

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CONNECTICUT COMMUNITY FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 43 FIELD STREET City or town, state or province, country, and ZIP or foreign postal code WATERBURY, CT 06702 F Name and address of principal officer: JULIE LOUGHRAN SAME AS C ABOVE	D Employer identification number 06-6038074 E Telephone number 203-753-1315 G Gross receipts \$ 19,692,790. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ CONNCF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1923		M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION FOSTERS CREATIVE PARTNERSHIPS THAT BUILD REWARDING LIVES AND THRIVING COMMUNITIES. 2 Check this box <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 17 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 16 6 Total number of volunteers (estimate if necessary) 6 200 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 4,400. 7b Net unrelated business taxable income from Form 990-T, line 38 7b 7,670.		
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,767,621. 9 Program service revenue (Part VIII, line 2g) 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,775,967. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 121,895. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 7,665,483.	Prior Year	Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 5,141,537. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,371,665. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 262,927. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 584,892. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 7,098,094. 19 Revenue less expenses. Subtract line 18 from line 12 567,389.	2,767,621.	7,355,846.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 109,471,165. 21 Total liabilities (Part X, line 26) 256,237. 22 Net assets or fund balances. Subtract line 21 from line 20 109,214,928.	11,750,705.	5,198,253.
		Beginning of Current Year	End of Year
		109,471,165.	103,084,977.
		256,237.	377,808.
		109,214,928.	102,707,169.

Part II Signature Block

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

Sign Here	Signature of officer DAVID PELLETIER, TREASURER Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name JOHN ZINNO Preparer's signature JOHN ZINNO Date 07/22/19 Check if self-employed <input type="checkbox"/> PTIN P00041154 Firm's name ▶ BLUM, SHAPIRO & COMPANY, P.C. Firm's EIN ▶ 06-1009205 Firm's address ▶ 2 ENTERPRISE DRIVE SHELTON, CT 06484-4640 Phone no. 203 944-2100	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE FOUNDATION FOSTERS CREATIVE PARTNERSHIPS THAT BUILD REWARDING LIVES AND THRIVING COMMUNITIES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 6,464,833. including grants of \$ 5,198,253.) (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 in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 6,464,833.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <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 temporarily restricted endowments, permanent endowments, or 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)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts, federal employment tax returns, unrelated business income, foreign accounts, prohibited tax shelter transactions, and various other IRS filing requirements.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 17		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	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?	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?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	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 in Schedule O		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?		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?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization	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?		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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **CONNECTICUT COMMUNITY FOUNDATION, INC. - (203) 753-1315
43 FIELD STREET, WATERBURY, CT 06702**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DOUGLAS JOHNSON CHAIR	1.00	X		X				0.	0.	0.
(2) BRIAN HENEERY SECRETARY	1.00	X		X				0.	0.	0.
(3) DAVID PELLETIER TREASURER	1.00	X		X				0.	0.	0.
(4) KATHY TAYLOR VICE CHAIR	1.00	X		X				0.	0.	0.
(5) REGINALD BEAMON TRUSTEE	1.00	X						0.	0.	0.
(6) DANIEL BEDARD TRUSTEE	1.00	X						0.	0.	0.
(7) KATHY BOWER TRUSTEE	1.00	X						0.	0.	0.
(8) BARBARA BRADBURY-PAPE TRUSTEE	1.00	X						0.	0.	0.
(9) VALERIE FRIEDMAN TRUSTEE	1.00	X						0.	0.	0.
(10) MICHAEL GIARDINA TRUSTEE	1.00	X						0.	0.	0.
(11) ELIZABETH JOHNSON TRUSTEE	1.00	X						0.	0.	0.
(12) BRIAN JONES TRUSTEE	1.00	X						0.	0.	0.
(13) KATHRYN KEHOE TRUSTEE	1.00	X						0.	0.	0.
(14) JOHN NEWTON TRUSTEE	1.00	X						0.	0.	0.
(15) ERIC POLOKOFF TRUSTEE	1.00	X						0.	0.	0.
(16) CAROLYN SETLOW TRUSTEE	1.00	X						0.	0.	0.
(17) STEPHEN SEWARD TRUSTEE	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) BARBARA RYER DIRECTOR OF FINANCE AND AD	40.00			X				119,078.	0.	20,245.
(19) JULIE LOUGHRAN PRESIDENT & CEO	40.00			X				151,842.	0.	21,751.
1b Sub-total								270,920.	0.	41,996.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								270,920.	0.	41,996.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **3**

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

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

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

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,249,851.	4,249,851.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	940,402.	940,402.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	8,000.	8,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	312,915.	73,357.	204,333.	35,225.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	891,286.	650,053.	126,626.	114,607.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	88,298.	53,190.	25,072.	10,036.
9 Other employee benefits	107,650.	58,075.	35,033.	14,542.
10 Payroll taxes	98,669.	60,300.	26,522.	11,847.
11 Fees for services (non-employees):				
a Management				
b Legal	6,500.		6,500.	
c Accounting	25,464.		25,464.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	35,558.		35,558.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	10,047.		10,047.	
12 Advertising and promotion	19,139.	11,503.	5,263.	2,373.
13 Office expenses	88,506.	53,192.	24,339.	10,975.
14 Information technology	79,305.	47,662.	21,809.	9,834.
15 Royalties				
16 Occupancy	113,156.	68,007.	31,118.	14,031.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	82,452.	49,554.	22,674.	10,224.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,578.		11,578.	
23 Insurance	15,974.		15,974.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FUND EXPENSE	120,208.	72,245.	33,057.	14,906.
b CONSULTANTS	55,901.	33,596.	15,373.	6,932.
c ANNUAL REPORT AND NEWSL	40,494.	24,337.	11,136.	5,021.
d OTHER PERSONNEL & TRAIN	15,020.	9,027.	4,131.	1,862.
e All other expenses	4,130.	2,482.	1,136.	512.
25 Total functional expenses. Add lines 1 through 24e	7,420,503.	6,464,833.	692,743.	262,927.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	3,090,325.	1	3,338,394.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges		9		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 55,099.			
	b Less: accumulated depreciation	10b 24,039.	40,595.	10c	31,060.
	11 Investments - publicly traded securities	105,829,000.	11		99,204,278.
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	511,245.	15		511,245.
16 Total assets. Add lines 1 through 15 (must equal line 34)	109,471,165.	16		103,084,977.	
Liabilities	17 Accounts payable and accrued expenses	43,558.	17	93,838.	
	18 Grants payable	47,515.	18	109,400.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	165,164.	25		174,570.
	26 Total liabilities. Add lines 17 through 25	256,237.	26		377,808.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	108,967,670.	27	102,471,237.	
	28 Temporarily restricted net assets	247,258.	28	235,932.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	109,214,928.	33		102,707,169.	
34 Total liabilities and net assets/fund balances	109,471,165.	34		103,084,977.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	11,750,705.
2	Total expenses (must equal Part IX, column (A), line 25)	7,420,503.
3	Revenue less expenses. Subtract line 2 from line 1	4,330,202.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	109,214,928.
5	Net unrealized gains (losses) on investments	-10,837,961.
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	102,707,169.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <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?		X
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		
b Were the organization's financial statements audited by an independent accountant?	X	
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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 in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization CONNECTICUT COMMUNITY FOUNDATION, INC.	Employer identification number 06-6038074
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,570,623.	3,567,733.	3,303,252.	2,767,621.	4,706,406.	15,915,635.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	1,570,623.	3,567,733.	3,303,252.	2,767,621.	4,706,406.	15,915,635.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,712,372.
6 Public support. Subtract line 5 from line 4.						14,203,263.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1,570,623.	3,567,733.	3,303,252.	2,767,621.	4,706,406.	15,915,635.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	2,764,683.	2,547,190.	2,608,851.	2,622,341.	2,915,853.	13,458,918.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	4,400.	4,400.	4,400.	5,978.	4,400.	23,578.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	20,582.	20,333.	21,203.	115,917.	218,957.	396,992.
11 Total support. Add lines 7 through 10						29,795,123.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	47.67 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	47.05 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<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"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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 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 (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

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).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <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 government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
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.		

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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

UNUSUAL CONTRIBUTIONS EXCLUDED FROM PART II SECTION A LINE 1

2014 - \$3,075,257

2015 - \$1,700,000

2018 - \$2,649,440

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

2018

Open to Public Inspection

Name of the organization **CONNECTICUT COMMUNITY FOUNDATION, INC.** Employer identification number **06-6038074**

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of 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 SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

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

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

Schedule D (Form 990) 2018

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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	104,268,307.	93,575,999.	89,715,399.	92,640,208.	88,796,886.
b Contributions	4,981,303.	1,303,615.	1,906,090.	3,614,124.	4,390,381.
c Net investment earnings, gains, and losses	-6,427,540.	14,901,932.	7,021,266.	-2,105,033.	3,987,243.
d Grants or scholarships	5,142,841.	5,135,936.	4,703,294.	4,059,111.	4,173,454.
e Other expenditures for facilities and programs					
f Administrative expenses	401,337.	377,303.	363,462.	374,789.	360,848.
g End of year balance	97,277,892.	104,268,307.	93,575,999.	89,715,399.	92,640,208.

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

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		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		55,099.	24,039.	31,060.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				31,060.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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	95,760.
(4) ANNUITY PAYABLE	78,810.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	174,570.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1	Total revenue, gains, and other support per audited financial statements	1	32,989.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-10,438,455.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-10,438,455.
3	Subtract line 2e from line 1	3	10,471,444.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,465.
b	Other (Describe in Part XIII.)	4b	1,244,796.
c	Add lines 4a and 4b	4c	1,279,261.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,750,705.

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

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

1	Total expenses and losses per audited financial statements	1	7,072,260.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,072,260.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,558.
b	Other (Describe in Part XIII.)	4b	312,685.
c	Add lines 4a and 4b	4c	348,243.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,420,503.

Part XIII Supplemental Information.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ADJUSTMENT FOR FUNDS HELD AS AGENCY ENDOWMENTS 1,244,796.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ADJUSTMENT FOR FUNDS HELD AS AGENCY ENDOWMENTS 312,685.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization
CONNECTICUT COMMUNITY FOUNDATION, INC.

Employer identification number
06-6038074

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
3 a Subtotal	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

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

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

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

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
SCHOLARSHIP	ASIA - CHINA AND AUSTRALIA	1	4,000.		0.		
SCHOLARSHIP	NORTH AMERICA - CANADA, BUT NOT THE UNITED STATES	1	4,000.		0.		

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

(The main body of the page contains 20 horizontal lines for data entry.)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **CONNECTICUT COMMUNITY FOUNDATION, INC.** Employer identification number **06-6038074**

Part I General Information on Grants and Assistance

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

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

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
ACTS 4 MINISTRY, INC. 1713 THOMASTON AVENUE WATERBURY, CT 06704	20-3676244	501(C)(3)	10,338.	0.			INSPIRATION ANNUAL EVENT ON 6/28/2018 AT THE PALACE THEATER
AFTER SCHOOL ARTS PROGRAM P.O. BOX 15 WASHINGTON DEPOT, CT 06794	20-1308465	501(C)(3)	68,346.	0.			FOR GIVELOCAL2018, METAMORPHOSIS 2018 SANCTUARY PROJECT, CELEBRATION OF YOUNG
AMERICAN CANCER SOCIETY INC. / HERSHEY DIVISION OFFICE - ROUTE 422 & SIPE AVENUE - HERSHEY, PA 17033	25-1798733		96,075.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 5 BROOKSIDE DRIVE WALLINGFORD, CT 06492	13-5613797	501(C)(3)	97,075.	0.			GENERAL SUPPORT
ANIMAL WELFARE SOCIETY, INC. 8 DODD ROAD NEW MILFORD, CT 06776	06-6084293	501(C)(3)	24,094.	0.			GIVE LOCAL 2018
ARCHDIOCESE OF HARTFORD P.O. BOX 28 HARTFORD, CT 06141-0028	06-0646669	501(C)(3)	6,300.	0.			ARCHDIOCESAN PROGRAMS, ESPECIALLY SERVICE TO THE POOR, 2018 ANNUAL DONATION

- 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) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
ARTS ESCAPE, INC. 88 MAIN STREET SOUTH SOUTHURY, CT 06488	45-4200252	501(C)(3)	26,627.	0.			"THREADS: WEAVING WORDS AND ART", GIVE LOCAL 2018
AUDUBON CENTER AT BENT OF THE RIVER - 185 EAST FLAT HILL ROAD - SOUTHURY, CT 06488	13-1624102	501(C)(3)	17,432.	0.			JUNIOR FOREST TECHNICIANS, GIVE LOCAL 2018, FIREFLY NIGHT
BOARD OF MANAGEMENT OF HARRYBROOKE PARK - 10 FRANKS LANE, P.O. BOX 364 - NEW MILFORD, CT 06776	23-7441860	501(C)(3)	17,705.	0.			GIVE LOCAL 2018
BRASS CITY CHARTER SCHOOL 212 CHESTNUT AVENUE WATERBURY, CT 06710	46-2366321	501(C)(3)	21,915.	0.			GIVE LOCAL 2018, LEEVER MUSIC, ARTS CITIZENSHIP PROGRAM, AND GENERAL PURPOSES
BRASS CITY HARVEST P.O. BOX 11115 WATERBURY, CT 06703	75-3263005	501(C)(3)	12,255.	0.			GIVE LOCAL 2018, BRASS CITY HARVEST'S ANNUAL FARM TO TABLE DINNER, BRASS CITY COOKS! SENIOR
BRIDGE TO SUCCESS COMMUNITY PARTNERSHIP - 100 NORTH ELM STREET, 2ND FLOOR - WATERBURY, CT 06702	06-0646634	501(C)(3)	42,390.	0.			GENERAL SUPPORT, YOUTH DEVELOPMENT, BBS2018: BACKBONE SUPPORT
CAREER RESOURCES, INC. 350 FAIRFIELD AVENUE BRIDGEPORT, CT 06604	06-1427945	501(C)(3)	10,000.	0.			STRIVE WATERBURY
CATHOLIC CHARITIES ARCHDIOCESE OF HARTFORD - 839 - 841 ASYLUM AVENUE - HARTFORD, CT 06105-2801	06-0667607	501(C)(3)	7,672.	0.			QUALITY MATTERS
CATHOLIC MISSION AID SOCIETY OF THE ARCHDIOCESE OF HARTFORD - 467 BLOOMFIELD AVENUE - BLOOMFIELD, CT 06002	06-0646901	501(C)3	5,000.	0.			2018-2019 SCHOLARSHIPS FOR THE SEMINARIANS OF THE ADELINA N. LIM FOUNDATION IN THE CITY OF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
CHESHIRE EDUCATION FOUNDATION, INC. - P.O. BOX 7 - CHESHIRE, CT 06410	06-1442308	501(C)(3)	31,299.	0.			GIVE LOCAL 2018 FOR FINDING OF SCHOLARSHIPS, MINI GRANTS AND FOUNDATION OPERATIONS
CHILDREN IN PLACEMENT INC.- CT CASA INC. - 155 EAST STREET, SUITE 202 - NEW HAVEN, CT 06511	06-1182114	501(C)(3)	12,275.	0.			YOUTH SPONSORSHIP, CASE AND VOLUNTEER MANAGEMENT SOFTWARE
CHILDREN'S CENTER 11-A ASPETUCK AVENUE NEW MILFORD, CT 06776	23-7137832	501(C)(3)	30,330.	0.			GIVE LOCAL 2018
CHILDREN'S COMMUNITY SCHOOL P.O. BOX 1746 WATERBURY, CT 06721	06-1000761	501(C)(3)	82,512.	0.			ANNUAL DINNER, GIVE LOCAL 2018, OPERATIONAL SUPPORT, FOR SCHOLARSHIPS AND CURRICULUM
CHIME IN! MUSIC WITH A MISSION P.O. BOX 21 BETHLEHEM, CT 06751	45-3868994	501(C)(3)	6,294.	0.			GIVE LOCAL 2018
CHRIST CHURCH, EPISCOPAL P.O. BOX 4 ROXBURY, CT 06783		501(C)3	6,563.	0.			FOR SUPPORTING THE PARISH CHURCH, RECTORY AND OTHER FACILITIES; THE COLUMBARIUM; AND THE
COLUMBIA UNIVERSITY DEPT. OF OPHTHALMOLOGY - 635 W. 165TH STREET, P.O. BOX 13 - NEW YORK, NY 10032			11,959.	0.			GIVE LOCAL 2018
COMMUNITY CULINARY SCHOOL OF NORTHWESTERN CONNECTICUT - 40 MAIN STREET - NEW MILFORD, CT 06776	26-3551690	501(C)(3)	46,872.	0.			GIVE LOCAL 2018, CORNERSTONE ORGANIZATION OPERATIONAL FUNDING GRANT, RECIPE FOR SUCCESS
COMMUNITY MENTAL HEALTH AFFILIATES, INC. (CMHA) - 270 JOHN DOWNEY DRIVE - NEW BRITAIN, CT 06051	06-0934544	501(C)(3)	7,500.	0.			SENSORY INTERGRATION THERAPY AND SUPPLIES FOR CHILDREN WITH BEHAVIORAL HEALTH ISSUES

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COMMUNITY SERVICES COUNCIL OF WOODBURY, INC. - P.O. BOX 585 - WOODBURY, CT 06798	22-3186254	501(C)(3)	7,285.	0.			GIVE LOCAL 2018, NEIGHBORS FOR NEIGHBORS PROGRESSIVE DINNER 10/7/2018 AT WOODBURY
CONNECTICUT ASSOCIATION FOR HUMAN SERVICES - 237 HAMILTON STREET, SUITE 208 - HARTFORD, CT 06106	06-0653158	501(C)(3)	5,000.	0.			FAMILY ECONOMIC SUCCESS PROGRAMS IN WATERBURY
CONNECTICUT CHORAL SOCIETY, INC. P.O. BOX 42 SOUTHURY, CT 06488-0042	06-1043577	501(C)(3)	12,276.	0.			TO SUPPORT CHARITABLE OR EDUCATIONAL PURPOSES OF THE AGENCY, CANDLELIGHT AND CAROLS CONCERT, FOR
CONNECTICUT COALITION TO END HOMELESSNESS - 257 LAWRENCE STREET - HARTFORD, CT 06106	06-1126880	501(C)(3)	10,000.	0.			ENDING HOMELESSNESS IN THE WATERBURY
CONNECTICUT COMMUNITY CARE, INC. 43 ENTERPRISE DRIVE BRISTOL, CT 06010-7472	06-1024632	501(C)(3)	10,000.	0.			BBS2018: CT HEALTHY LIVING COLLECTIVE (BACKBONE SUPPORT- YEAR 2)
CONNECTICUT COUNCIL FOR PHILANTHROPY - 221 MAIN STREET - HARTFORD, CT 06106	23-7024016	501(C)(3)	13,500.	0.			2018 & 2019 MEMBERSHIP SUPPORT, PARTICIPANT IN EARLY CHILDHOOD FUNDERS
CONNECTICUT EARLY CHILDHOOD ALLIANCE - 237 HAMILTON STREET, SUITE 208 - HARTFORD, CT 06106	06-0653158	501(C)(3)	10,000.	0.			INFANT/TODDLER AND EARLY CHILDHOOD POLICY DEVELOPMENT
CONNECTICUT FOOD BANK 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	06-1063025	501(C)(3)	20,500.	0.			TO FEED THE HUNGRY, SOUTHURY MOBILE PANTRY, GENERAL PURPOSES, CT FOOD BANK (BACKBONE SUPPORT)
CONNECTICUT LAND CONSERVATION COUNCIL - 16 MERIDEN ROAD - ROCKFALL, CT 06481	82-2683386	501(C)(3)	16,000.	0.			TRUSTEE FUND AWARD PAYMENT, CT LAND TRUST ADVANCEMENT INITIATIVE: BUILDING CONSERVATION

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CONNECTICUT PARTNERSHIP FOR CHILDREN, INC. DBA NAUGATUCK PARTNERSHIP FOR CH - 98 OLIVE STREET - NAUGATUCK, CT 06770	26-4609367	501(C)(3)	16,585.	0.			PRESCHOOL/KINDERGARTEN PEER PARTNERSHIP, HOLISTIC FAMILY EDUCATION
DOUBLE D LIVING HISTORY FARM 102 PAINTER HILL ROAD ROXBURY, CT 06783	20-1469683	501(C)(3)	5,000.	0.			FOR THE GENERAL FUND
EASTERSEALS 22 TOMPKINS STREET WATERBURY, CT 06708	06-0737391	501(C)(3)	13,670.	0.			GIVE LOCAL 2018, FOR GENERAL SUPPORT
ETA ALPHA LAMBDA, INC. 206 ELM STREET, UNIT - #204342 - NEW HAVEN, CT 06520	81-2898205	501(C)(3)	7,000.	0.			ALPHA ACADEMY-ALPHA ESQUIRE, GO TO HIGH TO SCHOOL COLLEGE AND HOMEWORK HELP
FIRST CONGREGATIONAL CHURCH OF NEW MILFORD - 36 MAIN STREET - NEW MILFORD, CT 06776			16,000.	0.			TO SUPPORT "RAISE THE ROOF" CAMPAIGN AT CHURCH
FIVE POINTS GALLERY, INC. 33 MAIN STREET, P.O. BOX 1028 TORRINGTON, CT 06790	46-1555586	501(C)(3)	5,545.	0.			GIVE LOCAL 2018
FLANDERS NATURE CENTER & LAND TRUST - 5 CHURCH HILL ROAD - WOODBURY, CT 06798	06-0791823	501(C)(3)	35,555.	0.			FOR GENERAL SUPPORT, FARM TO TABLE DINNER AND AUCTION, ANNUAL GIFT, GIVE LOCAL 2018, ENHANCE
FOODCORPS, INC. 1140 SE 7TH AVENUE, SUITE 110 PORTLAND, OR 97214	27-3990987	501(C)(3)	30,000.	0.			HEALTHY SCHOOLS FOR HEALTHY KIDS IN NAUGATUCK
GAYLORD HOSPITAL P.O. BOX 400 WALLINGFORD, CT 06492	06-0646649	501(C)3	5,766.	0.			FOR GENERAL SUPPORT

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GIRL SCOUTS OF CONNECTICUT 340 WASHINGTON STREET HARTFORD, CT 06106	06-0662134	501(C)(3)	13,460.	0.			GIVE LOCAL 2018, SET UP TO STEM, WATERBURY OUTREACH TROOP
GOSHEN COMMUNITY CARE AND HOSPICE 5 OLD MIDDLE STREET GOSHEN, CT 06756	06-1198075	501(C)(3)	7,370.	0.			GIVE LOCAL 2018, SENIOR SOCIALS AND LUNCHEONS YEAR 4, TECHNOLOGY GRANT
GOSHEN LAND TRUST P.O. BOX 501 GOSHEN, CT 06756	06-1030299	501(C)(3)	6,185.	0.			FOR GENERAL PURPOSES, GIVE LOCAL 2018
GOSHEN PLAYERS P.O. BOX 63 GOSHEN, CT 06756-0063	22-2775679	501(C)(3)	6,083.	0.			GIVE LOCAL 2018, 2018-2019 SEASON
GRANVILLE ACADEMY OF WATERBURY P.O. BOX 2891 WATERBURY, CT 06723	06-1404367	501(C)(3)	5,500.	0.			FOR GENERAL PURPOSES, COLLEGE AND CAREER PREPARATION
GREATER WATERBURY INTERFAITH MINISTRIES - 770 EAST MAIN STREET - WATERBURY, CT 06702	06-0658070	501(C)(3)	21,989.	0.			GIVE LOCAL 2018, FOR TRUSTEE FUND AWARD 2018, PRESENTATION MATERIAL GWIM FEEDING PROGRAMS,
GREENWOODS COUNSELING REFERRALS INC. - P.O. BOX 1549 - LITCHFIELD, CT 06759	06-1351190	501(C)(3)	20,741.	0.			FOR GENERAL PURPOSES, SUBOXONE MAINTENANCE & RELAPSE PREVENTION PROGRAM, GREENWOODS
GUNN MEMORIAL LIBRARY P.O. BOX 1273 WASHINGTON, CT 06793	06-0691373	501(C)(3)	16,493.	0.			GIVE LOCAL 2018, LIBRARY LUMINARIES AT GUNN LIBRARY
HARTFORD BISHOPS' FOUNDATION INC. 467 BLOOMFIELD AVENUE BLOOMFIELD, CT 06002	81-1546773		100,000.	0.			FOR GENERAL PURPOSES

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HARTFORD HEALTHCARE AT HOME 680 MAIN STREET, SUITE 300 WATERTOWN, CT 06795	06-0646938	501(C)(3)	10,592.	0.			GENERAL SUPPORT, VISITING NURSE'S SALARY, VNA HOSPICE IN WATERBURY
HEALTH EQUITY SOLUTIONS 750 MAIN STREET, SUITE 1108-2 HARTFORD, CT 06103	46-5011055	501(C)(3)	7,120.	0.			HEALTH EQUITY ACADEMY-WATERBURY
HIDDEN ACRES THERAPEUTIC RIDING CENTER - P.O. BOX 1879 - NAUGATUCK, CT 06770	26-3248176	501(C)(3)	36,595.	0.			PATHWAYS PROGRAM FOR YOUTH AT RISK, FINANCIAL AID, GIVE LOCAL 2018
HISPANIC COALITION OF GREATER WATERBURY INC. - 135 EAST LIBERTY STREET - WATERBURY, CT 06706	06-1349937	501(C)(3)	24,981.	0.			TRANSPORTATION, WATERBURY BRASS SENIOR PROGRAM SITE: YEAR 7, SENIOR GREENHOUSE PLANTING,
HOLY CROSS HIGH SCHOOL 587 ORONOKE ROAD WATERBURY, CT 06708	06-0849047	501(C)(3)	24,999.	0.			GIVE LOCAL 2018
HOUSATONIC VALLEY ASSOCIATION 150 KENT ROAD CORNWALL BRIDGE, CT 06754	06-6049295	501(C)(3)	14,683.	0.			GIVE LOCAL 2018, PRELIM DESIGN FOR A DEMONSTRATION CULVERT REPLACEMENT PROJECT IN
HUMAN RESOURCE DEVELOPMENT AGENCY 575 RUBBER AVENUE NAUGATUCK, CT 06770	06-0939080	501(C)(3)	30,000.	0.			MEDICAL TRANSPORTATION/SOCIALIZAT
JANE DOE NO MORE, INC. 203 CHURCH STREET REAR NAUGATUCK, CT 06770	61-1525250	501(C)(3)	7,448.	0.			GIVE LOCAL 2018
LAKE QUASSAUG ASSOCIATION P.O. BOX 285 MIDDLEBURY, CT 06762-0285	46-2210426	501(C)(3)	43,418.	0.			GIVE LOCAL 2018

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LAKE WARAMAUG TASK FORCE, INC. 50 CEMETERY ROAD WARREN, CT 06754	06-1063687	501(C)(3)	11,759.	0.			LAKE WARAMAUGH CATCH BASIN INVENTORY, GIVE LOCAL 2018
LANDMARK COMMUNITY THEATRE P.O. BOX 158 THOMASTON, CT 06787-0158	27-1112550	501(C)(3)	9,581.	0.			GIVE LOCAL 2018
LITCHFIELD COMMUNITY CENTER 421 BANTAM ROAD LITCHFIELD, CT 06759	06-1520254	501(C)(3)	12,639.	0.			AGING MASTERY PROGRAM YEAR 2, GIVE LOCAL 2018, FOR GENERAL SUPPORT, FOR WILDERNESS SKILLS
LITCHFIELD HILLS CHORE SERVICE, INC. - P.O. BOX 294 - LITCHFIELD, CT 06759	20-3824096	501(C)(3)	10,353.	0.			ELDERLY SERVICES SUPPORT AND OUTREACH, GIVE LOCAL 2018, FOR GENERAL SUPPORT
LITCHFIELD LAND TRUST, INC. P.O. BOX 712 LITCHFIELD, CT 06759-0712	23-7002462	501(C)(3)	6,275.	0.			GIVE LOCAL 2018, 2018 SUNSET PARTY
LITCHFIELD MONTESSORI SCHOOL 5 KNIFE SHOP ROAD NORTHFIELD, CT 06778	23-7320463	501(C)(3)	26,830.	0.			GIVE LOCAL 2018, GIVE LOCAL MATCHING GRANT
LITERACY VOLUNTEERS ON THE GREEN P.O. BOX 366 NEW MILFORD, CT 06776-0366	26-2018636	501(C)(3)	8,896.	0.			GIVE LOCAL 2018, CELEBRATION OF LITERACY
LITTLE BRITCHES THERAPEUTIC RIDING, INC. - P.O. BOX 120 - WOODBURY, CT 06798	06-1342553	501(C)(3)	20,605.	0.			GIVE LOCAL 2018, SUMMER PROGRAM 2018 WITH AN OCCUPATIONAL THERAPIST, FOR GENERAL SUPPORT,
LIVING IN SAFE ALTERNATIVES, INC. 200 EXECUTIVE BLVD, SUITE 4C SOUTHINGTON, CT 06489	06-0899577	501(C)(3)	195,800.	0.			FOR LISA INC. PROGRAM OPERATIONS, FOR GENERAL PURPOSES, FOR DOWN PAYMENT FOR NEW BUILDING

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LIVINGSTON RIPLEY WATERFOWL SANCTUARY - P.O. BOX 210 - LITCHFIELD, CT 06759	51-0280202	501(C)(3)	8,165.	0.			GIVE LOCAL 2018
MADRE LATINA INC. P.O BOX 3082 WATERBURY, CT 06705	46-3164021	501(C)(3)	16,960.	0.			LATINO WORKFORCE PROGRAM, GIVE LOCAL 2018, ACHIEVER GALA & AWARD CEREMONY, HEALTH ON WHEELS 2018
MAIN STREET BALLET COMPANY 124 SOUTH POMPERAUG AVENUE WOODBURY, CT 06798	46-3755768	501(C)(3)	5,438.	0.			THE NUTCRACKER ON 12/1 & 12/2 AT POMPERAUGH HS, GIVE LOCAL 2018
MASSACHUSETTS EYE AND EAR INFIRMARY - 243 CHARLES STREET - BOSTON, MA 02114	04-2103591	501(C)(3)	11,959.	0.			DESIGNATED FOR EYE RESEARCH
MATTATUCK MUSEUM 144 WEST MAIN STREET WATERBURY, CT 06702	06-0443990	501(C)(3)	107,362.	0.			GIVE LOCAL 2018, FOR LIBRARY AND EXHIBITS OF INDUSTRIAL PROCESSES & PRODUCTS DEVELOPED IN
MATTATUCK UNITARIAN UNIVERSALIST SOCIETY - 214 MAIN STREET SOUTH - WOODBURY, CT 06798-3708	06-1023279	501(C)(3)	8,328.	0.			GREATER WOODBURY ENVIRONMENTAL FORUM, ENVELOPE #305
MENTAL HEALTH CONNECTICUT 61 SOUTH MAIN STREET, SUITE 100 WEST HARTFORD, CT 06107	06-0646593	501(C)(3)	15,000.	0.			MENDING ART
MIDDLEBURY LAND TRUST P.O. BOX 193 MIDDLEBURY, CT 06762	23-7050688	501(C)(3)	16,341.	0.			FOR GENERAL ANNUAL GIFT, GIVE LOCAL 2018
MINOR MEMORIAL LIBRARY 23 SOUTH STREET ROXBURY, CT 06783	06-0692376	501(C)3	5,000.	0.			FOR THE GENERAL FUND

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MINORITY INCLUSION PROJECT 901 MAIN STREET, 2ND FLOOR MANCHESTER, CT 06040	81-2174225		5,000.	0.			COURAGE IN CONVERSATIONS
MORRIS LAND TRUST P.O. BOX 31 MORRIS, CT 06763	35-2286224	501(C)(3)	9,247.	0.			GIVE LOCAL 2018
MOUNT OLIVE/AME ZION SENIOR CENTER 82-100 PEARL STREET WATERBURY, CT 06704-3343	22-3092504	501(C)(3)	9,500.	0.			WATERBURY BRASS SENIOR PROGRAM SITE, SENIOR CENTER OPERATIONAL YEAR
MUSIC MOUNTAIN P.O. BOX 738 LAKEVILLE, CT 06039	23-7219961	501(C)(3)	11,000.	0.			FOR UNDERWRITING-DOVER QUARTER, FOR GENERAL PURPOSES
NAUGATUCK RIVER REVIVAL GROUP INC. 132 RADNOR AVENUE NAUGATUCK, CT 06770	35-2334025	501(C)(3)	11,232.	0.			GIVE LOCAL 2018, FOR GENERAL PURPOSES
NAUGATUCK VALLEY COMMUNITY COLLEGE FOUNDATION - 750 CHASE PARKWAY - WATERBURY, CT 06708	23-7165869	501(C)(3)	4,062.	0.			GIVE LOCAL 2018
NAUGATUCK YMCA 284 CHURCH STREET NAUGATUCK, CT 06770	06-0646770	501(C)(3)	35,081.	0.			GIVE LOCAL 2018, FOR THREE SUMMER CAMP PROGRAM FEES, THERAPEUTIC EXERCISE (PATHWAYS YEAR
NAUGATUCK YOUTH SERVICES INC. 13 SCOTT STREET NAUGATUCK, CT 06770	20-8934900	501(C)(3)	26,052.	0.			CORNERSTONE ORGANIZATION- OPERATIONAL FUNDING GRANT, GIVE LOCAL 2018
NEIGHBORHOOD HOUSING SERVICES OF WATERBURY, INC. - 193 GRAND STREET, 3RD FLOOR - WATERBURY, CT 06702	06-1022915	501(C)(3)	46,546.	0.			CORNERSTONE ORGANIZATION- OPERATIONAL FUNDING GRANT, GIVE LOCAL 2018, 2ND ANNUAL HOME

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NEW MILFORD HISTORICAL SOCIETY P. O. BOX 359 NEW MILFORD, CT 06776-0359	06-0670251	501(C)(3)	6,857.	0.			AN ARTIST'S EYE ON NEW MILFORD ART SHOW, GIVE LOCAL 2018, 2018 NEW MILFORD HISTORICAL
NEW MILFORD RIVER TRAIL ASSOCIATION, INC. - P.O. BOX 697 - NEW MILFORD, CT 06776	46-2875512	501(C)(3)	7,246.	0.			GIVE LOCAL 2018
NEW MILFORD VNA, INC. 68 PARK LANE ROAD NEW MILFORD, CT 06776	06-0653153	501(C)(3)	10,310.	0.			100TH ANNIVERSARY GALA, GIVE LOCAL 2018, FAMILY SUPPORT SERVICES
NEW OPPORTUNITIES, INC. 232 NORTH ELM STREET WATERBURY, CT 06702	06-6071847	501(C)(3)	75,052.	0.			GIVE LOCAL 2018, CHEF ON SITE, WATERBURY BRASS SENIOR PROGRAMS LEAD AGENCY, EVACUEE SUPPORT
NEW YORK STEAM ENGINE ASSOCIATION P.O. BOX 1149 CANANDAIGUA, NY 14424	16-6044822	501(C)(3)	5,000.	0.			TO PURCHASE STEAM ENGINE
NORTH SHORE ANIMAL LEAGUE AMERICA 16 LEWYT STREET PORT WASHINGTON, NY 11050	11-1666852	501(C)(3)	11,898.	0.			FOR GENERAL USE AND PURPOSES
NORTHWEST CONNECTICUT ARTS COUNCIL 40 MAIN STREET, SUITE 1 TORRINGTON, CT 06790	06-1725017	501(C)(3)	19,990.	0.			BBS2018: NORTHWEST CT ARTS COUNCIL, FOR GENERAL SUPPORT, GIVE LOCAL 2018
NORTHWEST CONSERVATION DISTRICT 1185 NEW LITCHFIELD STREET TORRINGTON, CT 06790	06-0869263	501(C)(3)	12,538.	0.			GIVE LOCAL 2018, BUILDING RESILIENT LOCAL COMMUNITIES WITH LOW IMPACT DEVELOPMENT
OLIVER WOLCOTT LIBRARY, INC. P.O. BOX 187 LITCHFIELD, CT 06759	06-0709304	501(C)(3)	6,460.	0.			FESTIVAL OF TREES, GIVE LOCAL 2018

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PALACE THEATER 100 EAST MAIN STREET WATERBURY, CT 06702	02-0620399	501(C)(3)	14,489.	0.			GIVE LOCAL 2018, FOR GENERAL PURPOSES, PALACE 10.3 PARTY OF THE DECADES, A SECOND ACT
PENNSYLVANIA STATE UNIVERSITY OFFICE OF SPONSORED PROGRAMS - 110 TECHNOLOGY CENTER BUILDING - UNIVERSITY PARK, PA 16802-7000	24-6000376	501(C)3	29,984.	0.			SCHOOL OF HOSPITALITY MANAGEMENT SENIOR LIVING INITIATIVE
PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS (PETA) - 501 FRONT STREET - NORFOLK, VA 23510	52-1218336	501(C)(3)	11,898.	0.			FOR GENERAL USES AND PURPOSES
PET ASSISTANCE, INC. P.O. BOX 2015 NEW PRESTON, CT 06777	13-2856917	501(C)(3)	10,344.	0.			GIVELOCAL 2018
PHOENIX STAGE COMPANY, INC. 133 MAIN STREET OAKVILLE, CT 06779	27-4966816	501(C)(3)	9,248.	0.			GIVELOCAL 2018
PHS GRADNITE, INC. P.O. BOX 951 SOUTHURY, CT 06488	46-1154471	501(C)(3)	5,519.	0.			PHS GRADNITE 18, GIVE LOCAL 2018, PHS GRADNITE 2019
PHYSICIAN'S COMMITTEE FOR RESPONSIBLE MEDICINE - 5100 WISCONSIN AVE., SUITE 400 - WASHINGTON, DC 20016	52-1394893	501(C)(3)	23,796.	0.			FOR GENERAL SUPPORT
PILOBOLUS, INC. P.O. BOX 388 6 CALHOUN STREET WASHINGTON DEPOT, CT 06794	03-0230490	501(C)(3)	12,000.	0.			FAMILY PROGRAMS AT THE FIVE SENSES FESTIVAL, CONNECTING WITH BALANCE, YEAR
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVENUE - NEW HAVEN, CT 06511-2384	06-0263565	501(C)(3)	35,272.	0.			WATERBURY CHAPTER, GIVE LOCAL 2018

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POLICE ACTIVITY LEAGUE OF WATERBURY, INC. - 64 DIVISION STREET - WATERBURY, CT 06704	20-8262614	501(C)(3)	15,475.	0.			FOR FILM PRODUCTION, GIVE LOCAL 2018, PAL RIVER BRIGADE
POMPERAUG DISTRICT DEPARTMENT OF HEALTH - 77 MAIN ST. NORTH, SUITE 205 - SOUTHURY, CT 06488	06-1173579	501(C)3	33,000.	0.			BETTER AGING & LIFESTYLE AWARENESS NETWORK: CHRONIC DISEASE EDUCATION-BALANCE, VISION
POMPERAUG RIVER WATERSHED COALITION - 39 SHERMAN HILL ROAD, SUITE C103 - WOODBURY, CT 06798	06-1583895	501(C)(3)	44,617.	0.			POMPERAUG RIVER WATERSHED COALITION YOUTH CONSERVATION CORPS, GIVE LOCAL 2018, DRINKING
PRIME TIME HOUSE 810 MAIN STREET TORRINGTON, CT 06790	22-2719755	501(C)(3)	5,443.	0.			GIVE LOCAL 2018
REACH OUT AND READ, CONNECTICUT PO BOX 290 MADISON, CT 06443	04-3481253	501(C)(3)	10,057.	0.			GIVE LOCAL 2018, GREATER WATERBURY EARLY CHILDREN TX FOR SUCCESS
REBUILDING TOGETHER LITCHFIELD COUNTY, INC. - 122 STILSON HILL ROAD - NEW MILFORD, CT 06776	38-3693059	501(C)(3)	13,923.	0.			HOME PRESERVATION AND REPAIRS, GIVE LOCAL 2018
REGION 15 SCHOOL DISTRICT 286 WHITTEMORE ROAD - P.O. BOX 395 - MIDDLEBURY, CT 06762	06-0854923	501(C)3	7,500.	0.			NAMES CAN REALLY HURT US
REGIONAL DATA COOPERATIVE FOR GREATER NEW HAVEN - 129 CHURCH STREET, SUITE 605 - NEW HAVEN, CT 06510	06-1567201	501(C)(3)	100,035.	0.			GWHIP 2018: PHONE SURVEYS FOR WELLBEING SURVEY
REGIONAL YMCA OF WESTERN CT 246 FEDERAL ROAD, STE. B-21 BROOKFIELD, CT 06804	06-6051610	501(C)3	15,880.	0.			TYPE 2 DIABETES RISK SCREENING AND PREVENTION PROGRAMMING FOR NEW MILFORD RESIDENTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
ROBOTICS AND BEYOND P.O. BOX 607 NEW MILFORD, CT 06776-2706	20-8821398	501(C)(3)	5,193.	0.			GIVE LOCAL 2018
ROXBURY AMBULANCE ASSOCIATION, INC. - P.O. BOX 94 - ROXBURY, CT 06783-0094	06-1076186	501(C)(3)	5,000.	0.			FOR THE GENERAL FUND
ROXBURY BRIDGEWATER GARDEN CLUB P.O. BOX 130 ROXBURY, CT 06783	06-6047490	501(C)(3)	7,923.	0.			GIVE LOCAL 2018
ROXBURY LAND TRUST 6 MINE HILL ROAD, P.O. BOX 51 ROXBURY, CT 06783	23-7098549	501(C)(3)	34,718.	0.			GIVE LOCAL 2018
ROXBURY VOLUNTEER FIRE DEPARTMENT P.O. BOX 146 ROXBURY, CT 06783-0146	06-0959487	501(C)(3)	5,000.	0.			FOR THE GENERAL FUND
SACRED HEART CHURCH 910 MAIN STREET SOUTH SOUTHBURY, CT 06488	06-0689694	501(C)(3)	43,000.	0.			FOR THE HOMELESS OUTREACH FUND, MISSION TRIP 2018, FOR BRIAN GIBBONS HOMELESS OUTREACH WINE & GIVE LOCAL 2018, SAFER
SAFE HAVEN OF GREATER WATERBURY, INC. - 29 CENTRAL AVENUE - WATERBURY, CT 06702	06-0996479	501(C)(3)	32,062.	0.			COMMUNITIES SOUTHBURY, CONNECT AND HELP FOR SURVIVORS OF SEXUAL
SAINT MARY'S HOSPITAL 56 FRANKLIN STREET WATERBURY, CT 06706	06-0646844	501(C)(3)	8,177.	0.			FOR GENERAL SUPPORT, FOR RESEARCH FELLOWSHIPS THROUGH THE YALE RESIDENCY PROGRAM, FOR
SAINT MARY'S HOSPITAL FOUNDATION 56 FRANKLIN STREET WATERBURY, CT 06706	22-2528400	501(C)(3)	7,700.	0.			GALA DONATION, GIVE LOCAL 2018, PINK OUT FOR BREAST AWARENESS, FOR GENERAL PURPOSES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SALVATION ARMY 74 CENTRAL AVENUE WATERBURY, CT 06702	13-5562351	501(C)(3)	18,444.	0.			FOR GENERAL SUPPORT, FAMILY EMERGENCY SHELTER, GIVE LOCAL 2018, 10TH ANNUAL KETTLE KICK-OFF
SALVATION ARMY - HARTFORD 855 ASYLUM AVENUE HARTFORD, CT 06105	13-5562351	501(C)(3)	13,201.	0.			GIVE LOCAL 2018
SAVE GIRLS ON F.Y.E.R. 276 HIGHLAND AVENUE WATERBURY, CT 06708-3022	46-2376450	501(C)(3)	14,783.	0.			GIVE LOCAL 2018 F.Y.E.R BALL, GIRLS ON FYER LEADERSHIP PROGRAM
SEVEN ANGELS THEATRE COMPANY P.O. BOX 3358 WATERBURY, CT 06705-3358	06-1303263	501(C)(3)	13,505.	0.			ARTS & CULTURE, GIVE LOCAL 2018
SHAKESPERIENCE PRODUCTIONS, INC. 117 BANK STREET WATERBURY, CT 06702	06-1555859	501(C)(3)	34,924.	0.			GIVE LOCAL 2018, SWEETS TO THE SWEET, WATERBURY INTERACTIVE: OUR CITY, OUR NEIGHBORHOODS
SILAS BRONSON LIBRARY 267 GRAND STREET WATERBURY, CT 06702	23-7339733	501(C)3	8,264.	0.			FOR GENERAL SUPPORT, FOR THE PURCHASE OF CHILDREN'S BOOKS, WATERBURY BRASS SENIOR
SIMPLY SMILES INC. 1771 POST ROAD EAST WESTPORT, CT 06880	56-2332922	501(C)(3)	5,500.	0.			FOR ORPHANAGE CAPITAL CAMPAIGN, FOR GENERAL PURPOSES
SOUTHBURY FOOD BANK P.O. BOX 68 SOUTHBURY, CT 06488	22-3018164	501(C)(3)	7,370.	0.			GIVE LOCAL 2018
SOUTHBURY LAND TRUST P.O. BOX 600 SOUTHBURY, CT 06488	06-0977326	501(C)(3)	13,729.	0.			GIVE LOCAL 2018, GARDEN TOUR & PARTY AT PINE MEADOW GARDENS, SOUTHBURY FARMS POSTING AND

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SOUTHBURY PUBLIC LIBRARY 100 POVERTY ROAD SOUTHBURY, CT 06488	06-6002089	501(C)3	9,435.	0.			TO BE APPLIED IN FURTHERANCE OF A "SPECIAL PROJECT" SELECTED BY THE HEAD LIBRARIAN WITH
SOUTHBURY TOWN OF 501 MAIN STREET SOUTH SOUTHBURY, CT 06488	06-6002089	501(C)3	5,965.	0.			FOR THE SOCIAL SERVICES DEPT. FOR ELDERLY RESIDENTS OF SOUTHBURY SUFFERING HARDSHIP OR
S.M.A.R.T INC. 948 OLD WATERBURY ROAD SOUTHBURY, CT 06488	30-0665423	501(C)(3)	11,814.	0.			OUTREACH & EDUCATION, GIVE LOCAL 2018
SPOTTY DOG RESCUE, INC. P.O. BOX 1571 WATERBURY, CT 06721	46-1056652	501(C)(3)	5,293.	0.			GIVE LOCAL 2018
ST. MARGARET WILLOW PLAZA NEIGHBORHOOD COMMUNITY CTR. - 60 ELMWOOD AVENUE - WATERBURY, CT 06710	30-0196431	501(C)(3)	8,300.	0.			WATERBURY BRASS SENIOR PROGRAM SITE, TODAY'S YOUTH, 1ST ANNUAL WINE TASTING EVENT
ST. VINCENT DEPAUL MISSION OF WATERBURY - P.O. BOX 1612 - WATERBURY, CT 06721-1612	06-1001527	501(C)(3)	16,753.	0.			GIVE LOCAL 2018, FOR GENERAL PURPOSES, FOR GENERAL SUPPORT, DAY PROGRAM FOR SINGLE WOMEN
STAYWELL HEALTH CARE, INC. 80 PHOENIX AVENUE WATERBURY, CT 06702	22-3160873	501(C)(3)	29,862.	0.			BH PAPERLESS PROJECT, QUEER UNITY EMPOWERMENT SUPPORT TEAM (QUEST) (FORMERLY LGBTW PROJECT),
STEEP ROCK ASSOCIATION, INC. P.O. BOX 279 WASHINGTON DEPOT, CT 06794-0279	06-6069060	501(C)(3)	16,870.	0.			GIVE LOCAL2018, INTERGENERATIONAL FAMILIES AND SENIORS IN STEEP ROCK
STEVEK FOUNDATION, INC. CRAMER & ANDERSON LLP - 30 MAIN STREET STE 204 - DANBURY, CT 06810	75-3140355	501(C)(3)	20,000.	0.			FOR AWARDS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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
SUSAN B. ANTHONY PROJECT 179 WATER STREET TORRINGTON, CT 06790	06-1085983	501(C)(3)	22,746.	0.			WALK A MILER IN HER SHOES, GIVE LOCAL 2018, THE TOUCHSTONE GIRLS EMPOWERMENT GROUP, THE
THE AMERICAN MURAL PROJECT P.O. BOX 538 - 100 WHITING STREET - WINSTED, CT 06098	26-3993911	501(C)(3)	7,300.	0.			"ALL OUR OWN" MURAL PROJECT AT ROTELLA SCHOOL
THE GLEBE HOUSE AND GERTRUDE JEKYLL GARDEN - P.O. BOX 245 - WOODBURY, CT 06798-0245	06-0653106	501(C)(3)	8,528.	0.			FOR THE GENERAL FUND, AN EVENING OF COCKTAILS AND FESTIVE DINNERS WITH FRIENDS, YOUTH SUMMER
THE JUDY BLACK MEMORIAL PARK AND GARDENS - P.O. BOX 331 - WASHINGTON DEPOT, CT 06794	46-2392418	501(C)(3)	13,410.	0.			GIVE LOCAL 2018
THE TAFT SCHOOL 110 WOODBURY ROAD WATERTOWN, CT 06795-2100	06-0646921	501(C)(3)	10,613.	0.			FOR THE WATERTOWN AREA SCHOLARSHIP FUND, FOR SCHOLARSHIPS, COLLEGIUM MUSICUM CONCERT TOUR TO
THE WARNER THEATRE (NW CT ASSOCIATION FOR THE ARTS) - P.O. BOX 1012 - TORRINGTON, CT 06790	06-1048713	501(C)(3)	7,035.	0.			GIVE LOCAL 2018, FOR GENERAL SUPPORT
UCONN - OSHER LIFELONG LEARNING INSTITUTE - 99 EAST MAIN STREET - WATERBURY, CT 06702-2311	06-6070722	501(C)(3)	7,582.	0.			GREENING OF WATERBURY- FROM PLANTING TO HARVEST, GIVE LOCAL 2018
UNITED WAY OF CENTRAL & NORTHEASTERN CT - 30 LAUREL STREET - HARTFORD, CT 06106		501(C)3	12,000.	0.			EMERGENCY HOUSING ASSISTANCE
UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET, 2ND FL WATERBURY, CT 06702-1512	06-0646634	501(C)(3)	31,258.	0.			GIVE LOCAL 2018 FOR FINDING OF SCHOLARSHIPS, MINI GRANTS AND FOUNDATION OPERATIONS,

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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UNITED WAY OF NAUGATUCK & BEACON FALLS - P.O. BOX 209 - NAUGATUCK, CT 06770-0209	06-0788028	501(C)(3)	17,411.	0.			WELCOME BABY! FOR GENERAL SUPPORT, FOR SUPPORT OF THE CHARITABLE OR EDUCATIONAL PURPOSES OF
UNITED WAY OF WESTERN CONNECTICUT (NORTHERN FAIRFIELD COUNTY OFFICE) - 301 MAIN STREET, SUITE 2-5 - DANBURY, CT 06810	06-0646577	501(C)(3)	17,177.	0.			GIVE LOCAL 2018
UNIVERSITY OF NEW HAVEN OFFICE OF GRANTS AND SPONSORED PROGRAMS - 300 BOSTON POST ROAD - WEST HAVEN, CT 06516	06-0761704	501(C)(3)	5,000.	0.			TRANSFORMING YOUTH JUSTICE LEADERSHIP DEVELOPMENT PROGRAM
VASSAR COLLEGE STUDENT FINANCIAL SERVICES - 124 RAYMOND AVENUE, BOX 8 - POUGHKEEPSIE, NY 12604-0008	14-1338587	501(C)(3)	12,000.	0.			TO SUPPORT EDUCATIONAL PROGRAMS, FOR JOHN B. SCHWARTZ MEMORIAL TRAVEL AWARD FOR STUDENTS IN
VILLAGE CENTER FOR THE ARTS, INC. 12 MAIN STREET NEW MILFORD, CT 06776	06-1325983	501(C)(3)	7,807.	0.			GIVE LOCAL 2018, CLUB MUD FOR SENIORS, GET MESSY!
WASHINGTON AMBULANCE ASSOCIATION 109 BEE BROOK ROAD, P.O. BOX 294 WASHINGTON DEPOT, CT 06794	06-6055363	501(C)3	18,402.	0.			GIVE LOCAL 2018
WASHINGTON ART ASSOCIATION P.O. BOX 173 WASHINGTON DEPOT, CT 06794	06-0754956	501(C)(3)	6,205.	0.			GIVE LOCAL 2018
WASHINGTON FRIENDS OF MUSIC P.O. BOX 1284 WASHINGTON, CT 06793	47-5034272	501(C)(3)	7,786.	0.			GIVE LOCAL 2018, WASHINGTON FRIENDS OF MUSIC 2018 SUMMER CONCERTS
WASHINGTON MONTESSORI SCHOOL 240 LITCHFIELD TURNPIKE NEW PRESTON, CT 06777	23-7100723	501(C)(3)	78,987.	0.			GIVE LOCAL 2018

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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WATERBURY PUBLIC SCHOOLS 236 GRAND STREET WATERBURY, CT 06702		501(C)3	20,000.	0.			WATERBURY ROBOTICS EXPANSION PROJECT
WATERBURY SYMPHONY ORCHESTRA 160 ROBBINS STREET WATERBURY, CT 06708-2614	06-6090876	501(C)(3)	140,163.	0.			PICNIC & POPS, LIGHTS, CAMERA, SYMPHONY! GIVE LOCAL 2018, TO PROVIDE COMPENSATION, FEES OR
WATERBURY YOUTH SERVICES, INC. 83 PROSPECT STREET WATERBURY, CT 06702	06-1219372	501(C)(3)	27,244.	0.			LINKING ACADEMICS TO LIFE (LAL) PROGRAM, TECHNOLOGY GRANT TO REPLACE OLD, OUTDATED SERVER, 21ST
WEANTINOGE HERITAGE LAND TRUST, INC. - P.O. BOX 821 - KENT, CT 06757	06-6082034	501(C)(3)	24,051.	0.			GIVE LOCAL 2018, FALL CELEBRATION, FOR GENERAL PURPOSES, REGIONAL PARTNERSHIP INTERN
WELLMORE BEHAVIORAL HEALTH 141 EAST MAIN STREET WATERBURY, CT 06702	06-0669107	501(C)(3)	52,513.	0.			GIVE LOCAL 2018, BUILDING ASSETS AND REDUCING AT-RISK BEHAVIORS IN MS/HS STUDENTS
WELLSPRING FOUNDATION P.O. BOX 370 BETHLEHEM, CT 06751-0370	06-1014227	501(C)(3)	59,618.	0.			GIVE LOCAL 2018, PARENT SUPPORT GROUP, FOR GENERAL SUPPORT
WESTERN CONNECTICUT AREA AGENCY ON AGING - 84 PROGRESS LANE - WATERBURY, CT 06705	06-1182488	501(C)(3)	85,188.	0.			EXPANDING EVIDENCE-BASED HEALTH PROGRAMS IN WATERBURY, GIVE LOCAL 2018, WATERBURY OUTREACH
WHEELS PROGRAM OF GREATER NEW MILFORD - 40 MAIN STREET - NEW MILFORD, CT 06776	47-5673921	501(C)(3)	5,363.	0.			GIVE LOCAL 2018, VEHICLE PURCHASE
WOLCOTT TOWN OF 10 KENEA AVENUE WOLCOTT, CT 06716	06-6002140	501(C)3	8,000.	0.			STAYING ACTIVE THROUGH EXERCISE

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
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WOODBURY PUBLIC LIBRARY 269 MAIN STREET SOUTH WOODBURY, CT 06798	06-6002142	501(C)3	19,853.	0.			REPURPOSE ROOM TO STUDY/MEETING ROOM, FOR THE PURCHASE OF BOOKS YEARLY FOR
YALE UNIVERSITY SCHOOL OF MEDICINE DEPT OF OPHTHALMOLOGY - 40 TEMPLE STREET, SUITE 1B - NEW HAVEN, CT 06510	06-0646973	501(C)3	11,965.	0.			FOR OPHTHALMOLOGY RESEARCH
YMCA OF GREATER WATERBURY 136 WEST MAIN STREET WATERBURY, CT 06702	06-0646988	501(C)3	123,478.	0.			WATERBURY BRASS SENIOR PROGRAM, FOR GENERAL SUPPORT, GIVE LOCAL 2018, YMCA MOSAIC ART PROJECT,
DARCEY SCHOOL 1686 WATERBURY ROAD CHESIRE, CT 06410		501(C)3	8,960.	0.			CIRCLE OF SECURITY
THE MCCALL CENTER FOR BEHAVIORAL HEALTH - 85 HIGH STREET - TORRINGTON, CT 06790	06-0961756	501(C)3	7,487.	0.			GIVE LOCAL 2018 GIVE LOCAL 2018

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	121	936,402.	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: AFTER SCHOOL ARTS PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GIVELOCAL2018, METAMORPHOSIS

2018 SANCTUARY PROJECT, CELEBRATION OF YOUNG WRITERS, GIRLS ON FYER

THEATER INTENSIVE, AND FOR THE YOUNG WRITER'S AWARDS PROGRAM FOR SUPPORT

NAME OF ORGANIZATION OR GOVERNMENT: BRASS CITY HARVEST

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2018, BRASS CITY

HARVEST'S ANNUAL FARM TO TABLE DINNER, BRASS CITY COOKS! SENIOR NUTRITION

Part IV Supplemental Information

& HEALTHY COOKING CLASS

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC MISSION AID SOCIETY OF THE ARCHDIOCESE OF HARTFORD

(H) PURPOSE OF GRANT OR ASSISTANCE: 2018-2019 SCHOLARSHIPS FOR THE SEMINARIANS OF THE ADELINA N. LIM FOUNDATION IN THE CITY OF LEGAZPI, ALBAY, PHILIPPINES

NAME OF ORGANIZATION OR GOVERNMENT: CHILDREN'S COMMUNITY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: ANNUAL DINNER, GIVE LOCAL 2018, OPERATIONAL SUPPORT, FOR SCHOLARSHIPS AND CURRICULUM DEVELOPMENT & ASSESSMENT

NAME OF ORGANIZATION OR GOVERNMENT: CHRIST CHURCH, EPISCOPAL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR SUPPORTING THE PARISH CHURCH, RECTORY AND OTHER FACILITIES; THE COLUMBARIUM; AND THE PARISH PRIEST

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY CULINARY SCHOOL OF NORTHWESTERN CONNECTICUT

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2018, CORNERSTONE ORGANIZATION OPERATIONAL FUNDING GRANT, RECIPE FOR SUCCESS ON 3/24/2018 AT 19 MAIN ST

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY SERVICES COUNCIL OF WOODBURY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2018, NEIGHBORS FOR NEIGHBORS PROGRESSIVE DINNER 10/7/2018 AT WOODBURY COMMUNITY CENTER

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTICUT CHORAL SOCIETY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CHARITABLE OR EDUCATIONAL PURPOSES OF THE AGENCY, CANDLELIGHT AND CAROLS CONCERT, FOR GENERAL PURPOSES, GIVE LOCAL 2018

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTICUT LAND CONSERVATION COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: TRUSTEE FUND AWARD PAYMENT, CT LAND TRUST ADVANCEMENT INITIATIVE: BUILDING CONSERVATION IMPACT THROUGH LAND TRUST COLLABORATION

NAME OF ORGANIZATION OR GOVERNMENT: FLANDERS NATURE CENTER & LAND TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, FARM TO TABLE DINNER AND AUCTION, ANNUAL GIFT, GIVE LOCAL 2018, ENHANCE ENVIRONMENTAL EDUCATION CURRICULUM FOR STUDENTS IN GRADES K-12

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER WATERBURY INTERFAITH MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2018, FOR TRUSTEE FUND AWARD 2018, PRESENTATION MATERIAL GWIM FEEDING PROGRAMS, FOR THE SOUP KITCHEN

NAME OF ORGANIZATION OR GOVERNMENT: GREENWOODS COUNSELING REFERRALS INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL PURPOSES, SUBOXONE MAINTENANCE & RELAPSE PREVENTION PROGRAM, GREENWOODS TECHNOLOGY UPDATE

NAME OF ORGANIZATION OR GOVERNMENT:

HISPANIC COALITION OF GREATER WATERBURY INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSPORTATION, WATERBURY BRASS

Part IV Supplemental Information

SENIOR PROGRAM SITE: YEAR 7, SENIOR GREENHOUSE PLANTING, WORKING CITIES

CHALLENGE: SOUTH END VOCATIONAL ESL PROJECT, POOL TABLE PURCHASE

NAME OF ORGANIZATION OR GOVERNMENT: HOUSATONIC VALLEY ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2018, PRELIM DESIGN FOR A DEMONSTRATION CULVERT REPLACEMENT PROJECT IN THE TOWN OF WASHINGTON, VHA ANNUAL AUCTION FOR THE ENVIRONMENT, CONSTITUENT RELATIONS MANAGEMENT PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: LITCHFIELD COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: AGING MASTERY PROGRAM YEAR 2, GIVE LOCAL 2018, FOR GENERAL SUPPORT, FOR WILDERNESS SKILLS SCHOLARSHIP, SUMMERFEST GALA

NAME OF ORGANIZATION OR GOVERNMENT:

LITTLE BRITCHES THERAPEUTIC RIDING, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2018, SUMMER PROGRAM 2018 WITH AN OCCUPATIONAL THERAPIST, FOR GENERAL SUPPORT, LITTLE BRITCHES DINNER

NAME OF ORGANIZATION OR GOVERNMENT: LIVING IN SAFE ALTERNATIVES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR LISA INC. PROGRAM OPERATIONS, FOR GENERAL PURPOSES, FOR DOWN PAYMENT FOR NEW BUILDING TO HOUSE THE SAIL PROGRAM, GIVE LOCAL 2018

NAME OF ORGANIZATION OR GOVERNMENT: MATTATUCK MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2018, FOR LIBRARY AND EXHIBITS OF INDUSTRIAL PROCESSES & PRODUCTS DEVELOPED IN GREATER

Part IV Supplemental Information

WATERBURY, WATERBURY BRASS SENIOR PROGRAM, MATTATUCK MUSEUM CAPITAL
CAMPAIGN, MATT BY NIGHT, MINI MASTER: YOUNG ARTIST

NAME OF ORGANIZATION OR GOVERNMENT: NAUGATUCK YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2018, FOR THREE SUMMER
CAMP PROGRAM FEES, THERAPEAUTIC EXERCISE (PATHWAYS YEAR 4)

NAME OF ORGANIZATION OR GOVERNMENT:

NEIGHBORHOOD HOUSING SERVICES OF WATERBURY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CORNERSTONE ORGANIZATION-
OPERATIONAL FUNDING GRANT, GIVE LOCAL 2018, 2ND ANNUAL HOME MATTERS DINNER
& BENEFIT, WATERBURY JUNETEETH COMMITTEE, TRUSTEE FUND AWARD 2018, NSW
SOCIAL ENTERPRISE INITIATIVE, WATERBURY VOTES: VOTER ENGAGEMENT

NAME OF ORGANIZATION OR GOVERNMENT: NEW MILFORD HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: AN ARTIST'S EYE ON NEW MILFORD ART
SHOW, GIVE LOCAL 2018, 2018 NEW MILFORD HISTORICAL SOCIETY WEBSITE
UPGRADE

NAME OF ORGANIZATION OR GOVERNMENT: NEW OPPORTUNITIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2018, CHEF ON SITE,
WATERBURY BRASS SENIOR PROGRAMS LEAD AGENCY, EVACUEE SUPPORT FUND

NAME OF ORGANIZATION OR GOVERNMENT:

POMPERAUG DISTRICT DEPARTMENT OF HEALTH

(H) PURPOSE OF GRANT OR ASSISTANCE: BETTER AGING & LIFESTYLE AWARENESS
NETWORK: CHRONIC DISEASE EDUCATION-BALANCE, VISION FOR TOMORROW: MAKING
EYE HEALTH A PUBLIC HEALTH IMPERATIVE PROJECT

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: POMPERAUG RIVER WATERSHED COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: POMPERAUG RIVER WATERSHED COALITION

YOUTH CONSERVATION CORPS, GIVE LOCAL 2018, DRINKING WATER & PRIVATE WELLS

SOUTHBURY FORUM, ANNUAL DISBURSEMENT FROM ENDOWMENT FUND, BLUE BASH! A

CELEBRATION OF OUR WATER RESOURCES

NAME OF ORGANIZATION OR GOVERNMENT: SACRED HEART CHURCH

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE HOMELESS OUTREACH FUND,

MISSION TRIP 2018, FOR BRIAN GIBBONS HOMELESS OUTREACH WINE & CHEESE

RECOGNITION NIGHTM FOR THE HOMELESS OUTREACH FUND

NAME OF ORGANIZATION OR GOVERNMENT: SAFE HAVEN OF GREATER WATERBURY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2018, SAFER COMMUNITIES

SOUTHBURY, CONNECT AND HELP FOR SURVIVORS OF SEXUAL ASSAULT, SMART GIRLS,

SAFER COMMUNITIES GREATER WATERBURY, OUT OF THE SHADOWS

NAME OF ORGANIZATION OR GOVERNMENT: SAINT MARY'S HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, FOR RESEARCH

FELLOWSHIPS THROUGH THE YALE RESIDENCY PROGRAM, FOR THE ONCOLOGY DEPT,

FOR THE ALUMNI ASSOC SCHOLRSHIP FUND

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, FAMILY

EMERGENCY SHELTER, GIVE LOCAL 2018, 10TH ANNUAL KETTLE KICK-OFF DINNER

NAME OF ORGANIZATION OR GOVERNMENT: SILAS BRONSON LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT, FOR THE

Part IV Supplemental Information

PURCHASE OF CHILDREN'S BOOKS, WATERBURY BRASS SENIOR PROGRAM, IN MEMORY OF INGRID MARTLAND FOR THE PURCHASE OF BOOKS FOR CHILDREN

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHBURY LAND TRUST

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2018, GARDEN TOUR & PARTY AT PINE MEADOW GARDENS, SOUTHBURY FARMS POSTING AND MONITORING

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHBURY PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO BE APPLIED IN FURTHERANCE OF A "SPECIAL PROJECT" SELECTED BY THE HEAD LIBRARIAN WITH SUGGESTIONS FROM THE REFERENCE LIBRARIAN, TO SUPPORT THE OPERATIONS OF THE LIBRARY

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHBURY TOWN OF

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE SOCIAL SERVICES DEPT. FOR ELDERLY RESIDENTS OF SOUTHBURY SUFFERING HARDSHIP OR ILLNESS WITH PARTICULAR CONCERN FOR ELDERLY IN HERITAGE VLG, SOUTHBURY SENIOR NETWORK

NAME OF ORGANIZATION OR GOVERNMENT: STAYWELL HEALTH CARE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BH PAPERLESS PROJECT, QUEER UNITY EMPOWERMENT SUPPORT TEAM (QUEST) (FORMERLY LGBTW PROJECT), GIVELOCAL2018, STAYWELL HEALTH CENTER'S 7TH ANNUAL SUMMER'S END FETE

NAME OF ORGANIZATION OR GOVERNMENT: SUSAN B. ANTHONY PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: WALK A MILER IN HER SHOES, GIVE LOCAL 2018, THE TOUCHSTONE GIRLS EMPOWERMENT GROUP, THE REBUILDING LIVES PROGRAM,

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

THE GLEBE HOUSE AND GERTRUDE JEKYLL GARDEN

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE GENERAL FUND, AN EVENING OF COCKTAILS AND FESTIVE DINNERS WITH FRIENDS, YOUTH SUMMER PROGRAM ASSISTANTS, GIVE LOCAL 2018

NAME OF ORGANIZATION OR GOVERNMENT: THE TAFT SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE WATERTOWN AREA SCHOLARSHIP FUND, FOR SCHOLARSHIPS, COLLEGIUM MUSICUM CONCERT TOUR TO LONDON AND PARIS

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF GREATER WATERBURY

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2018 FOR FINDING OF SCHOLARSHIPS, MINI GRANTS AND FOUNDATION OPERATIONS, FOR UNITED WAY ADMINISTRATIVE EXPENSES, 17/18 CAMPAIGN MATCH FUNDS

NAME OF ORGANIZATION OR GOVERNMENT:

UNITED WAY OF NAUGATUCK & BEACON FALLS

(H) PURPOSE OF GRANT OR ASSISTANCE: WELCOME BABY! FOR GENERAL SUPPORT, FOR SUPPORT OF THE CHARITABLE OR EDUCATIONAL PURPOSES OF THE UNITED WAY OF NAUGATUCK AND BECON FALLS AND ITS AFFILIATED AGENCIES, FOR GENERAL PURPOSES

NAME OF ORGANIZATION OR GOVERNMENT:

VASSAR COLLEGE STUDENT FINANCIAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT EDUCATIONAL PROGRAMS, FOR JOHN B. SCHWARTZ MEMORIAL TRAVEL AWARD FOR STUDENTS IN MEDIEVAL STUDIES PROGRAM

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: WATERBURY SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: PICNIC & POPS, LIGHTS, CAMERA, SYMPHONY! GIVE LOCAL 2018, TO PROVIDE COMPENSATION, FEES OR HONORARIA FOR SYMPHONY MUSICIANS OR GUEST ARTISTS

NAME OF ORGANIZATION OR GOVERNMENT: WATERBURY YOUTH SERVICES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: LINKING ACADEMICS TO LIFE (LAL) PROGRAM, TECHNOLOGY GRANT TO REPLACE OLD, OUTDATED SERVER, 21ST ANNUAL BACK TO SCHOOL RALLY, FOR GENERAL PURPOSES, GIVE LOCAL 2018, WATERBURY GIRLS WHO CODE

NAME OF ORGANIZATION OR GOVERNMENT: WEANTINOGE HERITAGE LAND TRUST, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2018, FALL CELEBRATION, FOR GENERAL PURPOSES, REGIONAL PARTNERSHIP INTERN PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: WOODBURY PUBLIC LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: REPURPOSE ROOM TO STUDY/MEETING ROOM, FOR THE PURCHASE OF BOOKS YEARLY FOR KINDERGARTEN-AGE CHILDREN, FOR GALLERY RENOVATION/KITCHEN WORK, FOR SPEAKER, CARPETING, GIRLS WHO CODE

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF GREATER WATERBURY

(H) PURPOSE OF GRANT OR ASSISTANCE: WATERBURY BRASS SENIOR PROGRAM, FOR GENERAL SUPPORT, GIVE LOCAL 2018, YMCA MOSAIC ART PROJECT, YMCA ANNEX AT ROSE HILL

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: **CONNECTICUT COMMUNITY FOUNDATION, INC.**
 Employer identification number: **06-6038074**

Part I Questions Regarding Compensation

	Yes	No
1a Check the 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
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?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <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?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
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	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2018

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

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

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ 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	339,764.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

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

Schedule M (Form 990) 2018

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

CONNECTICUT COMMUNITY FOUNDATION, INC.

Employer identification number

06-6038074

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 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;

Name of the organization CONNECTICUT COMMUNITY FOUNDATION, INC.	Employer identification number 06-6038074
--	--

(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;

(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

Name of the organization

CONNECTICUT COMMUNITY FOUNDATION, INC.

Employer identification number

06-6038074

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 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

Name of the organization

CONNECTICUT COMMUNITY FOUNDATION, INC.

Employer identification number

06-6038074

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 VIEWED AT THE FOUNDATION OFFICE.

FORM 990 PART XII, LINE 2C

THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR

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.

Name of the organization **CONNECTICUT COMMUNITY FOUNDATION, INC.** Employer identification number **06-6038074**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

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

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

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

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		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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)			
(2)			
(3)			
(4)			
(5)			
(6)			

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. CONNECTICUT COMMUNITY FOUNDATION, INC.	Employer identification number (EIN) or 06-6038074
<small>File by the due date for filing your return. See instructions.</small>	Number, street, and room or suite no. If a P.O. box, see instructions. 43 FIELD STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WATERBURY, CT 06702	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CONNECTICUT COMMUNITY FOUNDATION, INC.

- The books are in the care of ▶ **43 FIELD STREET - WATERBURY, CT 06702**
Telephone No. ▶ **(203) 753-1315** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2018** or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.