANCE ASSOCIATION 109 BEE BROOK ROAD, P.O. BOX 294 WASHINGTON DEPOT, CT 06794	06-6055363	501(C)(3)	35,060.	0.			GIVE LOCAL 2020
WASHINGTON ART ASSOCIATION 4 BRYAN MEMORIAL PLAZA WASHINGTON DEPOT, CT 06794	06-0754956	501(C)(3)	7,889.	0.			GIVE LOCAL 2020
WASHINGTON FRIENDS OF MUSIC P.O. BOX 1284 WASHINGTON, CT 06793	47-5034272	501(C)(3)	7,609.	0.			GIVE LOCAL 2020
WASHINGTON MONTESSORI SCHOOL 240 LITCHFIELD TURNPIKE NEW PRESTON, CT 06777	23-7100723	501(C)(3)	42,188.	0.			GIVE LOCAL 2020
WATERBURY BRIDGE TO SUCCESS COMMUNITY PARTNERSHIP - 100 N. ELM STREET, 2ND FLOOR - WATERBURY, CT 06702		501(C)(3)	23,675.	0.			TO SUPPORT YOUTH DEVELOPMENT
WATERBURY HEALTH DEPARTMENT 1 JEFFERSON SQUARE WATERBURY, CT 06706	06-6001900	501(C)(3)	11,000.	0.			CV19: 100 EVZIO AUTO-INJECTOR NALOXONE HCI INJECTION KITS
WATERBURY PUBLIC SCHOOLS 236 GRAND STREET WATERBURY, CT 06702	06-6001900	501(C)(3)	5,700.	0.			GRANT TO SUPPORT LGBTQ+ PROJECTS ALSO AT WILBY, KENNEDY AND CROSBY
WATERBURY REGIONAL CHAMBER FOUNDATION - P.O. BOX 1469 - WATERBURY, CT 06721-1469	06-1074917	501(C)(3)	5,000.	0.			ACC'S PARTNERSHIP PROGRAM PHASE 2 IN SERVING THE ARTS IN THE GREATER WATERBURYREGION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERBURY SYMPHONY ORCHESTRA 160 ROBBINS STREET WATERBURY, CT 06708	06-6090876	501(C)(3)	135,573.	0.			FOR SUPPORT OF THE SYMPHONY'S EDUCATIONAL MISSION FOR CHILDREN & YOUNG ADULTS IN GREATER
WATERBURY YOUTH SERVICES 83 PROSPECT STREET WATERBURY, CT 06702	06-1219372	501(C)(3)	48,399.	0.			TO REPLACE HVAC UNIT ON ROOF OF BUILDING-2, TO UPDATE AND PURCHASE ANTIVIRUS SOFTWARE, THE
WATERBURY, CITY OF 235 GRAND STREET WATERBURY, CT 06702	06-6001900	501(C)(3)	11,000.	0.			CV19: 100 EVZIO AUTO-INJECTOR NALOXONE HCI INJECTION KITS
WATERTOWN, TOWN OF 61 ECHO LAKE ROAD WATERTOWN, CT 06795	06-6001505	501(C)(3)	13,074.	0.			FOR MAINTENANCE AND IMPROVEMENT OF RECREATIONAL FACILITIES
WELLMORE BEHAVIORAL HEALTH 141 EAST MAIN STREET WATERBURY, CT 06702	06-0669107	501(C)(3)	47,566.	0.			CV19: WELLMORE TELEHEALTH START UP, GIVE LOCAL 2020, TELE-HEALTH
WELLSPRING FOUNDATION P.O. BOX 370 BETHLEHEM, CT 06751-0370	06-1014227	501(C)(3)	68,088.	0.			GIVE LOCAL 2020
WESTERN CONNECTICUT AREA AGENCY ON AGING - 84 PROGRESS LANE - WATERBURY, CT 06705	06-1182488	501(C)(3)	109,548.	0.			CV19: EMERGENCY SENIOR MEALS ON WHEELS, EMERGENCY SENIOR MEALS ON WHEELS, WATERBURY BRASS
WHITE MEMORIAL CONSERVATION CENTER P.O. BOX 368 LITCHFIELD, CT 06759-0368	06-6065807	501(C)(3)	7,528.	0.			GIVE LOCAL 2020
WOLCOTT VOLUNTEER AMBULANCE ASSOCIATION - P.O. BOX 6066 - WOLCOTT, CT 06716	23-7450981	501(C)(3)	5,000.	0.			CV19: WOLCOTT VOLUNTEER AMBULANCE COVID-19

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMAN'S CHOICE CHARITABLE ASSOCIATION - 262 WALNUT STREET, APT 6 - WATERBURY, CT 06704	82-1802959	501(C)(3)	17,500.	0.			COMMUNITY DOULA PILOT, CV19: COVID PREGNANCY SUPPORT
WOMEN'S CENTER OF GREATER DANBURY 2 WEST STREET DANBURY, CT 06810	06-0983819	501(C)(3)	5,843.	0.			SUPPORT FOR VICTIMS OF DOMESTIC VIOLENCE
WOODBURY, TOWN OF 281 MAIN STREET SOUTH WOODBURY, CT 06798	06-6002142	501(C)(3)	16,396.	0.			FOR GENERAL PURPOSES
YMCA OF GREATER WATERBURY 136 WEST MAIN STREET WATERBURY, CT 06702	06-0646988	501(C)(3)	95,887.	0.			(YMCA): YMCA ANNEX AT ROSE HILL, CV19: EMERGENCY CHILD CARE SERVICES, GIVE LOCAL
YOGA4CHANGE 96 CURTIS STREET MERIDEN, CT 06450	47-1037229	501(C)(3)	8,740.	0.			GREATER WATERBURY SENIOR MINDFULNESS / YOGA

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	134	1,098,772.	0.		

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BRASS CITY HARVEST

(H) PURPOSE OF GRANT OR ASSISTANCE: CV19: FARMERS MARKET/SENIOR FOOD

DELIVERY PROGRAM, FOOD HUB DEVELOPMENT, BRASS CITY COOKS! SENIOR

NUTRITION & HEALTHY COOKING PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: CHRIST CHURCH, EPISCOPAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PARISH CHURCH,

RECTORY AND OTHER FACILITIES; THE COLUMBARIUM; AND THE PARISH PRIEST &

Part IV Supplemental Information

GENERAL PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTICUT COMMUNITY CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: BACKBONE 2020 FOR CT HEALTHY LIVING
COLLECTIVE, BBS2020: CONNECTICUT HEALTHY LIVING COLLECTIVE (BACKBONE
SUPPORT - YEAR 3)

NAME OF ORGANIZATION OR GOVERNMENT: MADRE LATINA

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH ON WHEELS, MARIPOSA
PROJECT, YOUNG REPRESENTING OF WATERBURY, LATINO WORKFORCE PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: NAUGATUCK VALLEY PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: CV19: NVP COVID-19 ASSISTANCE
PROGRAM/PROGRAMA DE ASISTENCIA & ENVIRONMENTAL JUSTICE PROJECT, YEAR 2

NAME OF ORGANIZATION OR GOVERNMENT: NAUGATUCK YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2020, SENIOR EXERCISE AND
CARDIO EQUIPMENT UPGRADE, LIVESTRONG, CHARLES BOULIER SUMMER CAMP
SCHOLARSHIP FUND, INFANT/TODDLER CHILD CARE

NAME OF ORGANIZATION OR GOVERNMENT:

NEIGHBORHOOD HOUSING SERVICES OF WATERBURY

(H) PURPOSE OF GRANT OR ASSISTANCE: FISCAL SPONSORSHIP 2020, GIVE LOCAL
2020, CORNERSTONE STEP-DOWN FUNDING, COMMUNITY IN EDUCATION TEACHING
PARTNERSHIP, CV19: WATERBURY MUTUAL AID: FOOD ACCESS: HARDWARE/SOFTWARE
UPGRADES, NAACP YOUTH COUNCIL COMMUNITY OUTREACH, NHS SUPPORT FOR 2020
CENSUS OUTREACH. FEASIBILITY STUDY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: NEW OPPORTUNITIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BRASS (BRINGING RESOURCES TO ACTION TO SERVE SENIORS), CV19: MEALS ON WHEELS COVID SUPPORT, CHEF ON SITE, HEALTHY SOCIAL/EMOTIONAL DEVELOPMENT, GIVE LOCAL 22020

NAME OF ORGANIZATION OR GOVERNMENT: NORTHWEST CONNECTICUT ARTS COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2020, BACKBONE SUPPORT TO IMPLEMENT STRATEGIC PLAN AND STABILIZE REVENUE SOURCES, CAA STRATEGIC PLAN IMPLEMENTATION - 3 YEAR PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:

PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: SPECIFICALLY FOR THE WATERBURY CHAPTER OF PLANNED PARENTHOOD & WATERBURY HEALTH CENTER RELOCATION PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: POLICE ACTIVITY LEAGUE OF WATERBURY

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2020, FOR SUMMER PROGRAM NEEDS FOR REMOTE LEARNING AND TEACHING, & 2021 PAL RIVER BRIGADE

NAME OF ORGANIZATION OR GOVERNMENT: SAVE GIRLS ON FYER

(H) PURPOSE OF GRANT OR ASSISTANCE: SGOF LEADERSHIP ACADEMY & LIBERATION ON FYER PROGRAM, F.Y.E.R. MEDIA PRODUCTION, GIRL ON FYER LEADERSHIP ACADEMY, & BLACK LIBERATION INSTITUTE

NAME OF ORGANIZATION OR GOVERNMENT:

ST. VINCENT DEPAUL MISSION OF WATERBURY

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2020, SOUP KITCHEN, CV19:

Part IV Supplemental Information

SUPPORT FOR SHELTER, SOUP KITCHEN, PANTRY, RESIDENTIAL, WOMEN DAY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF GREATER WATERBURY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2020 CAMPAIGN CONTRIBUTION, BTS

BACKBONE GRANT 2020, BBS2020: BTS (BACKBONE SUPPORT - YEAR 8), FOR

GENERAL PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT: WATERBURY SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORT OF THE SYMPHONY'S

EDUCATIONAL MISSION FOR CHILDREN & YOUNG ADULTS IN GREATER WATERBURY, TO

PROVIDE COMPENSATION, FEES OR HONORARIA FOR SYMPHONY MUSICIANS OR GUEST

ARTISTS, GIVE LOCAL 2020, TO BE APPLIED TOWARD SALARY AND OTHER

COMPENSATION OF THE CONDUCTOR, BRAVO SUMMER PROGRAM 2020

NAME OF ORGANIZATION OR GOVERNMENT: WATERBURY YOUTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REPLACE HVAC UNIT ON ROOF OF

BUILDING-2, TO UPDATE AND PURCHASE ANTIVIRUS SOFTWARE, THE BRIDGING

PROGRAM OF THE CHILD ADVOCACY CENTER (CAC) FORMERLY CAIT - CHILD ABUSE

INTERDISCIPLINARY TEAM, LINKING ACADEMICS TO LIFE (LAL)

NAME OF ORGANIZATION OR GOVERNMENT:

WESTERN CONNECTICUT AREA AGENCY ON AGING

(H) PURPOSE OF GRANT OR ASSISTANCE: CV19: EMERGENCY SENIOR MEALS ON

WHEELS, EMERGENCY SENIOR MEALS ON WHEELS, WATERBURY BRASS OUTREACH: YEARS

9-11, EVIDENCE-BASED PROGRAMS IN WATERBURY (YR 4), CV19: EMERGENCY MEALS

ON WHEELS- COVID 19 RELIEF

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF GREATER WATERBURY

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: (YMCA): YMCA ANNEX AT ROSE HILL,
CV19: EMERGENCY CHILD CARE SERVICES, GIVE LOCAL 2020, FOR GENERAL
OPERATION OF ITS WATERBURY, CT LOCATION, SUPPORT FOR OPERATIONS DURING
COVID-19, BCBA SERVICES FOR SCHOOL READINESS, CAMP OAKASHA SCHOLARSHIPS

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ► Attach to Form 990.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CONNECTICUT COMMUNITY FOUNDATION, INC.

Employer identification number

06-6038074

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?

b Participate in or receive payment from a supplemental nonqualified retirement plan?

c Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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?

b Any related organization?

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?

b Any related organization?

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 on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

Part II	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
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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 aren't listed on Form 990, Part VII.

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

[illegible]

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.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

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- ▶ **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 instructions and the latest information.**

Name of the organization

CONNECTICUT COMMUNITY FOUNDATION, INC.

Employer identification number

06-6038074

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10	203,911.	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 V, 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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2020

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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

CONNECTICUT COMMUNITY FOUNDATION, INC.

Employer identification number

06-6038074

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LITCHFIELD HILLS BY INSPIRING GENEROSITY, SUPOORTING ORGANIZATIONS, AND
CULTIVATING EFFECTIVE LEADERS.

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERSHIP ELECTS TRUSTEES

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

CONNECTICUT COMMUNITY FOUNDATION, INC.

Employer identification number

06-6038074

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

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;

Name of the organization

CONNECTICUT COMMUNITY FOUNDATION, INC.

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06-6038074

(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.

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.

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

Name of the organization

CONNECTICUT COMMUNITY FOUNDATION, INC.

Employer identification number

06-6038074

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.

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.

FORM 990, PART VI, SECTION C, LINE 19:

COPIES MAY BE REQUESTED BY MAIL, E-MAIL, OR ORIGINAL DOCUMENTS MAY BE

Name of the organization

CONNECTICUT COMMUNITY FOUNDATION, INC.

Employer identification number

06-6038074

VIEWED AT THE FOUNDATION OFFICE.

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

2020

**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
WATERBURY HOSPITAL FOUNDATION, INC. - 83-2947453, 43 FIELD STREET, WATERBURY, CT 06702	SUPPORT CONNECTICUT COMMUNITY FOUNDATION	CONNECTICUT	501(C)(3)	12A	CONNECTICUT COMMUNITY FOUNDATION	X	

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

Schedule R (Form 990) 2020

Part III

Part III

Part IV

Part IV

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the 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	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
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
(1) WATERBURY HOSPITAL FOUNDATION	L	60,000.	FMV
(2) WATERBURY HOSPITAL FOUNDATION	P	16,393.	FMV
(3)			
(4)			
(5)			
(6)			

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

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

[illegible]

Provide additional information for responses to questions on Schedule R. See instructions.