Form	9	9	0
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EXTENDED TO NOVEMBER 15, 2019

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

AF	or th	e 2018 calendar year, or tax year beginning and	ending	_						
B c	heck if	C Name of organization		D Employer identifie	cation number					
	Addre	CONNECTICUT COMMUNITY FOUNDATION, INC.	•							
	Name			06-6	038074					
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone numbe							
	Final returr	43 FIELD STREET	203-	753-1315						
	termii ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	19,692,790.					
	Amer	WATERDORI, CI 00702		H(a) Is this a group re						
				for subordinates	? Yes X No					
	pend	SAME AS C ABOVE		H(b) Are all subordinates ir	ncluded? Yes No					
		empt status: 🚺 501(c)(3) 🚺 501(c) () ◀ (insert no.) 🛄 4947(a)(1) c	or 🛄 527	If "No," attach a	list. (see instructions)					
		te: CONNCF.ORG		H(c) Group exemptio						
	_	organization: 🔀 Corporation 🔄 Trust 🔄 Association 🔄 Other 🕨	L Year	of formation: 1923	A State of legal domicile: \mathbf{CT}					
Pa	art I	Summary								
e	1	Briefly describe the organization's mission or most significant activities: THE	FOUNDA	TION FOSTER	S CREATIVE					
Governance		PARTNERSHIPS THAT BUILD REWARDING LIVES 2								
/ern	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos			ssets. 17					
ğ	3				17					
	4	Number of independent voting members of the governing body (Part VI, line 1b)			17					
Activities &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		200						
ţ	6	Total number of volunteers (estimate if necessary)		4,400.						
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			7,670.					
	a	Net unrelated business taxable income from Form 990-T, line 38								
		Contributions and grants (Dart)/III line 1b)		Prior Year 2,767,621.	Current Year 7,355,846.					
anı	8	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		0.	0.					
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,775,967.	4,171,502.					
Å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		121,895.	223,357.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,665,483.	11,750,705.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		5,141,537.	5,198,253.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
s	45	Colorize, other componentian, ampleures herefits (Part IV, column (A), lines E 10)		1,371,665.	1,498,818.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)		0.	0.					
be	b	Total fundraising expenses (Part IX, column (D), line 25) > 262,92	27.							
ñ	17	Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e)		584,892.	723,432.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,098,094.	7,420,503.					
	19	Revenue less expenses. Subtract line 18 from line 12		567,389.	4,330,202.					
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year					
sets alan	20	Total assets (Part X, line 16)	1	.09,471,165.	103,084,977.					
t As id B	21	Total liabilities (Part X, line 26)		256,237.	377,808.					
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	1	.09,214,928.	102,707,169.					
Pa	art II	Signature Block								
		lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is					
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparei	has any knowledge.						

Sign Here	Signature of officer DAVID PELLETIER, TREAS Type or print name and title	Date							
Paid Preparer		Preparer's signature JOHN ZINNO COMPANY, P.C.	Date Check PTIN 07/22/19 if self-employed P00041154 Firm's EIN ► 06-1009205						
Use Only May the I									

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

4e	Total program service expenses ► 6,464,833.
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4c	Code:) (Expenses \$
1b	Code:) (Expenses \$) (Revenue \$)
	FROVIDING DEADERSHIF TO ADDRESS CRITICAL ISSUES IN OUR COMMONITIES.
	PROVIDING SCHOLARSHIPS FOR COLLEGE STUDENTS; STRENGTHENING NONPROFIT ORGANIZATIONS THROUGH GRANTS AND TECHNICAL ASSISTANCE PROGRAMS; AND PROVIDING LEADERSHIP TO ADDRESS CRITICAL ISSUES IN OUR COMMUNITIES.
	LITCHFIELD HILLS FOR PROGRAMS AND SERVICES IN THE ARTS, HEALTH, OLDER ADULTS, EDUCATION, ENVIRONMENT, SOCIAL SERVICES AND WOMEN'S ISSUES;
4a	(Code:)(Expenses \$ 6,464,833. including grants of \$ 5,198,253.) (Revenue \$ SUPPORTING NONPROFIT ORGANIZATIONS IN GREATER WATERBURY AND THE
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4	f "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	THE FOUNDATION FOSTERS CREATIVE PARTNERSHIPS THAT BUILD REWARDING LIVES AND THRIVING COMMUNITIES.
-	
1	Check if Schedule O contains a response or note to any line in this Part III

Form 990 (2018)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	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	_		x
e	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		
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</i> "Yes," <i>complete Schedule D, Part I</i>	6	х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	<u></u>	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	115		
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	101		v
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	148		- 23
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Х	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		х
20-2	complete Schedule G, Part III	19 20a		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
				_

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Form **990** (2018)

CONNECTICUT COMMUNITY FOUNDATION, INC.

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		x
a L	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28b		
С		28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV	200	Х	- 23
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
50	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	00		
•••	If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		Х	
	(gambling) winnings to prize winners?			(2018)
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Form 990 (2018)

Part IV Checklist of Required Schedules (continued)

2018.04000 CONNECTICUT COMMUNITY FOUND NC3440_1

Form 990 (20	018) CO	NNECTICUT	COMMUNITY	FOUNDATION,	INC.
Part V	Statements Rega	rding Other IR	S Filings and Ta	ax Compliance (con	tinued)

				Yes	No								
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,												
	filed for the calendar year ending with or within the year covered by this return 2a	16											
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)												
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Х									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O $_{\dots}$		3b	Х	<u> </u>								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	ority over, a			x								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?												
b	b If "Yes," enter the name of the foreign country:												
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).												
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?												
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X								
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and \$100,00	ganization solicit	•		v								
	any contributions that were not tax deductible as charitable contributions?		6a		X								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions												
-	were not tax deductible?		6b										
7	Organizations that may receive deductible contributions under section 170(c).	provided to the power?	7-		х								
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services		7a 7b										
D C	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was re		70										
C	to file Form 8282?		7c		x								
Ь	If "Yes," indicate the number of Forms 8282 filed during the year 7d		10										
e			7e										
f	 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 												
q	If the organization received a contribution of qualified intellectual property, did the organization file Form &		7f 7g										
h	h If the organization received a contribution of qualified intellectual property, did the organization life room boss as required f												
8													
	sponsoring organization have excess business holdings at any time during the year?		8										
9	Sponsoring organizations maintaining donor advised funds.												
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b										
10	Section 501(c)(7) organizations. Enter:												
а	Initiation fees and capital contributions included on Part VIII, line 12												
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b												
11	Section 501(c)(12) organizations. Enter:	1											
	Gross income from members or shareholders 11a												
b	Gross income from other sources (Do not net amounts due or paid to other sources against												
40-	amounts due or received from them.)		10-										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 104 ⁻		12a										
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<u> </u>											
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13a										
a	Note. See the instructions for additional information the organization must report on Schedule O.		154										
b	Enter the amount of reserves the organization is required to maintain by the states in which the												
~	organization is licensed to issue qualified health plans 13b												
с	Enter the amount of reserves on hand												
	Did the entry institute and the entry of the institute of the institute of the entry of the entr		14a		Х								
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneratio		-										
	excess parachute payment(s) during the year?		15		х								
	If "Yes," see instructions and file Form 4720, Schedule N.												
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inc	ome?	16		Х								
	If "Yes," complete Form 4720, Schedule O.												

Form **990** (2018)

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Form 990	(2018))
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CONNECTICUT COMMUNITY FOUNDATION, INC.

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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	<u></u>			
ecti	ion A. Governing Body and Management				т
		1 7		Yes	-
	Enter the number of voting members of the governing body at the end of the tax year 1a	17			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1 7			
	Enter the number of voting members included in line 1a, above, who are independent	17			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
C	officer, director, trustee, or key employee?	L	2		_
3 [Did the organization delegate control over management duties customarily performed by or under the direct supervision				
C	of officers, directors, or trustees, or key employees to a management company or other person?	L	3		
1 [Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	L	4		
5 [Did the organization become aware during the year of a significant diversion of the organization's assets?	L	5		
6 [Did the organization have members or stockholders?	L	6	Х	
7a [Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or				
r	more members of the governing body?	L	7a	Х	
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
F	persons other than the governing body?		7b	Х	
3 E	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
	The governing body?		8a	Х	l
b E	Each committee with authority to act on behalf of the governing body?		8b	Х	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	····· -			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		
	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		-		
				Yes	
)a [Did the organization have local chapters, branches, or affiliates?	·	10a		
	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for	····· ⊢	11a	х	-
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	··· -	114		Ī
			12a	Х	
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		12a 12b	X	-
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	····· –	120	21	-
			10-	х	
	in Schedule O how this was done		12c	X	-
	Did the organization have a written whistleblower policy?		13	X	-
	Did the organization have a written document retention and destruction policy?	·····	14	<u></u>	
	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?			v	
	The organization's CEO, Executive Director, or top management official		15a	X X	_
	Other officers or key employees of the organization	····· [-	15b	~	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	F	16a		Ī
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation				
	n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's				
	exempt status with respect to such arrangements?	·····	16b		-
	ion C. Disclosure				-
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright CT				
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 50-	(c)(3)s	only)	avail	ć
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain in Schedule O)				
) (Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polic	y, and f	finan	cial	
s	statements available to the public during the tax year.				
	State the name, address, and telephone number of the person who possesses the organization's books and records $lacksimeq$				_
(CONNECTICUT COMMUNITY FOUNDATION, INC (203) 753-1315				_
-	43 FIELD STREET, WATERBURY, CT 06702				
2006	12-31-18		Form	990	ĺ
	6 222 755449 NC3440 2018.04000 CONNECTICUT COMMUNITY FOU				

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 report-

able 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.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	Posit			Position (do not check more than one			Reportable	Estimated	
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	amount of
	week		cer an	ndad I	lirecto	or/trus	itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	æ			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC)		organization and related
	organizations below	ual tr	ional		ploy6	t con /ee				organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DOUGLAS JOHNSON	1.00	-			l ≚	τæ	<u> </u>			
CHAIR		x		x				0.	0.	0.
(2) BRIAN HENEBRY	1.00									
SECRETARY		x		x				0.	0.	0.
(3) DAVID PELLETIER	1.00									
TREASURER		X		Х				0.	0.	0.
(4) KATHY TAYLOR	1.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) REGINALD BEAMON	1.00									
TRUSTEE		Х						0.	0.	0.
(6) DANIEL BEDARD	1.00									
TRUSTEE		X						0.	0.	0.
(7) KATHY BOWER	1.00									•
TRUSTEE	1 00	X						0.	0.	0.
(8) BARBARA BRADBURY-PAPE	1.00									0
TRUSTEE	1 0 0	X						0.	0.	0.
(9) VALERIE FRIEDMAN	1.00							0.	0.	0
TRUSTEE	1.00	X						0.	0.	0.
(10) MICHAEL GIARDINA	1.00	x						0.	0.	0.
TRUSTEE (11) ELIZABETH JOHNSON	1.00	<u>^</u>						0.	0.	0.
(II) ELIZABETH JOHNSON TRUSTEE	1.00	x						0.	0.	0.
(12) BRIAN JONES	1.00						<u> </u>	0.	0.	<u>U•</u>
TRUSTEE	1.00	x						0.	0.	0.
(13) KATHRYN KEHOE	1.00								••	0.
TRUSTEE	100	x						0.	0.	0.
(14) JOHN NEWTON	1.00									
TRUSTEE		x						0.	0.	0.
(15) ERIC POLOKOFF	1.00									
TRUSTEE		x						0.	0.	0.
(16) CAROLYN SETLOW	1.00									
TRUSTEE		x						0.	0.	0.
(17) STEPHEN SEWARD	1.00									
TRUSTEE		Х						0.	0.	0.
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832007 12-31-18

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Form 990 (2018)

		CUT COM	IUI	NI.	ΓY	F	OUI	ND.	ATION, INC.	06-60)38	074	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus	stees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	nours per			Average Position Reportable Reportable hours per box, unless person is both an compensation comp							(E) Reportable compensation from related			ed of
			Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		orga	m the nizati relate	e ion ed
	BARBARA RYER CTOR OF FINANCE AND AD	40.00			x				119,078.		ο.	20	, 2	45.
(19)	JULIE LOUGHRAN	40.00												
PRES	SIDENT & CEO				X				151,842.		0.	21	.,7	51.
	Sub-total								270,920.		0.	41	.,9	96.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)								0. 270,920.		0.	41	.,9	0. 96.
2	Total number of individuals (including but r compensation from the organization	not limited to th	iose	liste	ed al	bov	e) w	ho r	received more than \$10	0,000 of reportabl	е			3
													Yes	No
3	Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>											3		х
4	For any individual listed on line 1a, is the seand related organizations greater than \$15	•		•						÷		4	x	
5	Did any person listed on line 1a receive or	accrue compei	nsat	ion f	rom	any	y uni	relat	ted organization or indiv	idual for services		-		
Sec	rendered to the organization? <i>If "Yes," con</i> tion B. Independent Contractors	nplete Schedul	e J f	for si	uch	pers	son					5		X
1	Complete this table for your five highest co	-	-								pens	ation fr	om	
	the organization. Report compensation for (A)	the calendar y	ear	endi	ng v	vith	or w	/ithi		year.		(0)		
	(۲) Name and business	address	N	ONI	3				(B) Description of s	services	С	(C) ompen		n
2	Total number of independent contractors (\$100,000 of compensation from the organ	Ŭ	ot li	mite	d to		ose li 0	stec	d above) who received r	nore than				
												Form 9	90 (2	2018)

832008 12-31-18

Production exempt function revenue Evaluation business revenue Total results business revenue Total results revenue Tot	Form	990 ((2018) CONNE	ECTICUT C	OMMUNITY	FOUNDATIO	N, INC.	06-6038	074 Page 9
arrow of the second s	Pa	rt VII	Statement of Rever	nue					
Total revenue Petited or exempt function Optimization optimum Petited or exempt function Optimum function 1 a Feddralds campaign 1a 1b			Check if Schedule O cont	tains a response	or note to any lin				
Business Code Business Code 2 a						• •	Related or exempt function	Unrelated business	(D) Revenue excluded from tax under sections 512 - 514
Business Code Business Code 2 a	nts	1 a	Federated campaigns	1a					
Business Code Business Code 2 a	Grai	b	Membership dues						
Business Code Business Code 2 a	Am (с	Fundraising events						
Business Code Business Code 2 a	lar İlar	d	Related organizations	1d					
Business Code Business Code 2 a	ini,	е	Government grants (contribut	tions) 1e					
Business Code Business Code 2 a	itior er S	f	All other contributions, gifts, gran	its, and					
Business Code Business Code 2 b	<u>i</u> ĝ		similar amounts not included abo	ve 1f	7,355,846.				
Business Code Business Code 2 a	a de	g	Noncash contributions included in lines	s 1a-1f: \$	339,764.				
90 2 a	<u>a ö</u>	h	Total. Add lines 1a-1f		🕨	7,355,846.			
Image: Section of the sectin of the section of the					Business Code				
Image: Section of the sectin of the section of the	ice	2 a							
Image: Section of the sectin of the section of the section of the section of the	ue v	b							
Image: Section of the sectin of the section of the section of the section of the	μ (en	С							
Image: Section of the sectin of the section of the section of the section of the	Rev	d							
Image: Section of the sectin of the section of the section of the section of the	Š	е							
3 investment income (including dividends, interest, and other similar amounts) 2,915,853. 2,915,853. 2,915,853. 4 income from investment of tax exempt bond proceeds 5 Royatties (i) Real (ii) Personal 6 a Gross rents (ii) Real (iii) Personal 6 text rental income or (loss) (iii) Securities (iii) Other 7 a Gross anount from sales of the train income or (loss) (iii) Securities (iii) Other 9,127,734. - - - 1,255,649. 1,255,649. 8 a Gross income from fundraising events (not including \$	"	f							
other similar amounts) 2,915,853. 2,915,853. 2,915,853. 6 income from investment of tax-exempt bond proceeds									
4 Income from investment of tax-exempt bond proceeds Image: Construct the second proceed proceed proceed proceeds Image: Consecond proceeds		3				0 015 050			0 015 053
5 Royalties (i) Real (ii) Personal 6 a Gross rents (iii) Cher b Less: rental expenses (iii) Other c Rental income or (loss) (iii) Other d Net rental income or (loss) (iii) Other assets other than inventory 9, 197, 734. (iii) Other b Less: cost or other basis 7, 942, 065. 1, 255, 649. c Gain or (loss) 1, 255, 649. 1, 255, 649. d Net gain or (loss) 1, 255, 649. 1, 255, 649. a Dess: cost or ther four fundraising events (not including \$ of cost income for fundraising events 0 b Less: direct expenses b						2,915,853.			2,915,853.
6 a Gross rents (i) Real (ii) Personal b Less: rental expenses (iii) Other c Rental income or (loss) (iii) Other d Net rental income or (loss) (iii) Other a Gross amount from sales of assets other than inventory (ii) Other b Less: cost or other basis and sales expenses 7, 942, 085. c Gain or (loss) 1, 255, 649. d Net gain or (loss) (i) Other a Gross income from fundraising events (not including \$ or (loss) from fundraising events (not including \$ or (loss) from fundraising events 1, 255, 649. 9 a Gross income from gaming activities. See Part IV, line 18 a b Less: clirect expenses b c Net income or (loss) from fundraising events 1 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: cost of goods sold b c Net income or (loss) from fundraising events 1 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: cost of goods sold b c Net incorne or (loss) from fundraising events									
6 a Gross rents 0 0 b Less: rental expenses 0 0 c Rental income or (loss) 0 0 d Net rental income or (loss) 0 9.197,734. b Less: cost or other basis and sales expenses 7,942,085. 1,255,649. c Gain or (loss) 1,255,649. 1,255,649. d Net gain or (loss) 0 1,255,649. e Gain or (loss) or or 0 e Gain or (loss) or 0 e Dess: cost or other basis and sales expenses 0 1,255,649. e C Net income or (loss) from fundraising events 0 e Net income or (loss) from gaming activities. 0 e C Net income or (loss) from gaming activities. 0 b Less: circlet expenses 0 b Less: cost of goods sold 0 c Net income or (loss) from gaming activities. 0 e Net income or (loss) from sales of inventory 0 e Net income or (loss) from sales of inventory 0		5	Royalties						
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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 9,197,734 9,197,734 b Less: cost or other basis and sales expenses 7,942,085 c Gain or (loss) 1,255,649 d Net gain or (loss) 1,255,649 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See 1,255,649 Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events a b Less: direct expenses b c Net income or (loss) from gaming activities. See b Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. See b mad allowances a a dallowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory b Miscellaneous Revenue Business Code Miscellaneous Revenue 900099 11 a Miscellaneous Revenue 900099 i A di lother revenue 900099 c - d All other revenue									
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b Less: cost or other basis and sales expenses 7,942,085. 1,255,649. c Gain or (loss) 1,255,649. d Net gain or (loss) 1,255,649. d Net gain or (loss) 1,255,649. d Read Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 1,255,649. b Less: direct expenses b g Gross income from gaming activities. See Part IV, line 19 a g Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b miscellaneous Revenue Business Code 11 a MISC INCOME 900099 900099 218,957. 218,957. c Net income or (loss) from sales of inventory a miscellaneous Revenue 900099 218,957. 218,957. b FRVT FOUND FEES 900099 4,400. 4,400. c		7 a							
and sales expenses 7,942,085. c Gain or (loss) d Net gain or (loss) d Net gain or (loss) a Gross income from fundraising events (not including \$\ of contributions reported on line 1c). See Part IV, line 18 part IV, line 18 a b Less: direct expenses b Less: clirect expenses b Less: cost of goods sold b PRVT FOUND FEES go00099 218,957. c Le		h		5,157,754.					
c Gain or (loss) 1,255,649. d Net gain or (loss) 1,255,649. 8 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 Gross income from gaming activities. See Part IV, line 19		U		7 942 085					
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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 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISC INCOME p00099 218,957. 218,957. 218,957. c d d All other revenue e Total revenue. See instructions 12 Total revenue. See instructions	ven								
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9 a Gross income from gaming activities. See Part IV, line 19 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 b c Net income or (loss) from sales of inventory b b c Net income or (loss) from sales of inventory b b b b c Net income or (loss) from sales of inventory b b b c Net income or (loss) from sales of inventory b b C d All other revenue e total revenue. See instructions 11 a Total revenue. See instructions 223,357.	ð								
Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code Miscellaneous Revenue 900099 PRVT FOUND FEES 900099 Quotes 4,400. C									
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 Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISC INCOME pRVT FOUND FEES 900099 218,957. 218,957. c		5 d							
c Net income or (loss) from gaming activities ▶ ▶ ■		h							
10 a Gross sales of inventory, less returns and allowances and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISC INCOME 900099 218,957. 218,957. 218,957. c d All other revenue e Total. Add lines 11a-11d 223,357. 11,750,705. 11,750,705. 1,255,649. 4,400.									
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b Less: cost of goods sold b		u							
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b PRVT FOUND FEES 900099 4,400. 4,400. c	ŀ	11 a				218,957.			218,957.
c						,		4,400.	, ,
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. 3,134,81									
12 Total revenue. See instructions 11,750,705. 1,255,649. 4,400. 3,134,81						223,357.			
	_					11,750,705.	1,255,649.	4,400.	3,134,810.
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Form 990 (2018)

CONNECTICUT COMMUNITY FOUNDATION, INC.

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).

not include amounts reported on lines 6b,	(A) Total expenses	(B) Brogram sorvico	(C) Management and	(D) Eurodraising
	l otal expenses	expenses	general expenses	Fundraising expenses
Grants and other assistance to domestic organizations	4 9 4 9 9 5 1	4 0 4 0 0 5 1		
	4,249,851.	4,249,851.		
	040 400	040 400		
individuals. See Part IV, line 22	940,402.	940,402.		
Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16	8,000.	8,000.		
Benefits paid to or for members				
Compensation of current officers, directors,				
trustees, and key employees	312,915.	73,357.	204,333.	35,225
Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				
Other salaries and wages	891,286.	650,053.	126,626.	114,607
Pension plan accruals and contributions (include				
section 401(k) and 403(b) employer contributions)	88,298.	53,190.	25,072.	10,036
	107,650.	58,075.		14,542
		60,300.		11,847
	-	-	-	
	6,500.		6,500.	
	/			
	35.558.		35.558.	
	10 047.		10 047	
F		11 503		2,373
				10,975
				9,834
	19,303.	47,002.	21,009.	9,034
	112 156	69 007	21 110	1/ 021
	115,150.	00,007.	51,110.	14,031
· · · · · ·				10 004
Conferences, conventions, and meetings	82,452.	49,554.	22,0/4.	10,224
Interest				
	11			
Depreciation, depletion, and amortization	11,578.			
Insurance	15,974.		15,974.	
Other expenses. Itemize expenses not covered				
amount, list line 24e expenses on Schedule 0.)				
FUND EXPENSE	120,208.	72,245.	33,057.	14,906
CONSULTANTS				6,932
ANNUAL REPORT AND NEWSL	40,494.	24,337.	11,136.	5,021
OTHER PERSONNEL & TRAIN	15,020.	9,027.	4,131.	1,862
All other expenses	4,130.	2,482.	1,136.	512
· · · · · · · · · · · · · · · · · · ·	7,420,503.	6,464,833.	692,743.	262,927
	· ·			
educational campaign and fundraising solicitation.				
	8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(B) Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion Office expenses Information technology Royalties Occupancy Travel Payments to affiliates Depreciation, depletion, and amortization	Total expenses Total expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 4 , 249 , 851. Grants and other assistance to domestic individuals. See Part IV, line 22 940 , 402. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 8 , 000. Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 312 , 915. Compensation not included above, to disqualified persons (as defined under section 4958(c)(3)(8) 891 , 2866. Other salaries and wages 891, 2866. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 88 , 298 . Other employee benefits 107 , 650. Payroll taxes 98 , 669. Fees for services (non-employees): 107 , 650. Management 25 , 464 . Lobbying 10 , 047 . Professional fundraising services. See Part IV, line 25, column (A) amount, list line 11g expenses on Sch 0. 10 , 047 . Advertising and promotion 19 , 139 . 107 , 650. Ordifice expenses 88 , 506 . 110 , 047 . Information technology 79 , 305 . 80 . <t< td=""><td>Bb, 9b, and 10b of Part VIII. Total expenses Program service expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to or for members. 4, 249, 851. 4, 249, 851. Compensation of current officers, directors, trustees, and key employees 312, 915. 73, 357. Compensation of current officers, directors, trustees, and key employees 312, 915. 73, 357. Compensation of current officers, directors, trustees, and key employees 891, 286. 650, 053. Other salaries and wages 88, 298. 53, 190. Other employee benefits 98, 669. 60, 300. Payroli taxes 98, 669. 60, 300. Fees for services (non-employees): 35, 558. 0 Management Legal 6, 500. 25, 464. Lobbying 97, 305. 47, 662. Profesional fundraising services. See Part IV, line 17 10, 047. Outmer, (I fine 11g anount exceeds 10% of line 25, coulm (A) amourt, list line 11g expenses on Sch 0.) 10, 047. Occupancy 113, 156. 68, 007. Travel 92 92. Payments to affiliates 92 Depreciation, depletion, a</td><td>ab, bb, and 10b or Par VIII. Total expenses Program Service Management and general expenses Grants and other assistance to domestic organizations and domestic ownerments. See Part V, line 21 940,402. 940,402. 940,402. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, line 21 and 16. 940,402. 940,402. 940,402. Benefits paid to or for members 0 0 8,000. 8,000. 8,000. Benefits paid to or for members 0 0 0 0 0 0 Compensation on current officers, directors, trustees, and key employees 312,915. 73,357. 204,333. 0</td></t<>	Bb, 9b, and 10b of Part VIII. Total expenses Program service expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16 Benefits paid to or for members. 4, 249, 851. 4, 249, 851. Compensation of current officers, directors, trustees, and key employees 312, 915. 73, 357. Compensation of current officers, directors, trustees, and key employees 312, 915. 73, 357. Compensation of current officers, directors, trustees, and key employees 891, 286. 650, 053. Other salaries and wages 88, 298. 53, 190. Other employee benefits 98, 669. 60, 300. Payroli taxes 98, 669. 60, 300. Fees for services (non-employees): 35, 558. 0 Management Legal 6, 500. 25, 464. Lobbying 97, 305. 47, 662. Profesional fundraising services. See Part IV, line 17 10, 047. Outmer, (I fine 11g anount exceeds 10% of line 25, coulm (A) amourt, list line 11g expenses on Sch 0.) 10, 047. Occupancy 113, 156. 68, 007. Travel 92 92. Payments to affiliates 92 Depreciation, depletion, a	ab, bb, and 10b or Par VIII. Total expenses Program Service Management and general expenses Grants and other assistance to domestic organizations and domestic ownerments. See Part V, line 21 940,402. 940,402. 940,402. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part V, line 21 and 16. 940,402. 940,402. 940,402. Benefits paid to or for members 0 0 8,000. 8,000. 8,000. Benefits paid to or for members 0 0 0 0 0 0 Compensation on current officers, directors, trustees, and key employees 312,915. 73,357. 204,333. 0

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109,471,165.

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103,084,977.

Form **990** (2018)

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 disgualified 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 8 Inventories for sale or use Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 55,099. basis. Complete Part VI of Schedule D _____ 10a 24,039. 40,595. 31,060. b Less: accumulated depreciation 10b 10c 99,204,278. 105,829,000. Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 511,245. 511,245. 15 Other assets. See Part IV, line 11 15 109,471,165. 103,084,977. 16 Total assets. Add lines 1 through 15 (must equal line 34) ... 16 93,838. 43,558. 17 17 Accounts payable and accrued expenses 109,400. 47,515. 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 165,164. 174,570. 25 Schedule D 256,237. 377,808. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. 108,967,670. 102,471,237. 27 Unrestricted net assets 27 247,258. 235,932. Temporarily restricted net assets 28 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 109,214,928. 102,707,169. Total net assets or fund balances 33 33

CONNECTICUT COMMUNITY FOUNDATION, INC.

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

Cash - non-interest-bearing

Savings and temporary cash investments Pledges and grants receivable, net

4 Accounts receivable, net

Total liabilities and net assets/fund balances

06-6038074 Page 11

(B)

End of year

3,338,394.

(A)

Beginning of year

3,090,325.

1

2

3

4

Form 990 (2018)	
Part X	Balance	Sheet

1

2

3

Assets

_iabilities

Vet Assets or Fund Balances

	990 (2018) CONNECTICUT COMMUNITY FOUNDATION, INC.	06	-6038	074	Pa	ge 12
Pa	t 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)	1				05.
2	Total expenses (must equal Part IX, column (A), line 25)	2				03.
3	Revenue less expenses. Subtract line 2 from line 1	3				02.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	109			
5	Net unrealized gains (losses) on investments	5	-10	<u>,83</u>	7,9	61.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	102	<u>,70</u>	7,1	69.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	з,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	Jdit			
	Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2018)

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(Form	990	or	990-E	Z
		000	U 1	000 -	_

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.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service					Attach to Form 990 or						n to Public spection
				Go to www.irs.go	v/Form990 for instructi	ons and t	ne latest i	nformation.	Employer		-
Name of the organization					MMUNITY FOUN	סדשגרו	N, IN	ro.			cation number 38074
Pa	nrt I	Reason			All organizations must c					0-00.	50074
					(For lines 1 through 12,	-			5.		
1 ne	Grgan				· · · ·	,	,				
	\square				on of churches describe			I)(A)(I):			
2	H				Attach Schedule E (Forr			::)			
3	H	•	•		anization described in s njunction with a hospita				Viii) Entor	the been	ital'a nama
4			-	ation operated in co	injunction with a nospita	li describe	u in sectio		ijiii). Enter	the nosp	ital S hame,
5		city, and stat		or the bonefit of a co	llege or university owne	d or opora	tod by a a	ovornmontal	unit doscrik	ood in	
5				Complete Part II.)	nege of university owne	u or opera	lieu by a g	oveninentai			
6					nental unit described in	coction 1	70(6)(1)(1)	(v)			
7	X				antial part of its support				the general	public de	escribed in
'				omplete Part II.)	antial part of its support	nom a gov	ernnentai		une general	public u	Scribed in
8					(1)(A)(vi). (Complete Par	+ 11)					
9	\square				l in section 170(b)(1)(A)		ed in conii	inction with a	land-orant	college	
·					culture (see instructions)						
		university:		grant conego er agne				y, and otato c	a the coneg	10 01	
10			ion that norma	Illy receives: (1) more	e than 33 1/3% of its su	port from	contributi	ons, member	ship fees, a	and aross	receipts from
		-		•	ct to certain exceptions	-			-	-	-
				-	(less section 511 tax) fi					-	
				mplete Part III.)	,			,	5		,
11				• •	ively to test for public s	afety. See	section 50	09(a)(4).			
12		An organizati	ion organized a	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to c	arry out the	e purpose	es of one or
		more publicly	/ supported or	ganizations describe	ed in section 509(a)(1) o	or section	509(a)(2).	See section	509(a)(3). (Check the	e box in
		lines 12a thro	ough 12d that	describes the type of	of supporting organization	on and con	nplete lines	s 12e, 12f, an	d 12g.		
а		Type I. A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	/ giving	
		the suppor	ted organizatio	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supportin	g
		organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A s	supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	aving	
		control or r	nanagement o	of the supporting org	anization vested in the s	same perso	ons that co	ontrol or man	age the sup	oported	
	_	organizatio	n(s). You mus	t complete Part IV,	Sections A and C.						
C		Type III fur	nctionally inte	egrated. A supportin	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,	
	_	_ its support	ed organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.			
Ċ		Type III no	n-functionally	y integrated. A supp	porting organization ope	rated in co	nnection w	with its suppo	orted organi	ization(s)	
		that is not	functionally int	tegrated. The organized and the organized and the second sec	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness	
	_	requiremer	nt (see instruct	ions). You must cor	nplete Part IV, Section	s A and D	, and Part	۷.			
e			•		written determination fro			а Туре I, Туре	II, Type III		
				• •	onally integrated support						
<u>g</u>		vide the follow (i) Name of supp	<u> </u>	n about the supporte (ii) EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount o	fmonotony	(ui) Arr	nount of other
	,	organizatior			(described on lines 1-10	in your govern	ing document?	support (see i	-		see instructions
					above (see instructions))	Yes	No				,
Tota	al										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 13

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Schedule A (Form 990 or 990-EZ) 2018 CONNECTICUT COMMUNITY FOUNDATION, INC. 06-6038074 Page 2 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.)

Sec	ction A. Public Support						
Cale	ndar 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 organ-						
	ization'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 \dots						
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.
	Public support. Subtract line 5 from line 4.						14,203,263.
Sec	ction B. Total Support						
Cale	ndar 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 \dots	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 \dots	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.	
11	Total support. Add lines 7 through 10						29,795,123.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop	here					▶∟
Sec	ction C. Computation of Publ	ic Support Pei	rcentage			· · · ·	
	Public support percentage for 2018 (I		•			14	47.67 %
	Public support percentage from 2017					15	47.05 %
16a	33 1/3% support test - 2018. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	iere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a p	oublicly supported	d organization		▶∟
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 CONNECTICUT COMMUNITY FOUNDATION, INC. 06-6038074 Page 3 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.)

Sec	ction A. Public Support						
Cale	ndar 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 per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
1 a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				-		
	ndar 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						
с	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is fo	r the organization	's first, second. thi	rd, fourth. or fifth	tax year as a secti	on 501(c)(3) organ	ization,
	ale a studie is to survey at a train to survey	U U	, ,,,		2		► 🗌
Sec	ction C. Computation of Publ						· · · · ·
	Public support percentage for 2018 (-	column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inve					•	
17	Investment income percentage for 20)18 (line 10c, colu	mn (f), divided by	line 13, column (f))		17	%
	Investment income percentage from		- · · · · · · · · · ·	, (,,		18	%
	33 1/3% support tests - 2018. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	-					
b	33 1/3% support tests - 2017. If the						
	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organization						
	23 10-11-18						90 or 990-EZ) 2018
				15		-	•

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Schedule A (Form 990 or 990-EZ) 2018 CONNECTICUT COMMUNITY FOUNDATION, INC. 06-6038074 Page 4

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

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

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Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

_____ 10b | _____ Schedule A (Form 990 or 990-EZ) 2018

No

Schedule A (Form 990 or 990-EZ) 2018 CONNECTICUT COMMUNITY FOUNDATION, INC. 06-6038074 Page 5

 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, ellibre alone or together with persons described in (b) and (c) balow. He operation described in (a) above? A atting member of a person described in (a) of (b) above? If 'Yes' to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations I bit the directors, toutese, or membership of one or more supported organizations have the power to regularity appoint or clect at least in an apply of the organization schedule appointance or trustees at lines during the tary part. I bit the directors, touteset, or membership of one or more supported organizations directory operation, describe hor the supported organizations detected in the supported organization schedule appoint and/or renove directors or trustees are supported organization and the conditions or erachtricities, if any appoint do such powers during the tary part. I bit the organization operated, supervised, or controlled in supported organization of the tary part. I bit the organization operated, uservised, or controlled in supported organization of the tary part. I bit the organization operated, uservised, or controlled in supported organization of the supported organization of the supported organizations and the supported organization of the supported organizations and support and/or provide applications. I were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees during the tax year also a majority of the directors or trustees during the supported organization of the supported organizations. I were a majority of the organization's directors or trustees during the provide provided during theprovide y during the tax year is a supported organization a	Fai	Supporting Organizations (continued)			
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Schedule A (Form 990 or 990-EZ) 2018

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Sche	dule A (Form 990 or 990-EZ) 2018 CONNECTICUT COMMUNITY F	OUND	ATION, INC.	06-6038074 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	on Nov. 20, 1970 (explain i	n Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must cc	mplete	Sections A through E.	
Sect	ion 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		
Sect	ion 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		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting o	rganization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2018

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Schedule A (Form 990 or 990-EZ) 2018 CONNECTICUT COMMUNITY FOUNDATION, INC. 06-6038074 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)						
Secti	on D - Distributions			Current Year					
1	Amounts paid to supported organizations to accomplish exe	mpt purposes							
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported							
	organizations, in excess of income from activity								
3	Administrative expenses paid to accomplish exempt purpose								
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	he organization is responsive	e						
	(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		-						
Secti	on 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 (reason-								
	able 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	8 Breakdown of line 7:								
a	Excess from 2014								
b	b Excess from 2015								
C	Excess from 2016								
	Excess from 2017								
e	Excess from 2018								

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

11560722 755449 NC3440

Schedule A (I	Form 990 or 990-EZ) 2018 CO	NNECTICUT COMMU	JNITY FOUNDATI	ON, INC.	06-6038074 Page
	Supplemental Informatic Part IV, Section A, lines 1, 2, 3b line 1; Part IV, Section D, lines 2 Section D, lines 5, 6, and 8; and (See instructions.)	, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 2 and 3; Part IV, Section E, lin	, 11a, 11b, and 11c; Part I\ es 1c, 2a, 2b, 3a, and 3b; F	/, Section B, lines 1 Part V, line 1; Part V	and 2; Part IV, Section C, , Section B, line 1e; Part V,
	CONTRIBUTIONS	EXCLUDED FROM B	PART II SECTIC	N A LINE 1	1
2014 -	\$3,075,257				
	\$1,700,000				
	\$2,649,440				
2020	<u> </u>				
832028 10-11-18			20	Schedule	A (Form 990 or 990-EZ) 20
60722	755449 NC3440	2018.0400	20 0 CONNECTICUT	COMMUNITY	FOUND NC3440_

SCHEDULE D

(Form 990)

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.



Department of the Treasury Internal Revenue Service Name of the organization

CONNECTICUT COMMUNITY FOUNDATION, INC.

Employer identification number 06 - 6038074

Pa	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Acco	unts.Complete if the	
		(a) Donor advised funds	(b) Fur	nds and other accounts	
1	Total number at end of year	76			69
2	Aggregate value of contributions to (during year)	644,827.		6,839,33	2.
3	Aggregate value of grants from (during year)	590,127.		4,608,12	6.
4	Aggregate value at end of year	10,700,686.		92,384,29	0.
5	Did the organization inform all donors and donor advisors in w		d funds		
	are the organization's property, subject to the organization's e	xclusive legal control?		X Yes	No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?		Ũ	X Yes	No
Pa	rt II Conservation Easements. Complete if the orga				
1	Purpose(s) of conservation easements held by the organizatio		,		
	Preservation of land for public use (e.g., recreation or ed		icallv impo	rtant land area	
	Protection of natural habitat	Preservation of a certifi			
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form of	aconserv	vation easement on the last	ł
-	day of the tax year.			Held at the End of the Tax Y	
а	Total number of conservation easements		2a		
	Total acreage restricted by conservation easements				
c	Number of conservation easements on a certified historic stru				
	Number of conservation easements included in (c) acquired at				
u	listed in the National Register				
3	Number of conservation easements modified, transferred, rele			l n during the tax	
3	year >	ased, extinguished, or terminated by the t	Jiyanizatio	in during the tax	
4	Number of states where property subject to conservation ease	amont in located			
5	Does the organization have a written policy regarding the period			Yes	Na
~	violations, and enforcement of the conservation easements it			······ — · · · · —	No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	and ing of violations, and enforcing conse	rvation ea	sements during the year	
7	Amount of expanses insurred in manitering, inspecting, handli	ng of violations, and enforcing concernation		nto during the year	
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conservation	on easeme	ents during the year	
•		tief, the very increase of eachiers 170/b			
8	Does each conservation easement reported on line 2(d) above				Na
•	and section 170(h)(4)(B)(ii)?				No
9	In Part XIII, describe how the organization reports conservatio	-			
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes th	ie organiza	ation's accounting for	
Da	conservation easements. rt III Organizations Maintaining Collections of	Art Historical Traceuros or Oth	or Simi	lar Accoto	
га				Idi A55015.	
	Complete if the organization answered "Yes" on Form 9				
та	If the organization elected, as permitted under SFAS 116 (ASC				
	historical treasures, or other similar assets held for public exhi		ce of public	c service, provide, in Part X	Ш,
	the text of the footnote to its financial statements that describ				
b	If the organization elected, as permitted under SFAS 116 (ASC				
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of publ	ic service,	provide the following amou	unts
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1		🕨	\$	
			🕨	\$	
2	If the organization received or held works of art, historical trea		gain, provid	de	
	the following amounts required to be reported under SFAS 11				
	Revenue included on Form 990, Part VIII, line 1				
	Assets included in Form 990, Part X		🕨		
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2	2018
83205	1 10-29-18				

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		ICUT COMMUN		-		06-60			ge 2
	t III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	a significant	use of its	collection	items	5
-	(check all that apply):								
a	Public exhibition	d		hange programs					
b	Scholarly research	e							
c	Preservation for future generations								
4	Provide a description of the organization's co					ose in Par	t XIII.		
5	During the year, did the organization solicit o						7		Na
Da	to be sold to raise funds rather than to be ma t IV Escrow and Custodial Arran						Yes		No
1 0	reported an amount on Form 990, Pa		te il the organizatio	n'answered res	011 F0111 990	J, Part IV,	line 9, or		
	Is the organization an agent, trustee, custod		iary for contribution	is or other assets r	not included				
, a	on Form 990, Part X?						Yes	\square	No
b	If "Yes," explain the arrangement in Part XIII					······ <u> </u>			
			lowing table.				Amount		
c	Beginning balance				1c		7 uno dine		
	Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on F					·	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Pa									
	·	(a) Current year	(b) Prior year	(c) Two years back	-	years back	(e) Four	/ears b	ack
1a	Beginning of year balance	104,268,307.	93,575,999.	89,715,399		, 540,208.		796,8	886.
	Contributions	4,981,303.	1,303,615.	1,906,090	3,6	514,124.		390,3	
	Net investment earnings, gains, and losses	-6,427,540.	14,901,932.	7,021,266	-2,1	L05,033.	3,	987,2	243.
	Grants or scholarships	5,142,841.	5,135,936.	4,703,294	4,0)59,111.	4,	173,4	454.
	Other expenditures for facilities								
	and programs								
f	Administrative expenses	401,337.	377,303.	363,462	. 3	374,789.		360,8	848.
	End of year balance	97,277,892.	104,268,307.			715,399.	92,	640,2	208.
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or guasi-endowment	100.00	%	,,					
b	Permanent endowment	%	_						
	Temporarily restricted endowment	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse		ation that are held a	nd administered fo	r the organi	zation			
	by:	-			-		ا	Yes	No
	(i) unrelated organizations						3a(i)		Х
	(ii) related organizations								Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.				·		
Pai	t VI Land, Buildings, and Equipm	ient.							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or ot basis (investm			Accumulate depreciation		(d) Book	value	1
1a	Land								
	Buildings								
	Leasehold improvements			İ					
	Equipment		5	5,099.	24,0	39.	31	,06	50.
	Other				-				
	. Add lines 1a through 1e. (Column (d) must e		X, column (B), line 1	0c.)			31	,06	50.

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Part VII	D (Form 990) 2018	CONNECTICUT	COMMUNITY	FOUNDATION,	INC. (06-6038074	Page 3
		Other Securities.					
	Complete if the or	ganization answered "Yes"	on Form 990, Part IV	, line 11b. See Form 990	, Part X, line 12.		
(a) Descri	ption of security or cate	egory (including name of security)	(b) Book value	(c) Method of	valuation: Cost or	end-of-year market v	alue
(1) Financ	ial derivatives						
(2) Closely	/-held equity interest	S					
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)	(1) 15 00						
		90, Part X, col. (B) line 12.)					
Part VII	_	Program Related.					
	(a) Description o	ganization answered "Yes"	on Form 990, Part IV (b) Book value			end-of-year market v	
(4)	(a) Description of				valuation. Cost of	end-or-year marker v	aiue
(1)							
(2)							
(3)							
(4)							
<u>(5)</u> (6)							
(7)							
(8)							
(9)							
	(b) must equal Form 99	90, Part X, col. (B) line 13.) 🕨					
Part IX							
		ganization answered "Yes"	on Form 990, Part IV	, line 11d. See Form 990	, Part X, line 15.		
	Complete if the or			·			lue
	Complete if the or	(a)	Description			(b) Book va	luc
(1)	Complete if the or	(a)	Description				
	Complete if the or	(a)	Description				
(1) (2) (3)	Complete if the or	(a)	Description				
(2)	Complete if the or	(a)	Description				
(2) (3)	Complete if the or	(a)	Description				
(2) (3) (4)		(a)	Description				
(2) (3) (4) (5)		(a)	Description				
(2) (3) (4) (5) (6)		(a)	Description				
(2) (3) (4) (5) (6) (7)		(a)	Description				
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold	umn (b) must equal F	Form 990, Part X, col. (B) line					
(2) (3) (4) (5) (6) (7) (8) (9)	umn (b) must equal F Other Liabilit i	Form 990, Part X, col. (B) line es.	e 15.)				
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold	<i>umn (b) must equal F</i> Other Liabiliti Complete if the or	Form 990, Part X, col. (B) line es. ganization answered "Yes"	e 15.)		m 990, Part X, line		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold	<i>umn (b) must equal F</i> Other Liabiliti Complete if the or	Form 990, Part X, col. (B) line es.	e 15.)	, line 11e or 11f. See For (b) Book value	m 990, Part X, line		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X	<i>umn (b) must equal F</i> Other Liabiliti Complete if the or (a) E deral income taxes	<i>Form 990, Part X, col. (B) line</i> es. ganization answered "Yes" Description of liability	e <i>15.)</i> on Form 990, Part IV		m 990, Part X, line		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X 1. (1) Fee (2) L	umn (b) must equal F Other Liabiliti Complete if the or (a) D deral income taxes IABILITY UN	Form 990, Part X, col. (B) line es. ganization answered "Yes"	e <i>15.)</i> on Form 990, Part IV	(b) Book value	m 990, Part X, line		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X 1. (1) Fee (2) L (3) AC	umn (b) must equal F Other Liabiliti Complete if the or (a) D deral income taxes IABILITY UN GREEMENTS	Form 990, Part X, col. (B) line es. ganization answered "Yes" Description of liability NDER SPLIT-INT	e <i>15.)</i> on Form 990, Part IV	(b) Book value 95 , 760 .	m 990, Part X, line		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X 1. (1) Fee (2) L (3) AC	umn (b) must equal F Other Liabiliti Complete if the or (a) D deral income taxes IABILITY UN	Form 990, Part X, col. (B) line es. ganization answered "Yes" Description of liability NDER SPLIT-INT	e <i>15.)</i> on Form 990, Part IV	(b) Book value	m 990, Part X, line		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X 1. (1) Fee (2) L (3) AC (4) AI (5)	umn (b) must equal F Other Liabiliti Complete if the or (a) D deral income taxes IABILITY UN GREEMENTS	Form 990, Part X, col. (B) line es. ganization answered "Yes" Description of liability NDER SPLIT-INT	e <i>15.)</i> on Form 990, Part IV	(b) Book value 95 , 760 .	m 990, Part X, line		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X 1. (1) Fee (2) L (3) AC (4) AI (5) (6)	umn (b) must equal F Other Liabiliti Complete if the or (a) D deral income taxes IABILITY UN GREEMENTS	Form 990, Part X, col. (B) line es. ganization answered "Yes" Description of liability NDER SPLIT-INT	e <i>15.)</i> on Form 990, Part IV	(b) Book value 95 , 760 .	m 990, Part X, line		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold Part X 1. (1) Fee (2) L (3) AC (4) AI (5) (6) (7)	umn (b) must equal F Other Liabiliti Complete if the or (a) D deral income taxes IABILITY UN GREEMENTS	Form 990, Part X, col. (B) line es. ganization answered "Yes" Description of liability NDER SPLIT-INT	e <i>15.)</i> on Form 990, Part IV	(b) Book value 95 , 760 .	m 990, Part X, line		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu Part X 1. (1) Fee (2) L (3) AC (4) A1 (5) (6) (7) (8)	umn (b) must equal F Other Liabiliti Complete if the or (a) D deral income taxes IABILITY UN GREEMENTS	Form 990, Part X, col. (B) line es. ganization answered "Yes" Description of liability NDER SPLIT-INT	e <i>15.)</i> on Form 990, Part IV	(b) Book value 95 , 760 .	m 990, Part X, line		
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu (9) Total. (Colu (2) (Colu (2) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	umn (b) must equal F Other Liabiliti Complete if the or (a) D deral income taxes IABILITY UN GREEMENTS NUITY PAY2	Form 990, Part X, col. (B) line es. ganization answered "Yes" Description of liability NDER SPLIT-INT	e 15.) on Form 990, Part IV EREST	(b) Book value 95 , 760 .			

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

Schedule D (Form 990) 2018

832053 10-29-18

Sche	dule D (Form 990) 2018 CONNECTICUT COMMUNITY FO				<u>6038074</u> _F	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With R	evenue per R	eturi	า.	
	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	32,9	989.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a -10	,438,455.			
b	Donated services and use of facilities	2b				
С	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e	-10,438,4	
3	Subtract line 2e from line 1			3	10,471,4	44.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	34,465.			
b	Other (Describe in Part XIII.)	4b 1	,244,796.			
с	Add lines 4a and 4b			4c	1,279,2	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	11,750,7	/05.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per	Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line					
1	Total expenses and losses per audited financial statements			1	7,072,2	260.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				_
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	7,072,2	260.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b		35,558.			
b	Other (Describe in Part XIII.)	4b	312,685.			
С	Add lines 4a and 4b			4c	348,2	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	7,420,5	503.
Pa	t XIII Supplemental Information.					
Drov	do the descriptions required for Part II, lines 3, 5, and 0; Part III, lines 1a and 4;	Dart IV lines 1h ar	d 2h: Part V line	1. Dort	V line 2. Dort VI	

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.

312,685.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ADJUSTMENT FOR FUNDS HELD AS AGENCY ENDOWMENTS

832054 10-29-18

SCHEDULE F	Stateme	Statement of Activities Outside the United States							
(Form 990)			n answered "Yes" on Form 990, Part			2018			
Department of the Treasury			Attach to Form 990.			Open to Public			
Internal Revenue Service	Go to v	www.irs.gov/Fo	rm990 for instructions and the latest	information.		Inspection			
Name of the organization					Employer ide	entification number			
CONNECTICUT CON					06-6038				
		Activities Our	tside the United States. Comple	te if the orgar	ization answere	ed "Yes" on			
Form 990, Part									
•	÷		ds to substantiate the amount of its gra the selection criteria used to award the			Yes X No			
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	grants and o	ther assistance	outside the			
3 Activities per Region. (The following Parl	t I, line 3 table ca	an be duplicated if additional space is n	eeded.)					
(a) Region	(b) Number of		(d) Activities conducted in the region	(e) If acti	vity listed in (d)	(f) Total			
	offices in the region	employees, agents, and independent contractors	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	describe	gram service, e specific type (s) in the regior	expenditures for and investments in the region			
		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.			

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

832071 10-31-18

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)
			recognized as charities by the				1	
			tion 501(c)(3) equivalency lette					
3 Enter total number of	other organizations of	or entities				🕨		

06-6038074

Page 3

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.

Part III can be duplicated if	auditional space is neede		((0.4		
(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)
	ASIA - CHINA AND						
CHOLARSHIP	AUSTRALIA	1	4,000.		0.		
	NORTH AMERICA -						
	CANADA, BUT NOT						
CHOLARSHIP	THE UNITED STATES	1	4,000.		0.		
							+

Schedule F (Form 990) 2018 CONNECTICUT COMMUNITY FOUNDATION INC 06-6038074 Page 4 Part IV Foreign Forms Foreign For

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>the</i> 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	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X 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	X 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	X No

Schedule F (Form 990) 2018

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chedule F (Form 990) 2018		T COMMUNITY	FOUNDATION,	INC.	06-6038074	Pag
	Supplementa						
				f funds); Part I, line 3, co			
				nting method); Part III (a e this part to provide any			C)
	(estimated numbe	er of recipients), as ap	plicable. Also complete	e this part to provide any	y additional mormati	on. See instructions.	
32075 10-31-1	8					Schedule F (Form	9901
2010 10-31-1	U C			33		Schedule r (FUIII	530)
				22			

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Grants and Oth overnments, ar lete if the organizatio Go to www.ir	nd Individual	ls in the Üni ' on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047
Name of the organization							Employer identification number
		NITY FOUNDAT	TION, INC.				06-6038074
Part I General Information on Grants a							
1 Does the organization maintain records criteria used to award the grants or assi	stance?	-				sistance, and the selec	
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to	-			• •	anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received more than					(f) Method of	1	
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	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
			,	·			FOR GIVELOCAL2018,
AFTER SCHOOL ARTS PROGRAM							METAMORPHOSIS 2018
P.O. BOX 15							SANCTUARY PROJECT,
WASHINGTON DEPOT, CT 06794	20-1308465	501(C)(3)	68,346.	0.			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.	٥.			GIVE LOCAL 2018
ARCHDIOCESE OF HARTFORD P.O. BOX 28							ARCHDIOCESAN PROGRAMS, ESPECIALLY SERVICE TO THE POOR, 2018 ANNUAL
HARTFORD, CT 06141-0028	06-0646669	501(C)(3)	6,300.	0.			DONATION
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization LHA For Paperwork Reduction Act Notice 	is listed in the line	1 table	ne line 1 table				Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

CONNECTICUT COMMUNITY FOUNDATION, INC.

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Part II Continuation of Grants and Other		overnments and Orga		nited States (Sch	edule I (Form 990). Pa		70-0030074 Page
(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							"THREADS: WEAVING WORDS
SOUTHBURY, CT 06488	45-4200252	501(C)(3)	26,627.	0.			AND ART", GIVE LOCAL 2018
AUDUBON CENTER AT BENT OF THE							JUNIOR FOREST
RIVER - 185 EAST FLAT HILL ROAD -							TECHNICIANS, GIVE LOCAL
SOUTHBURY, CT 06488	13-1624102	501(C)(3)	17,432.	0.			2018, FIREFLY NIGHT
<u>Souribori, Ci 00488</u>	13-1024102	501(C)(3)	17,432.	0.			2018, FIREFLI NIGHI
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
	20 / 112000	501(0)(0)	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				GIVE LOCAL 2018, LEEVER
BRASS CITY CHARTER SCHOOL							MUSIC, ARTS CITIZENSHIP
212 CHESTNUT AVENUE							PROGRAM, AND GENERAL
	46-2366321	501(0)(2)	21 015	0.			PURPOSES
WATERBURY, CT 06710	40-2300321	501(C)(3)	21,915.	0.			
							GIVE LOCAL 2018, BRASS
BRASS CITY HARVEST							CITY HARVEST'S ANNUAL
P.O. BOX 11115							FARM TO TABLE DINNER,
WATERBURY, CT 06703	75-3263005	501(C)(3)	12,255.	0.			BRASS CITY COOKS! SENIOR
BRIDGE TO SUCCESS COMMUNITY							
PARTNERSHIP - 100 NORTH ELM							GENERAL SUPPORT, YOUTH
STREET, 2ND FLOOR - WATERBURY, CT							DEVELOPMENT, BBS2018:
06702	06-0646634	501(C)(3)	42,390.	0.			BACKBONE SUPPORT
CAREER RESOURCES, INC.							
350 FAIRFIELD AVENUE							
	06-1427945	501(C)(3)	10,000.	0.			STRIVE WATERBURY
BRIDGEPORT, CT 06604	00-142/945	501(C)(3)	10,000.	0.			SIRIVE WAIERBORI
CATHOLIC CHARITIES ARCHDIOCESE OF							
HARTFORD - 839 - 841 ASYLUM AVENUE							
	06-0667607	501(C)(3)	7 670	0.			
- HARTFORD, CT 06105-2801	00-000/00/	501(C)(3)	7,672.	0.			QUALITY MATTERS
CATHOLIC MISSION AID SOCIETY OF							2018-2019 SCHOLARSHIPS
THE ARCHDIOCESE OF HARTFORD - 467							FOR THE SEMINARIANS OF
BLOOMFIELD AVENUE - BLOOMFIELD, CT			-				THE ADELINA N. LIM
06002	06-0646901	pu1(C)3	5,000.	0.			FOUNDATION IN THE CITY OF

CONNECTICUT COMMUNITY FOUNDATION, INC.

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Part II Continuation of Grants and Other		vernments and Orga	-	nited States (Sch	edule I (Form 990) Pa		10-0030074 Page
(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 LOCAI 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 PARISI CHURCH, RECTORY AND OTHEN 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

CONNECTICUT COMMUNITY FOUNDATION, INC.

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Part II Continuation of Grants and Other		Vernments and Orga	-	nited States (Sch	edule I (Form 990) Pa		70-0030074 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SERVICES COUNCIL OF WOODBURY, INC 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 SOUTHBURY, 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, SOUTHBURY MOBILE PANTRY, GENERAL PURPOSES, CT FOOI 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

CONNECTICUT COMMUNITY FOUNDATION, INC.

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Part II Continuation of Grants and Other		overnments and Orga		nited States (Sch	edule I (Form 990). Pa		10-0030074 Page
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT PARTNERSHIP FOR							
CHILDREN, INC. DBA NAUGATUCK							PRESCHOOL/KINDERGARTEN
PARTNERSHIP FOR CH - 98 OLIVE							PEER PARTNERSHIP,
STREET - NAUGATUCK, CT 06770	26-4609367	501(C)(3)	16,585.	0.			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							GIVE LOCAL 2018, FOR
WATERBURY, CT 06708	06-0737391	501(C)(3)	13,670.	0.			GENERAL SUPPORT
ETA ALPHA LAMBDA, INC. 206 ELM STREET, UNIT - #204342 - NEW							ALPHA ACADEMY-ALPHA ESQUIRE, GO TO HIGH TO SCHOOL COLLEGE AND
HAVEN, CT 06520	81-2898205	501(C)(3)	7,000.	0.			HOMEWORK HELP
FIRST CONGREGATIONAL CHURCH OF NEW MILFORD - 36 MAIN STREET - NEW							TO SUPPORT "RAISE THE
MILFORD, CT 06776			16,000.	0.			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 -							FOR GENERAL SUPPORT, FARN TO TABLE DINNER AND AUCTION, ANNUAL GIFT,
WOODBURY, CT 06798	06-0791823	501(C)(3)	35,555.	0.			GIVE LOCAL 2018, ENHANCE
FOODCORPS, INC.							
1140 SE 7TH AVENUE, SUITE 110							HEALTHY SCHOOLS FOR
PORTLAND, OR 97214	27-3990987	501(C)(3)	30,000.	0.			HEALTHY KIDS IN NAUGATUC
GAYLORD HOSPITAL P.O. BOX 400							
WALLINGFORD, CT 06492	06-0646649	501(C)3	5,766.	Ο.			FOR GENERAL SUPPORT

CONNECTICUT COMMUNITY FOUNDATION, INC.

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(a) Name and address of			(d) Amount of	(a) Amount of	(f) Mathad of	(a) Description of	(h) Durpage of grant
(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
GIRL SCOUTS OF CONNECTICUT							GIVEL LOCAL 2018, SET UP
340 WASHINGTON STREET							TO STEM, WATERBURY
HARTFORD, CT 06106	06-0662134	501(C)(3)	13,460.	0.			OUTREACH TROOP
	00 0002101	501(0)(3)	10,100.				
GOSHEN COMMUNITY CARE AND HOSPICE							GIVE LOCAL 2018, SENIOR
5 OLD MIDDLE STREET							SOCIALS AND LUNCHEONS
GOSHEN, CT 06756	06-1198075	501(C)(3)	7,370.	0.			YEAR 4, TECHNOLOGY GRANT
			.,	•			
GOSHEN LAND TRUST							
P.O. BOX 501							FOR GENERAL PURPOSES,
GOSHEN, CT 06756	06-1030299	501(C)(3)	6,185.	0.			, GIVEL LOCAL 2018
			, -				
GOSHEN PLAYERS							
P.O. BOX 63							GIVE LOCAL 2018,
GOSHEN, CT 06756-0063	22-2775679	501(C)(3)	6,083.	0.			2018-2019 SEASON
GRANVILLE ACADEMY OF WATERBURY							FOR GENERAL PURPOSES,
P.O. BOX 2891							COLLEGE AND CAREER
WATERBURY, CT 06723	06-1404367	501(C)(3)	5,500.	0.			PREPARATION
							GIVE LOCAL 2018, FOR
GREATER WATERBURY INTERFAITH							TRUSTEE FUND AWARD 2018,
MINISTRIES - 770 EAST MAIN STREET							PRESENTATION MATERIAL
- WATERBURY, CT 06702	06-0658070	501(C)(3)	21,989.	0.			GWIM FEEDING PROGRAMS,
							FOR GENERAL PURPOSES,
GREENWOODS COUNSELING REFERRALS							SUBOXONE MAINTENANCE &
INC P.O. BOX 1549 - LITCHFIELD,							RELAPSE PREVENTION
СТ 06759	06-1351190	501(C)(3)	20,741.	0.			PROGRAM, GREENWOODS
GUNN MEMORIAL LIBRARY							GIVE LOCAL 2018, LIBRARY
P.O. BOX 1273							LUMINARIES AT GUNN
WASHINGTON, CT 06793	06-0691373	501(C)(3)	16,493.	0.			LIBRARY
HARTFORD BISHOPS' FOUNDATION INC.							
467 BLOOMFIELD AVENUE							
BLOOMFIELD, CT 06002	81-1546773		100,000.	0.			FOR GENERAL PURPOSES

CONNECTICUT COMMUNITY FOUNDATION, INC.

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Part II Continuation of Grants and Other		overnments and Orga		nited States (Sch	edule I (Form 990) Pa		10-0030074 Page 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 non-cash assistance	(h) Purpose of grant or assistance
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 QUASSAPAUG ASSOCIATION P.O. BOX 285 MIDDLEBURY, CT 06762-0285	46-2210426	501(C)(3)	43,418.	0.			GIVE LOCAL 2018

CONNECTICUT COMMUNITY FOUNDATION, INC.

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(a) Name and address of	(b) EIN (c) IRC section		(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
LAKE WARAMAUG TASK FORCE, INC.							LAKE WARAMAUGH CATCH
50 CEMETERY ROAD							BASIN INVENTORY, GIVE
WARREN, CT 06754	06-1063687	501(C)(3)	11,759.	0.			LOCAL 2018
			,				
LANDMARK COMMUNITY THEATRE							
P.O. BOX 158							
THOMASTON, CT 06787-0158	27-1112550	501(C)(3)	9,581.	Ο.			GIVE LOCAL 2018
							AGING MASTERY PROGRAM
LITCHFIELD COMMUNITY CENTER							YEAR 2, GIVE LOCAL 2018,
421 BANTAM ROAD							FOR GENERAL SUPPORT, FOR
LITCHFIELD, CT 06759	06-1520254	501(C)(3)	12,639.	0.			WILDERNESS SKILLS
LITCHFIELD HILLS CHORE SERVICE,							ELDERLY SERVICES SUPPORT
INC P.O. BOX 294 - LITCHFIELD,							AND OUTREACH, GIVE LOCAL
<u>CT 06759</u>	20-3824096	501(C)(3)	10,353.	0.			2018, FOR GENERAL SUPPORT
I THOUGHTEID I AND HDIIGH INC							
LITCHFIELD LAND TRUST, INC.							
P.O. BOX 712	23-7002462	501(C)(3)	6,275.	0.			GIVE LOCAL 2018, 2018 SUNSET PARTY
LITCHFIELD, CT 06759-0712	23-7002482	501(0)(3)	0,275.	υ.			SUNSEI PARII
LITCHFIELD MONTESSORI SCHOOL							
5 KNIFE SHOP ROAD							GIVE LOCAL 2018, GIVE
NORTHFIELD, CT 06778	23-7320463	501(C)(3)	26,830.	Ο.			LOCAL MATCHING GRANT
			·				
LITERACY VOLUNTEERS ON THE GREEN							
P.O. BOX 366							GIVE LOCAL 2018,
NEW MILFORD, CT 06776-0366	26-2018636	501(C)(3)	8,896.	Ο.			CELEBRATION OF LITERACY
							GIVE LOCAL 2018, SUMMER
LITTLE BRITCHES THERAPEUTIC							PROGRAM 2018 WITH AN
RIDING, INC P.O. BOX 120 -							OCCUPATIONAL THERAPIST,
WOODBURY, CT 06798	06-1342553	501(C)(3)	20,605.	0.			FOR GENERAL SUPPORT,
							FOR LISA INC. PROGRAM
LIVING IN SAFE ALTERNATIVES, INC.							OPERATIONS, FOR GENERAL
200 EXECUTIVE BLVD, SUITE 4C							PURPOSES, FOR DOWN
SOUTHINGTON, CT 06489	06-0899577	501(C)(3)	195,800.	0.			PAYMENT FOR NEW BUILDING

CONNECTICUT COMMUNITY FOUNDATION, INC. Schedule I (Form 990) CONNECTICUT COMMUNITY FOUNDATION, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 06-6038074 Page 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 non-cash assistance	(h) Purpose of grant or assistance
LIVINGSTON RIPLEY WATERFOWL							
SANCTUARY - P.O. BOX 210 -							
LITCHFIELD, CT 06759	51-0280202	501(C)(3)	8,165.	0.			GIVE LOCAL 2018
/			, ,				LATINO WORKFORCE PROGRAM,
MADRE LATINA INC.							GIVE LOCAL 2018, ACHIEVER
P.O BOX 3082							GALA & AWARD CEREMONY,
WATERBURY, CT 06705	46-3164021	501(C)(3)	16,960.	0.			HEALTH ON WHEELS 2018
MAIN STREET BALLET COMPANY							THE NUTCRACKER ON 12/1 &
124 SOUTH POMPERAUG AVENUE							12/2 AT POMPERAUGH HS,
WOODBURY, CT 06798	46-3755768	501(C)(3)	5,438.	0.			GIVE LOCAL 2018
MASSACHUSETTS EYE AND EAR							
INFIRMARY - 243 CHARLES STREET -							DESIGNATED FOR EYE
BOSTON, MA 02114	04-2103591	501(C)(3)	11,959.	Ο.			RESEARCH
							GIVE LOCAL 2018, FOR
MATTATUCK MUSEUM							LIBRARY AND EXHIBITS OF
144 WEST MAIN STREET							INDUSTRIAL PROCESSES &
WATERBURY, CT 06702	06-0443990	501(C)(3)	107,362.	0.			PRODUCTS DEVELOPED IN
MATTATUCK UNITARIAN UNIVERSALIST							GREATER WOODBURY
SOCIETY - 214 MAIN STREET SOUTH -							ENVIRONMENTAL FORUM,
WOODBURY, CT 06798-3708	06-1023279	501(C)(3)	8,328.	0.			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
<i>`</i>							
MIDDLEBURY LAND TRUST							
P.O. BOX 193							FOR GENERAL ANNUAL GIFT,
MIDDLEBURY, CT 06762	23-7050688	501(C)(3)	16,341.	0.			GIVE LOCAL 2018
MINOR MEMORIAL LIBRARY							
23 SOUTH STREET							
ROXBURY, CT 06783	06-0692376	501(C)3	5,000.	0.			FOR THE GENERAL FUND

CONNECTICUT COMMUNITY FOUNDATION, INC. Schedule I (Form 990) CONNECTICUT COMMUNITY FOUNDATION, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 06-6038074 Page 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 non-cash assistance	(h) Purpose of grant or assistance
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							WATERBURY BRASS SENIOR
82-100 PEARL STREET							PROGRAM SITE, SENIOR
WATERBURY, CT 06704-3343	22-3092504	501(C)(3)	9,500.	0.			CENTER OPERATIONAL YEAR
MUSIC MOUNTAIN							FOR UNDERWRITING-DOVER
P.O. BOX 738							QUARTER, FOR GENERAL
LAKEVILLE, CT 06039	23-7219961	501(C)(3)	11,000.	0.			PURPOSES
			, -				
NAUGATUCK RIVER REVIVAL GROUP INC.							
132 RADNOR AVENUE							GIVE LOCAL 2018, FOR
NAUGATUCK, CT 06770	35-2334025	501(C)(3)	11,232.	0.			GENERAL PURPOSES
				•			
NAUGATUCK VALLEY COMMUNITY COLLEGE							
FOUNDATION - 750 CHASE PARKWAY -							
WATERBURY, CT 06708	23-7165869	501(C)(3)	4,062.	0.			GIVE LOCAL 2018
			,				GIVE LOCAL 2018, FOR
NAUGATUCK YMCA							THREE SUMMER CAMP PROGRAM
284 CHURCH STREET							FEES, THERAPEAUTIC
NAUGATUCK, CT 06770	06-0646770	501(C)(3)	35,081.	0.			, EXERCISE (PATHWAYS YEAR
			, -				
NAUGATUCK YOUTH SERVICES INC.							CORNERSTONE ORGANIZATION-
13 SCOTT STREET							OPERATIONAL FUNDING
NAUGATUCK, CT 06770	20-8934900	501(C)(3)	26,052.	0.			GRANT, GIVE LOCAL 2018
NEIGHBORHOOD HOUSING SERVICES OF			1				CORNERSTONE ORGANIZATION-
WATERBURY, INC 193 GRAND							OPERATIONAL FUNDING
STREET, 3RD FLOOR - WATERBURY, CT							GRANT, GIVE LOCAL
06702	06-1022915	501(C)(3)	46,546.	0.			2018,2ND ANNUAL HOME

CONNECTICUT COMMUNITY FOUNDATION, INC.

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Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Scho	edule I (Form 990), Pa	art 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
							AN ARTIST'S EYE ON NEW
NEW MILFORD HISTORICAL SOCIETY							MILFORD ART SHOW, GIVE
P. O. BOX 359							LOCAL 2018, 2018 NEW
NEW MILFORD, CT 06776-0359	06-0670251	501(C)(3)	6,857.	0.			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.							100TH ANNIVERSARY GALA,
68 PARK LANE ROAD NEW MILFORD, CT 06776	06-0653153	501(C)(3)	10,310.	0.			GIVE LOCAL 2018, FAMILY SUPPORT SERVICES
	00 0033133	501(0)(3)	10,510.				GIVE LOCAL 2018, CHEF ON
NEW OPPORTUNITIES, INC.							SITE, WATERBURY BRASS
232 NORTH ELM STREET							SENIOR PROGRAMS LEAD
WATERBURY, CT 06702	06-6071847	501(C)(3)	75,052.	0.			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							FOR GENERAL USE AND
PORT WASHINGTON, NY 11050	11-1666852	501(C)(3)	11,898.	0.			PURPOSES
NORTHWEST CONNECTICUT ARTS COUNCIL							BBS2018: NORTHWEST CT
40 MAIN STREET, SUITE 1							ARTS COUNCIL, FOR GENERAL
TORRINGTON, CT 06790	06-1725017	501(C)(3)	19,990.	0.			, SUPPORT, GIVE LOCAL 2018
,			, -				, GIVE LOCAL 2018, BUILDIN
NORTHWEST CONSERVATION DISTRICT							RESILIENT LOCAL
1185 NEW LITCHFIELD STREET							COMMUNITIES WITH LOW
TORRINGTON, CT 06790	06-0869263	501(C)(3)	12,538.	0.			IMPACT DEVELOPMENT
OLIVER WOLCOTT LIBRARY, INC.							
P.O. BOX 187							FESTIVAL OF TREES, GIVE
LITCHFIELD, CT 06759	06-0709304	501(C)(3)	6,460.	0.			LOCAL 2018

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Part II Continuation of Grants and Other		overnments and Orga		nited States (Sch	edule I (Form 990) Pa		0-0030074 Page
(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
							GIVE LOCAL 2018, FOR
PALACE THEATER							GENERAL PURPOSES, PALACE
100 EAST MAIN STREET		501(0)(0)	14.400				10.3 PARTY OF THE
WATERBURY, CT 06702	02-0620399	501(C)(3)	14,489.	0.			DECADES, A SECOND ACT
PENNSYLVANIA STATE UNIVERSITY							
OFFICE OF SPONSORED PROGRAMS - 110							SCHOOL OF HOSPITALITY MANAGEMENT SENIOR LIVING
TECHNOLOGY CENTER BUILDING -	24-6000376	501(C)3	20 004	0.			INITIATIVE
UNIVERSITY PARK, PA 16802-7000	24-0000370	501(C/5	29,984.	0.			
PEOPLE FOR THE ETHICAL TREATMENT							
OF ANIMALS (PETA) - 501 FRONT							FOR GENERAL USES AND
STREET - NORFOLK, VA 23510	52-1218336	501(C)(3)	11,898.	0.			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.							PHS GRADNITE 18, GIVE
P.O. BOX 951							LOCAL 2018, PHS GRADNITE
SOUTHBURY, CT 06488	46-1154471	501(C)(3)	5,519.	0.			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
							FAMILY PROGRAMS AT THE
PILOBOLUS, INC. P.O. BOX 388							FIVE SENSES FESTIVAL,
6 CALHOUN STREET							CONNECTING WITH BALANCE,
WASHINGTON DEPOT, CT 06794	03-0230490	501(C)(3)	12,000.	0.			YEAR
PLANNED PARENTHOOD OF SOUTHERN NEW							
ENGLAND - 345 WHITNEY AVENUE - NEW							WATERBURY CHAPTER, GIVE
HAVEN, CT 06511-2384	06-0263565	501(C)(3)	35,272.	٥.			LOCAL 2018

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Part II Continuation of Grants and Other		Vernments and Orac	-	nited States (Sab	odulo I (Earm 000) Do		70-0030074 Page 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 non-cash assistance	(h) Purpose of grant or assistance
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 - SOUTHBURY, 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

CONNECTICUT COMMUNITY FOUNDATION, INC.

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Part II Continuation of Grants and Other		Vernmente and Orga		nited States (Seb	odulo I (Eorm 000) Do		0-0030074 Page
(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 &
SAFE HAVEN OF GREATER WATERBURY, INC 29 CENTRAL AVENUE - WATERBURY, CT 06702	06-0996479	501(C)(3)	32,062.	0.			GIVE LOCAL 2018, SAFER 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 LOCAI 2018, PINK OUT FOR BREAST AWARENESS, FOR GENERAL PURPOSES

CONNECTICUT COMMUNITY FOUNDATION, INC.

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Part II Continuation of Grants and Other						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 non-cash assistance	(h) Purpose of grant or assistance
							FOR GENERAL SUPPORT,
SALVATION ARMY							FAMILY EMERGENCY SHELTER,
74 CENTRAL AVENUE							GIVE LOCAL 2018, 10TH
WATERBURY, CT 06702	13-5562351	501(C)(3)	18,444.	0.			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.							GIVE LOCAL 2018 F.Y.E.R
276 HIGHLAND AVENUE							
	46-2376450	501(C)(3)	14,783.	0.			BALL, GIRLS ON FYER LEADERSHIP PROGRAM
WATERBURY, CT 06708-3022	40-2370430	501(0)(3)	14,783.	0.			LEADERSHIP PROGRAM
SEVEN ANGELS THEATRE COMPANY							
P.O. BOX 3358							ARTS & CULTURE, GIVE
WATERBURY, CT 06705-3358	06-1303263	501(C)(3)	13,505.	٥.			LOCAL 2018
							GIVE LOCAL 2018, SWEETS
SHAKESPERIENCE PRODUCTIONS, INC.							TO THE SWEET, WATERBURY
117 BANK STREET							INTERACTIVE: OUR CITY,
WATERBURY, CT 06702	06-1555859	501(C)(3)	34,924.	٥.			OUR NEIGHBORHOODS
							FOR GENERAL SUPPORT, FOR
SILAS BRONSON LIBRARY							THE PURCHASE OF
267 GRAND STREET							CHILDREN'S BOOKS,
WATERBURY, CT 06702	23-7339733	501(C)3	8,264.	0.			WATERBURY BRASS SENIOR
SIMPLY SMILES INC.							FOR ORPHANAGE CAPITAL
1771 POST ROAD EAST							CAMPAIGN, FOR GENERAL
WESTPORT, CT 06880	56-2332922	501(C)(3)	5,500.	0.			PURPOSES
	50 2552522	501(0)(3)	5,500.	0.			
SOUTHBURY FOOD BANK							
P.O. BOX 68							
SOUTHBURY, CT 06488	22-3018164	501(C)(3)	7,370.	٥.			GIVE LOCAL 2018
							GIVE LOCAL 2018, GARDEN
SOUTHBURY LAND TRUST							TOUR & PARTY AT PINE
P.O. BOX 600							MEADOW GARDENS, SOUTHBURY
SOUTHBURY, CT 06488	06-0977326	501(C)(3)	13,729.	٥.			FARMS POSTING AND

CONNECTICUT COMMUNITY FOUNDATION, INC.

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(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(b) EIN	if applicable	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
							TO BE APPLIED IN
SOUTHBURY PUBLIC LIBRARY							FURTHERANCE OF A "SPECIAI
100 POVERTY ROAD							PROJECT" SELECTED BY THE
SOUTHBURY, CT 06488	06-6002089	501(C)3	9,435.	0.			HEAD LIBRARIAN WITH
							FOR THE SOCIAL SERVICES
SOUTHBURY TOWN OF							DEPT. FOR ELDERLY
501 MAIN STREET SOUTH							RESIDENTS OF SOUTHBURY
SOUTHBURY, CT 06488	06-6002089	501(C)3	5,965.	0.			SUFFERING HARDSHIP OR
S.M.A.R.T INC.							
948 OLD WATERBURY ROAD							OUTREACH & EDUCATION,
SOUTHBURY, CT 06488	30-0665423	501(C)(3)	11,814.	0.			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							WATERBURY BRASS SENIOR
NEIGHBORHOOD COMMUNITY CTR 60							PROGRAM SITE, TODAY'S
ELMWOOD AVENUE - WATERBURY, CT							YOUTH, 1ST ANNUAL WINE
06710	30-0196431	501(C)(3)	8,300.	Ο.			TASTING EVENT
							GIVE LOCAL 2018, FOR
ST. VINCENT DEPAUL MISSION OF							GENERAL PURPOSES, FOR
WATERBURY - P.O. BOX 1612 -							GENERAL SUPPORT, DAY
WATERBURY, CT 06721-1612	06-1001527	501(C)(3)	16,753.	٥.			PROGRAM FOR SINGLE WOMEN
							BH PAPERLESS PROJECT,
STAYWELL HEALTH CARE, INC.							QUEER UNITY EMPOWERMENT
80 PHOENIX AVENUE							SUPPORT TEAM (QUEST)
WATERBURY, CT 06702	22-3160873	501(C)(3)	29,862.	0.			(FORMERLY LGBTW PROJECT)
	1		1				GIVE LOCAL2018,
STEEP ROCK ASSOCIATION, INC.							, INTERGENERATIONAL
P.O. BOX 279							FAMILIES AND SENIORS IN
WASHINGTON DEPOT, CT 06794-0279	06-6069060	501(C)(3)	16,870.	0.			STEEP ROCK
STEVEK FOUNDATION, INC. CRAMER &							
ANDERSON LLP - 30 MAIN STREET STE							
204 - DANBURY, CT 06810	75-3140355	501(C)(3)	20,000.	Ο.			FOR AWARDS

CONNECTICUT COMMUNITY FOUNDATION, INC.

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	<i>(</i>) <u>-</u>						
(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
							WALK A MILER IN HER
SUSAN B. ANTHONY PROJECT							SHOES, GIVE LOCAL 2018,
179 WATER STREET							THE TOUCHSTONE GIRLS
TORRINGTON, CT 06790	06-1085983	501(C)(3)	22,746.	0.			EMPOWERMENT GROUP, THE
THE AMERICAN MURAL PROJECT P.O.							
BOX 538 - 100 WHITING STREET -							"ALL OUR OWN" MURAL
WINSTED, CT 06098	26-3993911	501(C)(3)	7,300.	٥.			PROJECT AT ROTELLA SCHOOL
							FOR THE GENERAL FUND, AN
THE GLEBE HOUSE AND GERTRUDE							EVENING OF COCKTAILS AND
JEKYLL GARDEN - P.O. BOX 245 -							FESTIVE DINNERS WITH
WOODBURY, CT 06798-0245	06-0653106	501(C)(3)	8,528.	0.			FRIENDS, YOUTH SUMMER
THE THEY DIACK MENODIAL DARK AND							
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
	40 2352410	501(0)(3)	15,410.	•.			FOR THE WATERTOWN AREA
THE TAFT SCHOOL							SCHOLARSHIP FUND, FOR
110 WOODBURY ROAD							SCHOLARSHIPS, COLLEGIUM
WATERTOWN, CT 06795-2100	06-0646921	501(C)(3)	10,613.	٥.			MUSICUM CONCERT TOUR TO
THE WARNER THEATRE (NW CT							
ASSOCIATION FOR THE ARTS) - P.O.	06-1048713	501(C)(3)	7,035.	0.			GIVE LOCAL 2018, FOR GENERAL SUPPORT
BOX 1012 - TORRINGTON, CT 06790	00-1048713	501(C)(3)	7,035.	0.			GENERAL SUPPORT
UCONN - OSHER LIFELONG LEARNING							GREENING OF WATERBURY-
INSTITUTE - 99 EAST MAIN STREET -							FROM PLANTING TO HARVEST
WATERBURY, CT 06702-2311	06-6070722	501(C)(3)	7,582.	٥.			GIVE LOCAL 2018
UNITED WAY OF CENTRAL &							
NORTHEASTERN CT - 30 LAUREL STREET							EMERGENCY HOUSING
- HARTFORD, CT 06106		501(C)3	12,000.	٥.			ASSISTANCE
							GIVE LOCAL 2018 FOR
UNITED WAY OF GREATER WATERBURY							FINDING OF SCHOLARSHIPS,
100 NORTH ELM STREET, 2ND FL							MINI GRANTS AND
WATERBURY, CT 06702-1512	06-0646634	501(C)(3)	31,258.	٥.			FOUNDATION OPERATIONS,

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Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	inizations in the U	hited States (Schi	edule I (Form 990), Pa I	irt II.) T	1
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							WELCOME BABY! FOR GENERAI
UNITED WAY OF NAUGATUCK & BEACON							SUPPORT, FOR SUPPORT OF
FALLS - P.O. BOX 209 - NAUGATUCK,			15 144				THE CHARITABLE OR
<u>CT 06770-0209</u>	06-0788028	501(C)(3)	17,411.	0.			EDUCATIONAL PURPOSES OF
UNITED WAY OF WESTERN CONNECTICUT							
(NORTHERN FAIRFIELD COUNTY OFFICE)							
- 301 MAIN STREET, SUITE 2-5 -		F01 (g) ())	10.100				
DANBURY, CT 06810	06-0646577	501(C)(3)	17,177.	0.			GIVE LOCAL 2018
UNIVERSITY OF NEW HAVEN OFFICE OF							TRANSFORMING VOLUMU
GRANTS AND SPONSORED PROGRAMS - 300 BOSTON POST ROAD - WEST HAVEN,							TRANSFORMING YOUTH JUSTICE LEADERSHIP
CT 06516	06-0761704	501(C)(3)	5,000.	0.			DEVELOPMENT PROGRAM
	00 0701704	501(0)(3)	5,000.	0.			TO SUPPORT EDUCATIONAL
VASSAR COLLEGE STUDENT FINANCIAL							PROGRAMS, FOR JOHN B.
SERVICES - 124 RAYMOND AVENUE, BOX							SCHWARTZ MEMORIAL TRAVEL
8 - POUGHKEEPSIE, NY 12604-0008	14-1338587	501(C)(3)	12,000.	٥.			AWARD FOR STUDENTS IN
VILLAGE CENTER FOR THE ARTS, INC.							
12 MAIN STREET							GIVE LOCAL 2018, CLUB MUI
NEW MILFORD, CT 06776	06-1325983	501(C)(3)	7,807.	0.			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
WAGUTNOMON EDIENDO OF MUCTO							GIVE LOCAL 2018,
WASHINGTON FRIENDS OF MUSIC							WASHINGTON FRIENDS OF
P.O. BOX 1284	47-5034272	501(C)(3)	7 706	0.			MUSIC 2018 SUMMER CONCERTS
WASHINGTON, CT 06793	4/-30342/2	501(0)(3)	7,786.	0.			CONCERTS
WASHINGTON MONTESSORI SCHOOL							
240 LITCHFIELD TURNPIKE							
NEW PRESTON, CT 06777	23-7100723	501(C)(3)	78,987.	٥.			GIVE LOCAL 2018

CONNECTICUT COMMUNITY FOUNDATION, INC. Schedule I (Form 990) CONNECTICUT COMMUNITY FOUNDATION, INC. Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 06-6038074 Page 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 non-cash assistance	(h) Purpose of grant or assistance
WATERBURY PUBLIC SCHOOLS							
236 GRAND STREET							WATERBURY ROBOTICS
WATERBURY, CT 06702		501(C)3	20,000.	0.			EXPANSION PROJECT
,			, -				PICNIC & POPS, LIGHTS,
WATERBURY SYMPHONY ORCHESTRA							CAMERA, SYMPHONY! GIVE
160 ROBBINS STREET							LOCAL 2018, TO PROVIDE
WATERBURY, CT 06708-2614	06-6090876	501(C)(3)	140,163.	0.			, COMPENSATION, FEES OR
			, -				LINKING ACADEMICS TO LIFE
WATERBURY YOUTH SERVICES, INC.							(LAL) PROGRAM, TECHNOLOGY
83 PROSPECT STREET							GRANT TO REPLACE OLD
WATERBURY, CT 06702	06-1219372	501(C)(3)	27,244.	0.			OUTDATED SERVER, 21ST
							GIVE LOCAL 2018, FALL
WEANTINOGE HERITAGE LAND TRUST,							CELEBRATION, FOR GENERAL
INC P.O. BOX 821 - KENT, CT							PURPOSES, REGIONAL
06757	06-6082034	501(C)(3)	24,051.	0.			PARTNERSHIP INTERN
							GIVE LOCAL 2018, BUILDING
WELLMORE BEHAVIORAL HEALTH							ASSETS AND REDUCING
141 EAST MAIN STREET							AT-RISK BEHAVIORS IN
WATERBURY, CT 06702	06-0669107	501(C)(3)	52,513.	0.			MS/HS STUDENTS
			,				
WELLSPRING FOUNDATION							GIVE LOCAL 2018, PARENT
P.O. BOX 370							SUPPORT GROUP, FOR
BETHLEHEM, CT 06751-0370	06-1014227	501(C)(3)	59,618.	0.			GENERAL SUPPORT
			, -				EXPANDING EVIDENCE-BASED
WESTERN CONNECTICUT AREA AGENCY ON							HEALTH PROGRAMS IN
AGING - 84 PROGRESS LANE -							WATERBURY, GIVE LOCAL
WATERBURY, CT 06705	06-1182488	501(C)(3)	85,188.	0.			2018, WATERBURY OUTREACH
			, 				
WHEELS PROGRAM OF GREATER NEW							
MILFORD - 40 MAIN STREET - NEW							GIVE LOCAL 2018, VEHICLE
MILFORD, CT 06776	47-5673921	501(C)(3)	5,363.	0.			PURCHASE
WOLCOTT TOWN OF							
10 KENEA AVENUE							STAYING ACTIVE THROUGH
WOLCOTT, CT 06716	06-6002140	501(C)3	8,000.	٥.			EXERCISE

CONNECTICUT COMMUNITY FOUNDATION, INC.

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Part II Continuation of Grants and Other		overnments and Orga		nited States (Sch	edule I (Form 990), Pa		
(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
							REPURPOSE ROOM TO
WOODBURY PUBLIC LIBRARY							STUDY/MEETING ROOM, FOR
269 MAIN STREET SOUTH							THE PURCHASE OF BOOKS
WOODBURY, CT 06798	06-6002142	501(C)3	19,853.	0.			YEARLY FOR
YALE UNIVERSITY SCHOOL OF MEDICINE							
DEPT OF OPHTHALMOLOGY - 40 TEMPLE							
STREET, SUITE 1B - NEW HAVEN, CT							FOR OPHTHALMOLOGY
06510	06-0646973	501(C)3	11,965.	0.			RESEARCH
							WATERBURY BRASS SENIOR
YMCA OF GREATER WATERBURY							PROGRAM, FOR GENERAL
136 WEST MAIN STREET							SUPPORT, GIVE LOCAL 2018
WATERBURY, CT 06702	06-0646988	501(C)(3)	123,478.	0.			YMCA MOSAIC ART PROJECT,
DARCEY SCHOOL 1686 WATERBURY ROAD CHESIRE, CT 06410		501(C)(3)	8,960.	0.			CIRCLE OF SECURITY
		501(0)(0)	0,500.	•.			
THE MCCALL CENTER FOR BEHAVIORAL HEALTH - 85 HIGH STREET -							GIVE LOCAL 2018
TORRINGTON, CT 06790	06-0961756	501(C)(3)	7,487.	0.			GIVE LOCAL 2018

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Page 2

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
CHOLARSHIPS	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

Schedule I (Form 990) CONNECTICUT COMMUNITY FOUNDATION, INC. 06-6038074 Page 2 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

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 CONNECTICUT COMMUNITY FOUNDATION, INC.
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 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

Schedule I (Form 990)

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 CONNECTICUT COMMUNITY FOUNDATION, INC.
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 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

57

EXHIBITS OF INDUSTRIAL PROCESSES & PRODUCTS DEVELOPED IN GREATER

Schedule I (Form 990)

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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, NHSW

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

832291 04-01-18

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

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 CONNECTICUT COMMUNITY FOUNDATION, INC.
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 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:

Schedule I (Form 990)

Schedule I (Form 990) CONNECTICUT COMMUNITY FOUNDATION, INC. 06-6038074 Page 2 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

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 CONNECTICUT COMMUNITY FOUNDATION, INC.
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 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 I (Form 990)

SCHEDULE J Compensation Information						
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	2
•	-	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ΖU	10)
Dena	rtment of the Treasury	Attach to Form 990.		Open to		
Intern	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	ne of the organization		Employer i			mber
D	while Our article	CONNECTICUT COMMUNITY FOUNDATION, INC.	06-6	503807	4	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
а		ate box(es) if the organization provided any of the following to or for a person listed on Form	1990,			
		line 1a. Complete Part III to provide any relevant information regarding these items. harter travel Housing allowance or residence for perso				
First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence						
Tax indemnification and gross-up payments Health or social club dues or initiation fees						
		spending account Personal services (such as maid, chauffer				
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
~	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	,	, , , , , , , , , , , , , , , , , , , ,				
3	Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organization	ation's			
CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation	ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation	committee X Written employment contract				
	Independent compensation consultant Compensation survey or study					
	X Form 990 of other organizations X Approval by the board or compensation committee					
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a related organization:					
a						
	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?					
c Participate in, or receive payment from, an equity-based compensation arrangement?						X
	If "Yes" to any of lir	nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
•	-					
а	a The organization?					X
		ation?				X
		r 5b, describe in Part III.				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а		-		6a		Х
b		ation?				X
		r 6b, describe in Part III.				
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment				
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t				
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forr	n 990)) 2018

m 990) 2018 CONNECTICUT COMMUNITY FOUNDATION, INC. 06-6038074

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-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns (F) Compens		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) JULIE LOUGHRAN	(i)	151,842.	0.	0.	12,260.	9,491.	173,593.	0.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
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	(i)								
	(ii)								

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

ſ 20 18

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.

Open to Public Inspection Employer identification number

Name of the organization

CONNECTICUT COMMUNITY

FOUNDATION,	INC.	06-6038074

Pa	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of det noncash contribu		•	3	
			Items contributed	Form 990, Part VIII, line 1g					
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4									
	5 Clothing and household goods								
6									
7	Boats and planes								
8	Intellectual property	x	10	339,764.	FM17				
9 10	Securities - Publicly traded		10	555,704.	r m v				
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
12	trust interests 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 organi								
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gement 29					
						Y	'es	No	
30a	During the year, did the organization receive b								
	must hold for at least three years from the dat	•						v	
	exempt purposes for the entire holding period	?				30a	_	X	
	If "Yes," describe the arrangement in Part II.		(- for a second second second second second second	tion of	.	x		
31	Does the organization have a gift acceptance	•		•	itions?	31 -	^		
32a	Does the organization hire or use third parties		-			220		Х	
h	contributions? If "Yes," describe in Part II.					32a			
ы 33	If the organization didn't report an amount in c	olumn (o) fo	r a type of proport	v for which column (a) is aba	cked				
33	describe in Part II.		a type of propert	y for writen column (a) is che	uneu,				
	uusunde in talt II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

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nedule M	(Form 990) 2018			FOUNDATION,		06-6038074	Pag
art II	is reporting in Parl	l Information. Provid t I, column (b), the numb dditional information.	de the information re per of contributions,	equired by Part I, lines 30 the number of items rec)b, 32b, and 33 eived, or a com	, and whether the organiz bination of both. Also co	zation mplete
	this part for any ac						
	18					Schedule M (Forr	- 000)

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization 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

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;

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2018) 832211 10-10-18 (E) ANY CURRENT OR FORMER TRUSTEE OF THE FOUNDATION.

(F) ALL OTHER MEMBERS, NOT INCLUDED IN (A-E) ABOVE, AS OF THE EFFECTIVE DATE OFTHESE 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 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) 69 11560722 755449 NC3440 2018.04000 CONNECTICUT COMMUNITY FOUND NC3440 1 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 832212 10-10-18 Schedule O (Form 990 or 990-EZ) (2018) 70

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2018.04000 CONNECTICUT COMMUNITY FOUND NC3440 1

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization CONNECTICUT COMMUNITY FOUNDATION, INC.	Employer identification number $06-6038074$
ONLY THE VOTE, BUT ALSO FROM THE DELIBERATION, UNLESS DIR	ECTLY REQUESTED BY
THE CHAIR OF THE BOARD OR RELEVANT COMMITTEE CHAIR TO PRO	VIDE FACTUAL
INFORMATION OR ANSWER FACTUAL QUESTIONS THAT MAY ASSIST T	HE BOARD OR
COMMITTEE IN MAKING A WISE DECISION. IN NO CASE SHALL THA	T PERSON VOTE ON
SUCH MATTER OR ATTEMPT TO EXERT PERSONAL INFLUENCE IN CON	NECTION 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

Schedule O (Form 990 or 990-EZ) (2018)

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lame of the organization	00000000000000000			T.). C	Employer identification number 06-6038074
	CONNECTICUT	COMMUNITY	FOUNDATION,	INC.	06-6038074
2212 10-10-18			72	Sc	chedule O (Form 990 or 990-EZ) (20 ⁻

SCH	IEDULE R

(Form 990)

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.

2018 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled itty?
				501(c)(3))		Yes	No
	-						

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

Schedule R (Form 990) 2018 CONNECTICUT COMMUNITY FOUNDATION, INC.

06-6038074 Page 2

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)	(b)	(c)	(d)		(e)		(f)		(g)	(I	h)	(i)		(j)	(k	.)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	(state or foreign		g Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of total income		al Share of end-of-year assets		locations? S No Code V amount i 20 of Sch K-1 (Form		/-UBI Gener in box mana hedule partn	General or managing partner?	owne	nta rsh
		country)		sections	5 5 12-5 14)					Yes	No	K-1 (Form 1	065) y	(es No		
	_															
	_															
	_															
	-															
	-															
t IV Identification of Related O organizations treated as a c	rganizations Taxable orporation or trust du	e as a Corpo ring the tax	pration or Trust. Co year.	omplete if t	he organizati	ion ansv	wered "Yes	s" on Fo	rm 990, P	art IV,	line 34	4, because it	had or	ne or m	ore rela	ate
(a)			(b)	(c)	(d)		(e)		(f)			(g)		(h)	(i Sect 512(b) tion
Name, address, and of related organizati	EIN on	Prim	ary activity	egal domicile. (state or foreign	Direct cont entity	Direct controlling entity ((C corp, S corp, ir		are of total Share of income end-of-year		Percentage ownership		512(b contro enti	ollec		
				country)		or trust)		ist)	·					assels	Yes	N
		SPLIT INT	EREST													
LED INCOME FUND		AGREEMENT	1	СТ	N/A		TRUST									Х

Schedule R (Form 990) 2018 CONNECTICUT COMMUNITY FOUNDATION, INC.

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
 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? 		163	
	1a		X
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)	. <u>1b</u>		X
c Gift, grant, or capital contribution from related organization(s)			X
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)	. 1e		X
f Dividends from related organization(s)	. 1 f		X
g Sale of assets to related organization(s)	. 1g		X
h Purchase of assets from related organization(s)	. 1h		Х
i Exchange of assets with related organization(s)	. 1 i		Х
j Lease of facilities, equipment, or other assets to related organization(s)	. 1 j		X
k Lease of facilities, equipment, or other assets from related organization(s)	. 1k		X
I 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)	. 1m		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	1p		Х
q Reimbursement paid by related organization(s) for expenses			Х
r Other transfer of cash or property to related organization(s)	1r		Х
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) Transactio type (a·s	(d) Method of determining amount involved
(1)		
(2)		
<u>(3)</u>		
<u>(</u> 4)		
_(5)		
_(6)		

Schedule R (Form 990) 2018 CONNECTICUT COMMUNITY FOUNDATION, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs. Yes I) (3) .? No	(f) Share of total income	(g) Share of end-of-year assets	(H Dispr tior alloca Yes	n) opor- nate tions? No	(j) General o managing partner? Yes NO	(k) Percentage ownership

(Rev. January 2019)

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						number (EIN) or		
	CONNECTICUT COMMUNITY FOUN	DATIO	N, INC.		06-6038074			
File by the due date f filing your return. See	Number, street, and room or suite no. If a P.O. box, s	Social se	Social security number (SSN)					
instruction		oreign add	ress, see instructions.					
Enter th	e Return Code for the return that this application is for (fil	e a separa	te application for each return)			0 1		
Applica	ition	Return	Application			Return		
ls For		Code	Is For			Code		
Form 99	90 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 99	90-BL	02	Form 1041-A			08		
Form 47	720 (individual)	03	Form 4720 (other than individual)			09		
Form 99	90-PF	04	Form 5227			10		
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 99	90-T (trust other than above)	06	Form 8870			12		
 If the If this box 1 the the<!--</th--><th>behone No. ► (203) 753-1315 e organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► request an automatic 6-month extension of time until the organization named above. The extension is for the org . X calendar year 2018 or tax year beginning the tax year entered in line 1 is for less than 12 months, c Change in accounting period</th><th>Group Exe and atta NOVEI anization's , an check reas</th><th>emption Number (GEN), . ch a list with the names and EINs o MBER 15, 2019 , to file s return for: d ending on: Initial return</th><th>f this is fo f all memb</th><th>r the whole gr ers the extens npt organizatio</th><th>sion is for.</th>	behone No. ► (203) 753-1315 e organization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► request an automatic 6-month extension of time until the organization named above. The extension is for the org . X calendar year 2018 or tax year beginning the tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta NOVEI anization's , an check reas	emption Number (GEN), . ch a list with the names and EINs o MBER 15, 2019 , to file s return for: d ending on: Initial return	f this is fo f all memb	r the whole gr ers the extens npt organizatio	sion is for.		
	this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions.	, or 6069,	enter the tentative tax, less	3a	\$	0.		
	this application is for Forms 990-PF, 990-T, 4720, or 6069 stimated tax payments made. Include any prior year overp			3b	\$	0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by								
	sing EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.		
Caution instruct	 If you are going to make an electronic funds withdrawal ions. 	(direct de	bit) with this Form 8868, see Form 8	3453-EO ai	nd Form 8879	-EO for payment		
LHA	For Privacy Act and Paperwork Reduction Act Notice.	see instr	uctions.		Form 88	68 (Rev. 1-2019)		