

EXTENDED TO NOVEMBER 15, 2022

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2021

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Part I Summary: A For the 2021 calendar year, or tax year beginning and ending; B Check if applicable; C Name of organization THE CONNECTICUT COMMUNITY FOUNDATION; D Employer identification number 06-6038074; E Telephone number 203-753-1315; F Name and address of principal officer: JULIE LOUGHRAN; G Gross receipts \$ 19,900,900; H(a) Is this a group return for subordinates? Yes [X] No; H(b) Are all subordinates included? Yes No; I Tax-exempt status: [X] 501(c)(3); J Website: CONNCF.ORG; K Form of organization: [X] Corporation; L Year of formation: 1923; M State of legal domicile: CT

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes sub-sections for Net Assets or Fund Balances (lines 20-22) with columns for Prior Year and Current Year.

Part II Signature Block

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

Signature and Preparer Information: Sign Here: Signature of officer DEBORAH FOORD, TREASURER; Date; Preparer: JOHN ZINNO; Date 06/29/22; PTIN P00041154; Firm: CLIFTONLARSONALLEN LLP; Address: 2 ENTERPRISE DRIVE, SHELTON, CT 06484; Phone no. (203) 944-2100

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE FOUNDATION FOSTERS AN EQUITABLE AND INCLUSIVE COMMUNITY IN GREATER WATERBURY AND LITCHFIELD HILLS BY INSPIRING GENEROSITY, SUPOORTING ORGANIZATIONS, AND CULTIVATING EFFECTIVE LEADERS.

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

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

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

4a (Code:) (Expenses \$ 8,163,331. including grants of \$ 6,787,569.) (Revenue \$) SUPPORTING NONPROFIT ORGANIZATIONS IN GREATER WATERBURY AND THE LITCHFIELD HILLS FOR PROGRAMS AND SERVICES IN THE ARTS, HEALTH, OLDER ADULTS, EDUCATION, ENVIRONMENT, SOCIAL SERVICES AND WOMEN'S ISSUES; PROVIDING SCHOLARSHIPS FOR COLLEGE STUDENTS; STRENGTHENING NONPROFIT ORGANIZATIONS THROUGH GRANTS AND TECHNICAL ASSISTANCE PROGRAMS; AND PROVIDING LEADERSHIP TO ADDRESS CRITICAL ISSUES IN OUR COMMUNITIES.

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

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,163,331.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections 2a-17 regarding employee reporting, tax shelter transactions, foreign accounts, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a through 9.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 10a through 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIE LOUGHRAN PRESIDENT & CEO	40.00			X			182,870.	0.	28,399.	
(2) BARBARA RYER DIRECTOR OF FINANCE	40.00			X			128,120.	0.	24,244.	
(3) JOSH CAREY GRANTS MANAGEMENT DIRECTOR	40.00				X		102,594.	0.	10,663.	
(4) KATHY TAYLOR CHAIR	1.00	X		X			0.	0.	0.	
(5) MICHAEL GIARDINA VICE CHAIR	1.00	X		X			0.	0.	0.	
(6) DEBORAH FOORD TREASURER	1.00	X		X			0.	0.	0.	
(7) KATHY BOWER SECRETARY	1.00	X		X			0.	0.	0.	
(8) AVERY GADDIS TRUSTEE	1.00	X					0.	0.	0.	
(9) BARBARA BRADBURY-PAPE TRUSTEE	1.00	X					0.	0.	0.	
(10) BRIAN JONES TRUSTEE	1.00	X					0.	0.	0.	
(11) ELIZABETH JOHNSON TRUSTEE	1.00	X					0.	0.	0.	
(12) ERIC POLOKOFF TRUSTEE	1.00	X					0.	0.	0.	
(13) JEAN SOLOMON TRUSTEE	1.00	X					0.	0.	0.	
(14) KATHLEEN MCPADDEN TRUSTEE	1.00	X					0.	0.	0.	
(15) KATHRYN KEHOE TRUSTEE	1.00	X					0.	0.	0.	
(16) LINDA HALGUNSETH TRUSTEE	1.00	X					0.	0.	0.	
(17) REBECCA ELECK BRUCE TRUSTEE	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) REGINALD BEAMON TRUSTEE	1.00	X						0.	0.	0.
(19) SARAN WHITE TRUSTEE	1.00	X						0.	0.	0.
(20) STEPHEN SEWARD TRUSTEE	1.00	X						0.	0.	0.
(21) SUBIRA GORDON TRUSTEE	1.00	X						0.	0.	0.
(22) TOMAS OLIVO TRUSTEE	1.00	X						0.	0.	0.
(23) VALERIE FRIEDMAN TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								413,584.	0.	63,306.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								413,584.	0.	63,306.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,336,525.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 374,139.				
	h Total. Add lines 1a-1f		6,336,525.				
Program Service Revenue			Business Code				
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,031,390.			4,031,390.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	9,198,902.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	8,726,018.				
	c Gain or (loss)	7c	472,884.				
	d Net gain or (loss)		472,884.			472,884.	
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a						
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code				
	11 a MISC INCOME		900099	329,683.		329,683.	
	b PRVT FOUND FEES		900099	4,400.	4,400.		
	c						
	d All other revenue						
e Total. Add lines 11a-11d			334,083.				
12 Total revenue. See instructions			11,174,882.	0.	4,400.	4,833,957.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	5,818,352.	5,818,352.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	969,217.	969,217.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	363,633.	310,990.	25,566.	27,077.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	952,990.	544,926.	278,421.	129,643.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,018.	34,776.	17,558.	8,684.
9 Other employee benefits	134,132.	81,237.	37,393.	15,502.
10 Payroll taxes	93,366.	58,289.	23,329.	11,748.
11 Fees for services (nonemployees):				
a Management				
b Legal	27,036.		27,036.	
c Accounting	26,400.		26,400.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	39,424.		39,424.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	33,130.	18,950.	9,674.	4,506.
13 Office expenses	56,852.	32,519.	16,601.	7,732.
14 Information technology	75,682.	43,290.	22,099.	10,293.
15 Royalties				
16 Occupancy	92,832.	53,100.	27,107.	12,625.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	47,123.	26,954.	13,760.	6,409.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,205.		10,205.	
23 Insurance	27,563.		27,563.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a NON PROFIT OUTREACH	142,367.	81,434.	41,571.	19,362.
b CONSULTANTS	131,559.	75,252.	38,415.	17,892.
c OTHER	24,550.	14,045.	7,167.	3,338.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	9,127,431.	8,163,331.	689,289.	274,811.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	4,603,256.	1	2,841,933.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	717,978.	3	28,958.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 47,594.		
	b Less: accumulated depreciation	10b 35,336.	15,965.	10c 12,258.
	11 Investments - publicly traded securities	130,845,044.	11	150,619,881.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	511,245.	15	511,245.
16 Total assets. Add lines 1 through 15 (must equal line 33)	136,693,488.	16	154,014,275.	
Liabilities	17 Accounts payable and accrued expenses	46,392.	17	53,511.
	18 Grants payable	114,500.	18	533,557.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	166,852.	25	196,971.
	26 Total liabilities. Add lines 17 through 25	327,744.	26	784,039.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	136,086,199.	27	152,842,152.
	28 Net assets with donor restrictions	279,545.	28	388,084.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	136,365,744.	32	153,230,236.
33 Total liabilities and net assets/fund balances	136,693,488.	33	154,014,275.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,174,882.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,127,431.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,047,451.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	136,365,744.
5	Net unrealized gains (losses) on investments	5	14,817,041.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	153,230,236.

Part XII Financial Statements and Reporting

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

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

Form **990** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization THE CONNECTICUT COMMUNITY FOUNDATION Employer identification number 06-6038074

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,767,621.	4,706,406.	4,229,609.	5,811,840.	6,336,525.	23,852,001.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,767,621.	4,706,406.	4,229,609.	5,811,840.	6,336,525.	23,852,001.
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)						1,332,962.
6 Public support. Subtract line 5 from line 4.						22,519,039.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	2,767,621.	4,706,406.	4,229,609.	5,811,840.	6,336,525.	23,852,001.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,622,341.	2,915,853.	3,475,397.	2,872,142.	4,031,390.	15,917,123.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	5,978.	4,400.	4,400.	4,400.	4,400.	23,578.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	115,917.	218,957.	45,639.	52,476.	329,683.	762,672.
11 Total support. Add lines 7 through 10						40,555,374.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	55.53 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	55.74 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		►
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		►
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		►
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		►

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11, 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 3b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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

UNUSUAL CONTRIBUTIONS EXCLUDED FROM PART II SECTION A LINE 1

2018 - \$2,649,440

2019 - \$1,500,000

2020 - \$2,606,468

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization <p style="text-align: center;">THE CONNECTICUT COMMUNITY FOUNDATION</p>	Employer identification number <p style="text-align: center;">06-6038074</p>
---	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures	9,129,188.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	9,129,188.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	606,459.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	151,615.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount			555,818.	606,459.	1,162,277.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,743,416.
c Total lobbying expenditures					
d Grassroots nontaxable amount			138,955.	151,615.	290,570.
e Grassroots ceiling amount (150% of line 2d, column (e))					435,855.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization THE CONNECTICUT COMMUNITY FOUNDATION Employer identification number 06-6038074

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple questions (1-9) regarding conservation easements, including checkboxes for various purposes, a table for tracking easements at the end of the tax year, and yes/no questions about monitoring and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with questions (1a, 1b, 2) regarding art and historical treasures, including checkboxes for reporting requirements and fields for revenue and asset amounts.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	127,410,666.	114,134,527.	97,277,892.	104,268,307.	93,575,999.
b Contributions	3,847,282.	5,521,260.	4,403,732.	4,981,303.	1,303,615.
c Net investment earnings, gains, and losses	18,581,567.	14,437,789.	19,118,987.	-6,427,540.	14,901,932.
d Grants or scholarships	4,942,712.	4,786,904.	4,846,719.	5,142,841.	5,135,936.
e Other expenditures for facilities and programs					
f Administrative expenses	2,386,327.	1,896,006.	1,819,365.	401,337.	377,303.
g End of year balance	142,510,476.	127,410,666.	114,134,527.	97,277,892.	104,268,307.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 100 %
 - b Permanent endowment %
 - c Term endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		47,594.	35,336.	12,258.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,258.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER SPLIT-INTEREST AGREEMENTS	106,780.
(3) ANNUITY PAYABLE	90,191.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	196,971.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	24,751,883.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	14,817,041.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	14,817,041.
3	Subtract line 2e from line 1	3	9,934,842.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,424.
b	Other (Describe in Part XIII.)	4b	1,200,616.
c	Add lines 4a and 4b	4c	1,240,040.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	11,174,882.

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

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

1	Total expenses and losses per audited financial statements	1	8,962,974.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	8,962,974.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	39,424.
b	Other (Describe in Part XIII.)	4b	125,033.
c	Add lines 4a and 4b	4c	164,457.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	9,127,431.

Part XIII Supplemental Information.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ADJUSTMENT FOR FUNDS HELD AS AGENCY ENDOWMENTS 1,200,616.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ADJUSTMENT FOR FUNDS HELD AS AGENCY ENDOWMENTS 125,033.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **THE CONNECTICUT COMMUNITY FOUNDATION** Employer identification number **06-6038074**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
50CAN, INC 20 CHURCH STREET, MEZZANINE HARTFORD, CT 06103	27-3069592	501(C)(3)	15,776.	0.			ELEVATING LATINO VOICES IN EDUCATION DECISIONS
ACTS 4 MINISTRY 1713 THOMASTON AVENUE WATERBURY, CT 06704	20-3676244	501(C)(3)	13,101.	0.			GIVE LOCAL 2021
AFTER SCHOOL ARTS PROGRAM 6 BEE BROOK ROAD, UNIT B WASHINGTON DEPOT, CT 06794	20-1308465	501(C)(3)	57,162.	0.			GIVE LOCAL 2021; ART PROGRAMS AT CHILDREN'S COMMUNITY SCHOOL
ALL CORNERS FARM INC 53 CURRIER PLACE CHESHIRE, CT 06410	82-3990127	501(C)(3)	8,028.	0.			EXPANSION OF OPERATIONS
AMERICAN CANCER SOCIETY 825 BROOK STREET ROCKY HILL, CT 06067	13-1788491	501(C)(3)	102,956.	0.			FOR GENERAL SUPPORT
AMERICAN CLOCK AND WATCH MUSEUM INC. - 100 MAPLE STREET - BRISTOL, CT 06010	06-6006559	501(C)(3)	7,977.	0.			FOR GENERAL PURPOSES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** _____
- 3** Enter total number of other organizations listed in the line 1 table **▶** _____

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION 444 LIBERTY AVENUE, SUITE 1300 PITTSBURGH, PA 15222-1207	13-5613797	501(C)(3)	102,956.	0.			FOR GENERAL SUPPORT
AMERICAN RED CROSS - CONNECTICUT & RHODE ISLAND REGION - 209 FARMINGTON AVE, 3RD FL. - FARMINGTON, CT 06032-1955	53-0196605	501(C)(3)	10,000.	0.			DISASTER CYCLE SERVICES DURING THE PANDEMIC
ANIMAL WELFARE SOCIETY 8 DODD ROAD NEW MILFORD, CT 06776	06-6084293	501(C)(3)	25,034.	0.			GIVE LOCAL 2021
ARC OF LITCHFIELD COUNTY 314 MAIN STREET TORRINGTON, CT 06790	06-6075006	501(C)(3)	11,132.	0.			IPADS FOR VOCATIONAL JOB COACHES
ARCHDIOCESE OF HARTFORD P.O. BOX 28 HARTFORD, CT 06141-0028	06-0646669	501(C)(3)	6,000.	0.			FOR THE ARCHBISHOP'S ANNUAL APPEAL
ARTS ESCAPE 88 MAIN STREET SOUTH SOUTBURY, CT 06488	45-4200252	501(C)(3)	24,122.	0.			GIVE LOCAL 2021
AUDUBON CENTER BENT OF THE RIVER 185 EAST FLAT HILL ROAD SOUTBURY, CT 06489	13-1624102	501(C)(3)	21,931.	0.			GIVE LOCAL 2021
BRASS CITY BALLET COMPANY 1255 MIDDLEBURY RD, STE 11 MIDDLEBURY, CT 06762-2333	06-1228091	501(C)(3)	11,165.	0.			GIVE LOCAL 2021
BRASS CITY CHARTER SCHOOL 212 CHESTNUT AVENUE WATERBURY, CT 06710	46-2366321	501(C)(3)	11,698.	0.			GIVE LOCAL 2021

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRASS CITY HARVEST P.O. BOX 11115 WATERBURY, CT 06703	75-3263005	501(C)(3)	16,710.	0.			FOOD SYSTEM SUPPLEMENTATION AND TRANSPORTATION; BRASS CITY COOKS SENIOR
BRISTOL BRASS AND WIND ENSEMBLE P.O. BOX 1155 BRISTOL, CT 06010-1155	06-1501754	501(C)(3)	7,977.	0.			FOR GENERAL PURPOSES
BRISTOL CHORAL SOCIETY INC. P.O. BOX 774 BRISTOL, CT 06010-0774	20-2462768	501(C)(3)	7,977.	0.			FOR GENERAL PURPOSES
BRISTOL HOSPITAL DEVELOPMENT FOUNDATION - 41 BREWSTER ROAD - BRISTOL, CT 06010	22-2577740	501(C)(3)	7,977.	0.			FOR THE LEGACY SOCIETY
BROOKLYN COLLEGE 2900 BEDFORD AVENUE BROOKLYN, NY 11210			7,977.	0.			FOR GENERAL PURPOSES
BROOKLYN TECHNICAL HIGH SCHOOL 29 FORT GREENE PLACE BROOKLYN, NY 11217			7,977.	0.			FOR GENERAL PURPOSES
CAMELLA'S CUPBOARD PO BOX 1771 NEW MILFORD, CT 06776	83-2491257	501(C)(3)	15,238.	0.			GIVE LOCAL 2021
CAREER RESOURCES, INC. 1000 LAFAYETTE BLVD, SUITE 303 BRIDGEPORT, CT 06604	06-1427945	501(C)(3)	10,000.	0.			STRIVE WATERBURY PROGRAM
CARING FOR BETHLEHEM P.O. BOX 5 BETHLEHEM, CT 06751	82-2473303	501(C)(3)	17,176.	0.			GIVE LOCAL 2021

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES ARCHDIOCESE OF HARTFORD - 839 ASYLUM AVENUE - HARTFORD, CT 06105-2801	06-0667607	501(C)(3)	10,000.	0.			COVID-19 2021
CHARLES RIETDYKE SENIOR CENTER 211 NICHOLS ROAD WOLCOTT, CT 06716	06-6002140	501(C)(3)	14,000.	0.			STAYING ACTIVE THROUGH EXERCISE
CHESHIRE EDUCATION FOUNDATION P.O. BOX 7 CHESHIRE, CT 06410	06-1442308	501(C)(3)	10,500.	0.			FOR GENERAL PURPOSES
CHESHIRE PUBLIC SCHOOLS 29 MAIN STREET CHESHIRE, CT 06410			15,000.	0.			CIRCLE OF SECURITY
CHILDREN'S CENTER OF NEW MILFORD, INC. - 11A ASPETUCK AVENUE - NEW MILFORD, CT 06776	23-7137832	501(C)(3)	13,995.	0.			GIVE LOCAL 2021
CHILDREN'S COMMUNITY SCHOOL 31 WOLCOTT STREET, P.O. BOX 1746 WATERBURY, CT 06702	06-1000761	501(C)(4)	142,015.	0.			GIVE LOCAL 2021; FINANCIAL FORECASTING FOR FUTURE FACILITY; COMMUNITY GARDEN
CHILDREN'S LAW CENTER OF CONNECTICUT - 30 ARBOR STREET, 4TH FL. NORTH - HARTFORD, CT 06106	06-1381700	501(C)(3)	7,500.	0.			LEGAL REPRESENTATION FOR CHILDREN
CHIME IN! MUSIC WITH A MISSION P.O. BOX 21 BETHLEHEM, CT 06751	45-3868994	501(C)(3)	7,739.	0.			GIVE LOCAL 2021
CHRIST CHURCH, EPISCOPAL P.O. BOX 4 ROXBURY, CT 06783		501(C)(3)	12,183.	0.			FOR THE ROOF FUND; TO SUPPORT THE PARISH CHURCH, RECTORY AND OTHER FACILITIES; THE

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CULINARY SCHOOL OF NORTHWESTERN CT - 40 MAIN STREET - NEW MILFORD, CT 06776	26-3551690	501(C)(3)	33,488.	0.			GIVE LOCAL 2021; RESUMING JOB TRAINING CLASSES
COMMUNITY FOUNDATION OF EAST CENTRAL ILLINOIS - 307 W. UNIVERSITY AVE. - CHAMPAIGN, IL 61820	23-7176723	501(C)(3)	36,605.	0.			FOR ILLINOIS RESIDENTS AND DISTRIBUTED THROUGH THE COMMUNITY FOUNDATION OF EAST CENTRAL ILLINOIS
COMMUNITY PARTNERS IN ACTION 110 BARTHOLOMEW AVENUE, SUITE 3010 HARTFORD, CT 06106	06-0646592	501(C)(3)	20,000.	0.			GREATER WATERBURY REENTRY WELCOME CENTER
COMMUNITY SERVICES COUNCIL OF WOODBURY - PO BOX 585 - WOODBURY, CT 06798	22-3186254	501(C)(3)	11,125.	0.			GIVE LOCAL 2021
COMMUNITY SOLUTIONS INC. 200 EXECUTIVE BLVD, SUITE 4C SOUTHINGTON, CT 06489	06-1580562	501(C)(3)	8,170.	0.			CHASE CENTER TECHNOLOGY NEEDS
CONNECTICUT BAR FOUNDATION 31 PRATT STREET, SUITE 420 HARTFORD, CT 06103	06-6079763	501(C)(6)	67,000.	0.			CONNECTICUT RIGHT TO COUNSEL PROGRAM (EVALUATION & SUSTAINABILITY)
CONNECTICUT COMMUNITY CARE, INC. 43 ENTERPRISE DRIVE BRISTOL, CT 06010-7472	06-1024632	501(C)(3)	13,742.	0.			AGING MASTERY PROGRAM FOR WESTERN CONNECTICUT
CONNECTICUT COUNCIL FOR PHILANTHROPY - 75 CHARTER OAK AVENUE, SUITE 1-205 - HARTFORD, CT 06106	23-7024016	501(C)(3)	9,084.	0.			2022 MEMBERSHIP DUES & LEADERSHIP GIFT
CONNECTICUT COUNCIL OF FAMILY SERVICE AGENCIES - 35 COLD SPRING ROAD, BUILDING 400, SUITE 411 - ROCKY HILL, CT 06067	06-1184674	501(C)(3)	10,000.	0.			TECHNOLOGY FOR WATERBURY TANF CLIENTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT FARMLAND TRUST 77 BUCKINGHAM STREET HARTFORD, CT 06106	32-0007171	501(C)(3)	8,207.	0.			GIVE LOCAL 2021
CONNECTICUT FOOD BANK 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	06-1063025	501(C)(3)	7,500.	0.			NAUGATUCK MOBILE PANTRY
CONNECTICUT INSTITUTE FOR REFUGEES AND IMMIGRANTS - 670 CLINTON AVENUE - BRIDGEPORT, CT 06605	06-0669118	501(C)(3)	20,000.	0.			WATERBURY IMMIGRATION LEGAL SERVICES
CONNECTICUT JUNIOR REPUBLIC ASSOCIATION - 550 GOSHEN ROAD, P.O. BOX 161 - LITCHFIELD, CT 06759	06-0646590	501(C)(3)	10,260.	0.			GIVE LOCAL 2021
CONNECTICUT LAND CONSERVATION COUNCIL - 27 WASHINGTON STREET, DEKOVEN HOUSE - MIDDLETOWN, CT 06457	82-2683386	501(C)(3)	10,000.	0.			CLCC REGIONAL LAND TRUST ADVANCEMENT INITIATIVE - INTEGRATING EQUITY & INCLUSION IN CONSERVATION
CONNECTICUT LEAGUE OF HISTORY ORGANIZATIONS - 1615 STANLEY STREET - NEW BRITAIN, CT 06050	06-6108671	501(C)(3)	5,744.	0.			GIVE LOCAL 2021
CONNECTICUT PUBLIC 1049 ASYLUM AVENUE HARTFORD, CT 06105	06-0758938	501(C)(3)	7,977.	0.			FOR GENERAL PURPOSES
CONNECTICUT RENAISSANCE 1 WATERVIEW DR, SUITE 202 SHELTON, CT 06484	06-0854288	501(C)(3)	10,000.	0.			TRAINING EVIDENCE-BASED CLINICAL PRACTICE OF MI-CBT
CONVERSATIONS ON THE GREEN, INC. PO BOX 1020 WASHINGTON, CT 06793	83-4438861	501(C)3	8,994.	0.			GIVE LOCAL 2021

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CREATIVE ARTS CENTER OF NEW MILFORD - 5 BROOKSIDE AVENUE, P.O. BOX 836 - NEW MILFORD, CT 06776	06-6103835		5,924.	0.			GIVE LOCAL 2021
CT PARTNERSHIP FOR CHILDREN 98 OLIVE STREET NAUGATUCK, CT 06770	26-4609367	501(C)(3)	17,596.	0.			WEBSITE UPGRADE; EQUITABLE OPPORTUNITIES FOR PRESCHOOLERS
DOE LIVE 93 ROBBINS ST, UNIT 7 WATERBURY, CT 06708	86-2066039		7,500.	0.			CURATORS CAMP
EASTERSEALS 22 TOMPKINS STREET WATERBURY, CT 06708	06-0737391	501(C)(3)	35,665.	0.			GIVE LOCAL 2021; ACCESSIBLE HEARING CARE; PPE AND WEBCAM TECHNOLOGY; LEADERSHIP
FAMILY AND CHILDREN'S AID 75 WEST STREET DANBURY, CT 06810	06-0888719	501(C)(3)	10,000.	0.			ENSURING ACCESS TO QUALITY BEHAVIORAL HEALTH CARE FOR CHILDREN & ADOLESCENTS
FISH/FRIENDS IN SERVICE TO HUMANITY OF NW CT - 332 SOUTH MAIN STREET - TORRINGTON, CT 06790	06-0878637	501(C)(3)	13,076.	0.			GIVE LOCAL 2021
FIVE POINTS GALLERY P.O. BOX 1028, 33 MAIN STREET TORRINGTON, CT 06790	46-1555586	501(C)(3)	5,676.	0.			GIVE LOCAL 2021
FLANDERS NATURE CENTER & LAND TRUST - 5 CHURCH HILL ROAD - WOODBURY, CT 06798	06-0791823	501(C)(3)	47,209.	0.			GIVE LOCAL 2021; WATERBURY STUDENTS JOINING FLANDERS SUMMER SCIENCE ACADEMY;
FOOD RESCUE US, INC. 27 ANN ST. GROUND FLOOR NORWALK, CT 06854	27-4486556	501(C)(3)	10,000.	0.			FOOD RESCUE US - NORTHWEST CT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOODCORPS 1140 SE 7TH AVENUE, SUITE 110 PORTLAND, OR 97214	27-3990987	501(C)(3)	12,500.	0.			FOODCORPS CONNECTICUT: COLLABORATING FOR HEALTHIER SCHOOLS
FRIENDLY HANDS FOOD BANK, INC 50 KING ST. TORRINGTON, CT 06790	31-1639994	501(C)(3)	5,682.	0.			GIVE LOCAL 2021
FRIENDS OF BRISTOL PUBLIC LIBRARY 5 HIGH STREET BRISTOL, CT 06010	54-2165159	501(C)(3)	7,977.	0.			FOR GENERAL PURPOSES
FRIENDS OF THE LITCHFIELD COMMUNITY GREENWAY - P.O. BOX 778 - LITCHFIELD, CT 06759	46-3352284	501(C)(3)	14,666.	0.			GIVE LOCAL 2021
FRIENDS OF THE RIVERSIDE CEMETERY, INC - 496 RIVERSIDE ST. - WATERBURY, CT 06708	84-1989959		5,424.	0.			GIVE LOCAL 2021
GAYLORD HOSPITAL P.O. BOX 400 WALLINGFORD, CT 06492	06-0646649	501(C)(3)	20,657.	0.			FOR GENERAL SUPPORT; VISUAL FIELD REHABILITATION RESEARCH
GOSHEN COMMUNITY CARE AND HOSPICE 5 OLD MIDDLE STREET GOSHEN, CT 06756	06-1198075	501(C)(3)	7,000.	0.			SENIOR COMMUNITY FUNCTIONS
GOSHEN GOOD NEIGHBOR FUND P.O. BOX 492 GOSHEN, CT 06756	06-0996454	501(C)(3)	5,273.	0.			GIVE LOCAL 2021
GOSHEN LAND TRUST 16 MILL STREET, P.O. BOX 501 GOSHEN, CT 06756	06-1030299	501(C)(3)	6,962.	0.			GIVE LOCAL 2021

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GOSHEN PLAYERS P.O. BOX 63 GOSHEN, CT 06756-0063	22-2775679	501(C)(3)	7,472.	0.			GIVE LOCAL 2021
GRACE BAPTIST CHURCH OF WATERBURY 65 KINGSBURY STREET WATERBURY, CT 06702	06-6063268	501(C)(3)	8,450.	0.			VACCINE TRANSPORTATION AND OUTREACH
GREATER WATERBURY INTERFAITH MINISTRIES - 770 EAST MAIN STREET - WATERBURY, CT 06702	06-0658070	501(C)(3)	15,480.	0.			GIVE LOCAL 2021; SOUP KITCHEN AND EMERGENCY FOOD PANTRY
GREENWOODS COUNSELING & REFERRALS 25 SOUTH STREET, P.O. BOX 1549 LITCHFIELD, CT 06759	06-1351190	501(C)(3)	23,190.	0.			GIVE LOCAL 2021
GUNN MEMORIAL LIBRARY 5 WYKEHAM ROAD, P.O. BOX 1273 WASHINGTON, CT 06793	06-0691373	501(C)(3)	39,757.	0.			GIVE LOCAL 2021; LGBTQ ORAL HISTORY PROJECT
HARRYBROOKE PARK & HARDEN HOUSE MUSEUM - P.O. BOX 364, 100 STILL RIVER DRIVE - NEW MILFORD, CT 06776	23-7441860	501(C)(3)	10,956.	0.			GIVE LOCAL 2021
HARTFORD HEALTHCARE AT HOME 680 MAIN STREET, SUITE 300 WATERTOWN, CT 06795	06-0646938	501(C)(3)	7,399.	0.			TO BE USED TOWARD A VISITING NURSE'S SALARY IN WATERBURY
HIDDEN ACRES THERAPEUTIC RIDING CENTER - P.O. BOX 1879, 45 GABRIEL DRIVE - NAUGATUCK, CT 06770	26-3248176	501(C)(3)	31,500.	0.			STRATEGIC PLANNING & PROGRAM & PARTICIPANT ASSESSMENT; HIDDEN ACRES PARTICIPANT FINANCIAL AID
HISPANIC COALITION OF GREATER WATERBURY, INC. - 135 EAST LIBERTY STREET - WATERBURY, CT 06706	06-1349937	501(C)(3)	22,000.	0.			RIBA ASPIRA: ESL/VOC-ED; STAFFING FOR VACCINE APPOINTMENT SCHEDULING AND TRANSPORTATION FOR

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HOLY CROSS HIGH SCHOOL 587 ORONOKE ROAD WATERBURY, CT 06708	06-0849047	501(C)(3)	5,760.	0.			GIVE LOCAL 2021
HOUSATONIC VALLEY ASSOCIATION PO BOX 28, 150 KENT ROAD CORNWALL BRIDGE, CT 06754	06-6049295	501(C)(3)	16,170.	0.			GIVE LOCAL 2021
HUMAN RESOURCE DEVELOPMENT AGENCY 575 RUBBER AVENUE NAUGATUCK, CT 06770	06-0939080	501(C)(3)	30,000.	0.			MEDICAL TRANSPORTATION SOCIALIZATION
INSTITUTE FOR AMERICAN INDIAN STUDIES - 38 CURTIS ROAD - WASHINGTON, CT 06793	23-7124597	501(C)(3)	6,621.	0.			GIVE LOCAL 2021
JANE DOE NO MORE 203 CHURCH STREET REAR NAUGATUCK, CT 06770	61-1525250	501(C)(3)	15,332.	0.			GIVE LOCAL 2021
JEWISH FEDERATION OF WESTERN CT 444 MAIN STREET NORTH SOUTHURY, CT 06488-3808	06-0646691	501(C)(3)	6,652.	0.			GIVE LOCAL 2021
JOYFUL NOISE P.O. BOX 1051 TORRINGTON, CT 06790	06-1329927	501(C)(3)	8,661.	0.			GIVE LOCAL 2021
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND - 70 FARMINGTON AVENUE - HARTFORD, CT 06105	06-0665972	501(C)(3)	10,000.	0.			PROJECT TOMORROWS FOR WATERBURY STUDENTS
KEY HUMAN SERVICES 1290 SILAS DEANE HIGHWAY, SUITE 1A WETHERSFIELD, CT 06109	06-1259340	501(C)(3)	10,000.	0.			TELEHEALTH

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KIDSPRAY CHILDREN'S MUSEUM 61 MAIN STREET TORRINGTON, CT 06790	45-4928276	501(C)(3)	41,779.	0.			GIVE LOCAL 2021
LA BODEGUITA DE LA GENTE 673 PARK STREET HARTFORD, CT 06106			7,500.	0.			SUPPORT FOR FAMILIES COPING WITH COVID - 19
LAKE QUASSAPAUG ASSOCIATION P.O. BOX 285 MIDDLEBURY, CT 06762-0285	46-2210426	501(C)(3)	41,108.	0.			GIVE LOCAL 2021
LAKE WARAMAUG ASSOCIATION P.O. BOX 2272 NEW PRESTON, CT 06777	06-6178754	501(C)(3)	17,480.	0.			GIVE LOCAL 2021
LAKE WARAMAUG TASK FORCE 50 CEMETARY RD WARREN, CT 06754	06-1063687	501(C)(3)	13,644.	0.			GIVE LOCAL 2021
LANDMARK COMMUNITY THEATRE P.O. BOX 158 THOMASTON, CT 06787-0158	27-1112550	501(C)(3)	34,722.	0.			GIVE LOCAL 2020
LIFE IN MY DAYS, INC PO BOX 2855 WATERBURY, CT 06723-2855	81-5093147		10,000.	0.			LA BODEGUITA DE LA GENTE (COVID-19 RELIEF)
LITCHFIELD COMMUNITY CENTER 421 BANTAM ROAD LITCHFIELD, CT 06759	06-1520254	501(C)(3)	22,673.	0.			GIVE LOCAL 2021
LITCHFIELD HILLS CHORE SERVICE P.O. BOX 294 LITCHFIELD, CT 06759	20-3824096	501(C)(3)	10,000.	0.			ELDER SERVICES SUPPORT AND OUTREACH

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LITCHFIELD HILLS ROWING CLUB P.O. BOX 42 LITCHFIELD, CT 06759	06-1030107	501(C)(3)	5,374.	0.			GIVE LOCAL 2021
LITCHFIELD LAND TRUST PO BOX 712 LITCHFIELD, CT 06759-3509	23-7002462	501(C)(3)	8,574.	0.			GIVE LOCAL 2021
LITCHFIELD MONTESSORI SCHOOL 5 KNIFE SHOP ROAD NORTHFIELD, CT 06778	23-7320463	501(C)(3)	26,904.	0.			GIVE LOCAL 2021
LITCHFIELD PERFORMING ARTS P.O. BOX 69 LITCHFIELD, CT 06759	06-1083202	501(C)(3)	10,891.	0.			GIVE LOCAL 2021
LITERACY VOLUNTEERS OF GREATER WATERBURY - 267 GRAND STREET - WATERBURY, CT 06702	06-1452659	501(C)(3)	5,300.	0.			ADULT LITERACY
LITERACY VOLUNTEERS ON THE GREEN P.O. BOX 366 NEW MILFORD, CT 06776-0366	26-2018636	501(C)(3)	12,496.	0.			GIVE LOCAL 2021
LITTLE BRITCHES THERAPEUTIC RIDING P.O. BOX 120 WOODBURY, CT 06798	06-1342553	501(C)(3)	14,066.	0.			GIVE LOCAL 2021
LOAVES & FISHES HOSPITALITY HOUSE RICHMOND CITIZEN CENTER, 40 MAIN ST NEW MILFORD, CT 06776	22-2544673	501(C)(3)	8,155.	0.			GIVE LOCAL 2021
LOC PRODUCTIONS LLC 82 KETTLEBROOK DRIVE MOUNT LAUREL, NJ 08054			10,000.	0.			2021 SHAG EVENT PAYMENT

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LOCAL INITIATIVES SUPPORT CORPORATION - 75 CHARTER OAK AVE, SUITE 2-250 - HARTFORD, CT 06106	13-3030229	501(C)(3)	15,000.	0.			FINANCIAL OPPORTUNITY CENTERS (WATERBURY)
LOVE146 839 CHAPEL ST, 2ND FLOOR NEW HAVEN, CT 06510	20-1168284	501(C)(3)	10,162.	0.			U.S. SURVIVOR CARE PROGRAM
LUSTGARTEN PANCREATIC RESEARCH FOUNDATION - 415 CROSSWAYS PARK DRIVE, SUITE D - WOODBURY, NY 11797	31-1611837	501(C)(3)	5,031.	0.			GENERAL CONTRIBUTION
MADRE LATINA P O BOX 3082 WATERBURY, CT 06705	46-3164021	501(C)(3)	24,000.	0.			HEALTH ON WHEELS PROGRAM; THE MARIPOSA PROJECT; THE YOUNG REPRESENTATIVE OF WATERBURY
MARCH OF DIMES INC. 1550 CRYSTAL DRIVE, SUITE 1300 ARLINGTON, VA 22202-4144	13-1846366	501(C)(3)	15,015.	0.			CONNECTICUT REPRODUCTIVE JUSTICE WORKGROUP
MATTATUCK MUSEUM 63 PROSPECT STREET WATERBURY, CT 06702	06-0443990	501(C)(3)	106,570.	0.			GIVE LOCAL 2021; FOR THE CAPITAL CAMPAIGN; CCF GRANT FOR MATTATUCK MUSEUM CAPITAL CAMPAIGN;
MERRILL LYNCH / BANK OF AMERICA CHARITABLE GIFT FUND - P.O. BOX 55850 - BOSTON, MA 02205-5850	04-6010342	501(C)(3)	146,746.	0.			FOR PARKER ROGNESS ADVISED FUND
MIDAS MUSIC INC 529 W. 29TH STREET, APT 3J NEW YORK, NY 10001		501(C)(3)	5,250.	0.			2021 SHAG EVENT
MOUNT OLIVE A.M.E. ZION SENIOR CITIZENS CENTER, INC - 82-100 PEARL STREET - WATERBURY, CT 06704	22-3092504	501(C)(3)	38,408.	0.			FUNDING FOR PART-TIME SENIOR CENTER DIRECTOR; SENIOR CENTER TECHNOLOGY

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NATIONAL MILITARY FAMILY ASSOCIATION - 2800 EISENHOWER AVE, SUITE 250 - ALEXANDRIA, VA 22314	52-0899384	501(C)(3)	7,977.	0.			FOR GENERAL PURPOSES
NAUGATUCK HISTORICAL SOCIETY P.O. BOX 317 NAUGATUCK, CT 06770	06-1427269	501(C)(3)	8,275.	0.			GIVE LOCAL 2021
NAUGATUCK RIVER REVIVAL GROUP 132 RADNOR AVENUE NAUGATUCK, CT 06770	35-2334025	501(C)(3)	25,000.	0.			KINNEYTOWN DAM - FISH PASSAGE
NAUGATUCK VALLEY PROJECT 16 CHURCH STREET WATERBURY, CT 06702	22-2726260	501(C)(3)	31,120.	0.			ENVIRONMENTAL JUSTICE INITIATIVE; NVP AFFORDABLE HOUSING INITIATIVE
NAUGATUCK YMCA 284 CHURCH STREET NAUGATUCK, CT 06770	06-0646770	501(C)(3)	111,750.	0.			GIVE LOCAL 2021; INFANT AND TODDLER DAYCARE EXPANSION; SENIOR EXERCISE AND WELL-BEING;
NAUGATUCK YOUTH SERVICES INC. 13 SCOTT STREET NAUGATUCK, CT 06770	20-8934900	501(C)(3)	48,000.	0.			YOUTH ADVOCACY & ORGANIZING FOR EQUITY; TEEN MENTAL HEALTH FIRST AID
NEIGHBORHOOD HOUSING SERVICES OF WATERBURY - 193 GRAND STREET, 3RD FL - WATERBURY, CT 06702	06-1022915	501(C)(3)	111,162.	0.			GIVE LOCAL 2021; RENTAL RELIEF; CDA REVOLVING LOAN FUND; URBAN FORESTRY PROGRAM; YOUTH FINANCIAL
NEW BRITAIN MUSEUM OF AMERICAN ART 56 LEXINGTON ST NEW BRITAIN, CT 06052	06-1422234	501(C)(3)	7,977.	0.			FOR GENERAL PURPOSES
NEW ENGLAND CAROUSEL MUSEUM 95 RIVERSIDE AVENUE BRISTOL, CT 06010	06-1261386	501(C)(3)	7,977.	0.			FOR GENERAL PURPOSES

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NEW MILFORD, TOWN OF TOWN HALL, 10 MAIN STREET NEW MILFORD, CT 06776	06-6002046	501(C)(3)	10,500.	0.			LGBTQIA + ALLIES PROGRAM/WORKSHOP; YOUTH AGENCY CHILD CARE PROGRAM
NEW OPPORTUNITIES, INC. 232 NORTH ELM STREET WATERBURY, CT 06702	06-6071847	501(C)(3)	112,196.	0.			GIVE LOCAL 2021; MEALS ON WHEELS TRUCK REPLACEMENT & REPAIRS; SYSTEM INTEGRATION UPGRADE;
NORTH SHORE ANIMAL LEAGUE AMERICA 16 LEWYT STREET PORT WASHINGTON, NY 11050	11-1666852	501(C)(3)	15,567.	0.			FOR GENERAL USE AND PURPOSES
NORTHWEST CONNECTICUT ARTS COUNCIL 40 MAIN STREET STE 1 TORRINGTON, CT 06790	06-1725017	501(C)(3)	19,029.	0.			GIVE LOCAL 2021; BACKBONE SUPPORT FOR THE ARTS SECTOR
NORTHWEST CONNECTICUT COMMUNITY FOUNDATION - 33 EAST MAIN STREET - TORRINGTON, CT 06790	06-1565733	501(C)(3)	86,954.	0.			SUE STRISIK GROSSMAN FUND BALANCE TRANSFER
NORTHWEST CONNECTICUT LAND CONSERVANCY - P.O. BOX 821 - KENT, CT 06757	06-6082034	501(C)(3)	27,952.	0.			GIVE LOCAL 2021
NUTMEG CONSERVATORY FOR THE ARTS 58 MAIN ST. TORRINGTON, CT 06790	23-7396180	501(C)(3)	6,611.	0.			GIVE LOCAL 2021
OLIVER WOLCOTT LIBRARY P.O. BOX 187 LITCHFIELD, CT 06759	06-0709304	501(C)(3)	12,421.	0.			GIVE LOCAL 2021
OPERATION FUEL 75 CHARTER OAK AVENUE, SUITE 2-240 HARTFORD, CT 06106	06-1253091	501(C)(3)	25,000.	0.			EMERGENCY ENERGY ASSISTANCE FOR FAMILIES IMPACTED BY THE CORONAVIRUS

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OUTSIDE PERSPECTIVES 199 WHEELER ROAD LITCHFIELD, CT 06759	47-3624137	501(C)(3)	12,481.	0.			GIVE LOCAL 2021
PALACE THEATER GROUP 100 EAST MAIN STREET WATERBURY, CT 06702	02-0620399	501(C)(3)	10,190.	0.			GIVE LOCAL 2021
PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS (PETA) - 501 FRONT STREET - NORFOLK, VA 23510	52-1218336	501(C)(3)	15,567.	0.			FOR GENERAL USES AND PURPOSES
PHOENIX STAGE COMPANY 133 MAIN STREET OAKVILLE, CT 06779	27-4966816	501(C)(3)	17,475.	0.			GIVE LOCAL 2021
PHYSICIAN'S COMMITTEE FOR RESPONSIBLE MEDICINE - 5100 WISCONSIN AVE., SUITE 400 - WASHINGTON, DC 20016	52-1394893	501(C)(3)	31,134.	0.			FOR GENERAL SUPPORT
PILOBOLUS 6 CALHOUN ST, PO BOX 388 WASHINGTON DEPOT, CT 06794	03-0230490	501(C)(3)	18,464.	0.			GIVE LOCAL 2021; CONNECTING WITH BALANCE BONUS VIDEO SERIES
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVE - NEW HAVEN, CT 06511	06-0263565	501(C)(3)	34,330.	0.			SPECIFICALLY FOR THE WATERBURY CHAPTER OF PLANNED PARENTHOOD
POLICE ACTIVITY LEAGUE OF WATERBURY - 64 DIVISION ST. - WATERBURY, CT 06704	20-8262614	501(C)(3)	10,244.	0.			GIVE LOCAL 2021; FOR TAFT SCHOOL/PAL SUMMER PROGRAM
POMPERAUG RIVER WATERSHED COALITION INC. - 39 SHERMAN HILL ROAD, C-103 - WOODBURY, CT 06798	06-1583895	501(C)(3)	40,294.	0.			GIVE LOCAL 2021; VEGETATIVE BUFFER & EDUCATION AT LAKE STIBBS

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PRATT NATURE CENTER 163 PAPER MILL ROAD NEW MILFORD, CT 06776	06-0873675	501(C)(3)	55,722.	0.			GIVE LOCAL 2021
PRIME TIME HOUSE 836 MAIN STREET TORRINGTON, CT 06790	22-2719755	501(C)(3)	22,004.	0.			GIVE LOCAL 2021
QUEENS COLLEGE FOUNDATION 65-30 KISSENA BLVD QUEENS, NY 11367-1597			7,977.	0.			FOR GENERAL PURPOSES
RAILROAD MUSEUM OF NEW ENGLAND P.O. BOX 400, 242 EAST MAIN STREET THOMASTON, CT 06787	23-7229704	501(C)(3)	11,380.	0.			GIVE LOCAL 2021
REACH OUT AND READ, INC. 89 SOUTH STREET, SUITE 201 BOSTON, MA 02111	04-3481253	501(C)(3)	10,000.	0.			GREATER WATERBURY RX FOR SUCCESS
REGIONAL PLAN ASSOCIATION ONE WHITEHALL ST, 16TH FLOOR NEW YORK, NY 10004	13-1624154	501(C)(3)	18,788.	0.			ZONING DATA PROJECT AND COMMUNICATION; COMMUNITY CONVERSATIONS ON HOUSING NEAR TRANSIT
REGIONAL YMCA OF WESTERN CT 2 HUCKLEBERRY HILL ROAD BROOKFIELD, CT 06804	06-6051610	501(C)(3)	8,500.	0.			REGIONAL YMCA OF WESTERN CT CHRONIC DISEASE PREVENTION PROGRAMS
RIPLEY WATERFOWL SANCTUARY P.O. BOX 210 LITCHFIELD, CT 06759	51-0280202	501(C)(3)	13,436.	0.			GIVE LOCAL 2021
RIVERS ALLIANCE OF CONNECTICUT 7 WEST STREET, P.O. BOX 1797 LITCHFIELD, CT 06759-1797	06-1361719	501(C)(3)	5,400.	0.			GIVE LOCAL 2021

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ROBOTICS AND BEYOND 37 MAIN ST NEW MILFORD, CT 06776-0607	20-8821398	501(C)(3)	5,385.	0.			GIVE LOCAL 2021
ROXBURY LAND TRUST 6 MINE HILL ROAD, P.O. BOX 51 ROXBURY, CT 06783	23-7098549	501(C)(3)	48,478.	0.			GIVE LOCAL 2021
S.M.A.R.T., INC. 948 OLD WATERBURY ROAD SOUTHBURY, CT 06488	30-0665423	501(C)(3)	13,000.	0.			S/M/A/R/T/. INC OUTREACH & EDUCATION
SACRED HEART CHURCH 910 MAIN STREET SOUTH SOUTHBURY, CT 06488	06-0689694	501(C)(3)	65,000.	0.			FOR THE HOMELESS OUTREACH FUND & GENERAL PURPOSES
SAFE HAVEN OF GREATER WATERBURY P.O. BOX 1503 WATERBURY, CT 06721	06-0996479	501(C)(3)	38,010.	0.			GIVE LOCAL 2021; SAFER COMMUNITIES SOUTHBURY
SALVATION ARMY, THE 74 CENTRAL AVENUE WATERBURY, CT 06702	13-5562351	501(C)(3)	49,155.	0.			FAMILY EMERGENCY SHELTER, COMPREHENSIVE EMERGENCY ASSISTANCE PROGRAM; FOOD AND TECHNOLOGY EQUIPMENT
SAVE GIRLS ON FYER 276 HIGHLAND AVENUE WATERBURY, CT 06708-3022	46-2376450	501(C)(3)	24,000.	0.			SGOF LEADERSHIP ACADEMY & LIBERATION ON FYER PROGRAM, F.Y.E.R. MEDIA PRODUCTION, GIRL ON FYER
SEABURY SOCIETY FOR THE PRESERVATION OF THE GLEBE HOUSE - 49 HOLLOW ROAD / PO BOX 245 - WOODBURY, CT 06798	06-0653106	501(C)(3)	5,153.	0.			GIVE LOCAL 2021
SEVEN ANGELS THEATRE 1 PLANK ROAD, 30 MOUNTAIN VIEW RD WATERBURY, CT 06705	06-1303263	501(C)(3)	11,710.	0.			GIVE LOCAL 2021

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SHAKESPERIENCE PRODUCTIONS 117 BANK STREET WATERBURY, CT 06702	06-1555859	501(C)(3)	42,745.	0.			GIVE LOCAL 2021; WATERBURY: OUR CITY, OUR NEIGHBORHOODS 2021
SHORELINE ARTS ALLIANCE 725 BOSTON POST ROAD GUILFORD, CT 06437	06-1027403	501(C)(3)	12,000.	0.			REOPENING CT ARTS VENUES
SIMPLY SMILES INC. 1771 POST ROAD EAST WESTPORT, CT 06880	56-2332922	501(C)(3)	6,000.	0.			2021 KEEP HOPE ALIVE CAMPAIGN
SOUTHBURY HISTORICAL SOCIETY P.O. BOX 124 SOUTHBURY, CT 06488-0124	06-1064312	501(C)(3)	40,211.	0.			FOR GENERAL PURPOSES; FOR CHARITABLE OR EDUCATIONAL PURPOSES OF THE AGENCY AND ITS AFFILIATED
SOUTHBURY LAND TRUST PO BOX 600, 68 1/2 BENNETT SQUARE SOUTHBURY, CT 06752	06-0977326	501(C)(3)	30,897.	0.			GIVE LOCAL 2021; PARKING LOT EXPANSION/IMPROVEMENTS
SOUTHBURY PUBLIC LIBRARY 100 POVERTY ROAD SOUTHBURY, CT 06488	06-6002089	501(C)(3)	6,399.	0.			TO SUPPORT THE OPERATIONS OF THE LIBRARY
SPOTTY DOG RESCUE P.O. BOX 1571 WATERBURY, CT 06721	46-1056652	501(C)(3)	5,970.	0.			GIVE LOCAL 2021
ST. JUDE'S CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	7,977.	0.			FOR GENERAL PURPOSES
ST. MARGARET WILLOW PLAZA NRZ 60 ELMWOOD AVENUE WATERBURY, CT 06721	30-0196431	501(C)(3)	8,000.	0.			TECHNOLOGY FOR SENIORS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MARY'S HOSPITAL 56 FRANKLIN STREET WATERBURY, CT 06706		501(C)(3)	5,601.	0.			FOR RESEARCH FELLOWSHIPS THROUGH THE YALE RESIDENCY PROGRAM
ST. VINCENT DEPAUL MISSION OF WATERBURY - P.O. BOX 1612 - WATERBURY, CT 06721-1612	06-1001527	501(C)(3)	115,851.	0.			GIVE LOCAL 2021; HOMELESS MEDICAL RESPITE PROGRAM; MERRIMAN CULINARY PROGRAM; WOMEN DAY
STAYWELL HEALTH CARE 80 PHOENIX AVENUE WATERBURY, CT 06702	22-3160873	501(C)(3)	98,379.	0.			GIVE LOCAL 2021; QUEER UNITY EMPOWERMENT SUPPORT TEAM (QUEST); IMPROVING MATERNAL HEALTH CARE FOR
STEEP ROCK ASSOCIATION P.O. BOX 279 WASHINGTON DEPOT, CT 06794	06-6069060	501(C)(3)	42,451.	0.			GIVE LOCAL 2021
STEVEK FOUNDATION CRAMER & ANDERSON LLP, 38C GROVE ST RIDGEFIELD, CT 06877	75-3140355		50,000.	0.			BUILDING STEVEK COMPETITION CENTER
SUSAN B. ANTHONY PROJECT 179 WATER STREET TORRINGTON, CT 06790	06-1085983	501(C)(3)	26,395.	0.			GIVE LOCAL 2020 & REBUILDING LIVES PROGRAM
THE JUDY BLACK MEMORIAL PARK AND GARDENS - P.O. BOX 331 - WASHINGTON DEPOT, CT 06794		501(C)(3)	33,023.	0.			GIVE LOCAL 2021
UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET, 2ND FL WATERBURY, CT 06702-1512	06-0646634	501(C)(3)	87,077.	0.			2020 GIFT; TO SUPPORT YOUTH DEVELOPMENT; 2021-22 CAMPAIGN DONATION
UNITED WAY OF WESTERN CONNECTICUT 24 BANK STREET NEW MILFORD, CT 06776		501(C)(3)	17,500.	0.			FOOD SECURITY HEALTHY SAVINGS PROGRAM; CORA'S KIDS - FAMILY CHILD CARE NETWORK

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CONNECTICUT - WATERBURY BRANCH (GRANTS) - 99 EAST MAIN STREET - WATERBURY, CT 06702-2311	06-6070722	501(C)(3)	8,000.	0.			THE GREENING OF WATERBURY - FROM PLANTING TO HARVEST
URU THE RIGHT TO BE 70 AUDUBON ST, 2ND FL. NEW HAVEN, CT 06510	56-2520642	501(C)(3)	50,000.	0.			OUR HUMANITY FAITH-BASED COLLABORATIVE
VILLAGE CENTER FOR THE ARTS 12 MAIN STREET NEW MILFORD, CT 06776	06-1325983	501(C)(3)	28,467.	0.			GIVE LOCAL 2021
VISION TO LEARN 12100 WILSHIRE BLVD, SUITE 1275 LOS ANGELES, CA 90025	45-3457853	501(C)(3)	50,000.	0.			GIVE LOCAL 2021; CLAY WORKSHOPS FOR SENIORS AT VCA; 3-D PRINTING PROGRAM EXPANSION
WARNER THEATRE P.O. BOX 1012 TORRINGTON, CT 06790	06-1048713	501(C)(3)	22,550.	0.			GIVE LOCAL 2021
WARREN LAND TRUST 50 CEMETERY ROAD WARREN, CT 06754	22-3018018	501(C)(3)	9,580.	0.			GIVE LOCAL 2021
WASHINGTON AMBULANCE ASSOCIATION 109 BEE BROOK ROAD, P.O. BOX 294 WASHINGTON DEPOT, CT 06794	06-6055363	501(C)(3)	36,466.	0.			GIVE LOCAL 2021
WASHINGTON ART ASSOCIATION 4 BRYAN MEMORIAL PLAZA WASHINGTON DEPOT, CT 06794	06-0754956	501(C)(3)	22,736.	0.			GIVE LOCAL 2021
WASHINGTON FRIENDS OF MUSIC P.O. BOX 1284 WASHINGTON, CT 06793	47-5034272	501(C)(3)	7,261.	0.			GIVE LOCAL 2021

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON MONTESSORI SCHOOL 240 LITCHFIELD TURNPIKE NEW PRESTON, CT 06777	23-7100723	501(C)(3)	36,925.	0.			GIVE LOCAL 2021
WATERBURY REGIONAL CHAMBER FOUNDATION - P.O. BOX 1469 - WATERBURY, CT 06721-1469	06-1074917	501(C)(3)	7,500.	0.			ACC BACKBONE SUPPORT IN SERVING THE ARTS COMMUNITY
WATERBURY SYMPHONY ORCHESTRA 160 ROBBINS STREET WATERBURY, CT 06708	06-6090876	501(C)(3)	140,710.	0.			GIVE LOCAL 2021; SYMPHONY'S EDUCATIONAL MISSION; TO PROVIDE COMPENSATION FOR
WATERBURY YOUTH SERVICES 83 PROSPECT STREET WATERBURY, CT 06702	06-1219372	501(C)(3)	19,025.	0.			CAC BRIDGING PROGRAM; LINKING ACADEMICS TO LIFE AFTERSCHOOL PROGRAM
WATERTOWN, TOWN OF 61 ECHO LAKE ROAD WATERTOWN, CT 06795	06-6001505	501(C)(3)	36,896.	0.			FOR MAINTENANCE AND IMPROVEMENT OF RECREATIONAL FACILITIES
WEBB YOUTH SERVICES 65 BRIDGE STREET NEW MILFORD, CT 06776	84-3020451		13,434.	0.			GIVE LOCAL 2021
WELLMORE BEHAVIORAL HEALTH 141 EAST MAIN STREET WATERBURY, CT 06702	06-0669107	501(C)(3)	44,345.	0.			GIVE LOCAL 2021; REDUCING AT RISK BEHAVIORS IN NAUGATUCK
WELLSPRING FOUNDATION P.O. BOX 370 BETHLEHEM, CT 06751-0370	06-1014227	501(C)(3)	57,563.	0.			GIVE LOCAL 2021
WESTERN CONNECTICUT AREA AGENCY ON AGING - 84 PROGRESS LANE - WATERBURY, CT 06705	06-1182488	501(C)(3)	89,859.	0.			BRASS OUTREACH; EXPANDING EVIDENCE-BASED HEALTH PROGRAMS IN WATERBURY, YEAR 5

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHEELS FOR WHEELS 29 BRIDGEWATER ROAD NEW MILFORD, CT 06776	84-4255362	501(C)(3)	6,366.	0.			GIVE LOCAL 2021
WHISKERS PET RESCUES INC. 229 BACON POND ROAD, UNIT #211 WOODBURY, CT 06798	47-4357003	501(C)(3)	6,000.	0.			SENIOR TO SENIOR FOREVER FOSTER PROGRAM
WHITE MEMORIAL CONSERVATION CENTER P.O. BOX 368 LITCHFIELD, CT 06759-0368	06-6065807	501(C)(3)	7,126.	0.			GIVE LOCAL 2021
WOMAN'S CHOICE CHARITABLE ASSOCIATION - 262 WALNUT STREET, APT 6 - WATERBURY, CT 06704	82-1802959	501(C)(3)	38,000.	0.			COMMUNITY DOULA PILOT
WOMEN'S CENTER OF GREATER DANBURY 2 WEST STREET DANBURY, CT 06810	06-0983819	501(C)(3)	7,500.	0.			SUPPORT FOR VICTIMS OF DOMESTIC VIOLENCE
WOODBURY, TOWN OF 281 MAIN STREET SOUTH WOODBURY, CT 06798	06-6002142	501(C)(3)	17,155.	0.			FOR THE WOODBURY PUBLIC LIBRARY'S GENERAL PURPOSES
WOODBURY-BETHLEHEM COMMUNITY MUSIC FOUNDATION - P.O. BOX 820 - WOODBURY, CT 06798	83-0427784	501(C)(3)	5,232.	0.			GIVE LOCAL 2021
YMCA OF GREATER WATERBURY 136 WEST MAIN STREET WATERBURY, CT 06702	06-0646988	501(C)(3)	57,448.	0.			FOR GENERAL OPERATION OF ITS WATERBURY, CT LOCATION; YMCA ANNEX AT ROSE HILL; CAMP OAKASHA
YOGA4CHANGE 96 CURTIS STREET MERIDEN, CT 06450	47-1037229	501(C)(3)	9,570.	0.			YOGA4SENIORS COMMUNITY WELLNESS PROGRAM AND STUDY

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	123	969,217.	0.		

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BRASS CITY HARVEST

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD SYSTEM SUPPLEMENTATION AND

TRANSPORTATION; BRASS CITY COOKS SENIOR NUTRITION & VIRTUAL COOKING

CLASSES

NAME OF ORGANIZATION OR GOVERNMENT: CHRIST CHURCH, EPISCOPAL

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR THE ROOF FUND; TO SUPPORT THE

PARISH CHURCH, RECTORY AND OTHER FACILITIES; THE COLUMBARIUM; AND THE

Part IV Supplemental Information

PARISH PRIEST.

NAME OF ORGANIZATION OR GOVERNMENT: EASTERSEALS

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2021; ACCESSIBLE HEARING CARE; PPE AND WEBCAM TECHNOLOGY; LEADERSHIP DEVELOPMENT AND DIVERSITY, EQUITY AND INCLUSION TRAINING

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

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2021; WATERBURY STUDENTS JOINING FLANDERS SUMMER SCIENCE ACADEMY; CAP.CAMP. \$4000/ANN. CAMP. \$1000

NAME OF ORGANIZATION OR GOVERNMENT:

HISPANIC COALITION OF GREATER WATERBURY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: RIBA ASPIRA: ESL/VOC-ED; STAFFING FOR VACCINE APPOINTMENT SCHEDULING AND TRANSPORTATION FOR THE SOUTH END

NAME OF ORGANIZATION OR GOVERNMENT: MATTATUCK MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2021; FOR THE CAPITAL CAMPAIGN; CCF GRANT FOR MATTATUCK MUSEUM CAPITAL CAMPAIGN; BRINGING ART TO CHILDREN'S COMMUNITY SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT: NAUGATUCK YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2021; INFANT AND TODDLER DAYCARE EXPANSION; SENIOR EXERCISE AND WELL-BEING; FIT CLUB 8TH GRADE INITIATIVE; STRATEGIC PLANNING, STAFF AND BOARD DEVELOPMENT; HOUSING CAPACITY INCREASE; SENIORS STAYING CONNECTED; LIVESTRONG

NAME OF ORGANIZATION OR GOVERNMENT:

Part IV Supplemental Information

NEIGHBORHOOD HOUSING SERVICES OF WATERBURY

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2021; RENTAL RELIEF; CDA

REVOLVING LOAN FUND; URBAN FORESTRY PROGRAM; YOUTH FINANCIAL EDUCATION

ACADEMY

NAME OF ORGANIZATION OR GOVERNMENT: NEW OPPORTUNITIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2021; MEALS ON WHEELS

TRUCK REPLACEMENT & REPAIRS; SYSTEM INTEGRATION UPGRADE; BRASS (BRINGING

RESOURCES TO ACTION TO SERVE SENIORS)

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY, THE

(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILY EMERGENCY SHELTER,

COMPREHENSIVE EMERGENCY ASSISTANCE PROGRAM; FOOD AND TECHNOLOGY EQUIPMENT

FOR THE SALVATION ARMY'S FAMILY EMERGENCY SHELTER; FOR GENERAL PURPOSES

FOR WATERBURY, CT BRANCH - MAIL TO WEST NYACK, NY ADDRESS

NAME OF ORGANIZATION OR GOVERNMENT: SAVE GIRLS ON FYER

(H) PURPOSE OF GRANT OR ASSISTANCE: SGOF LEADERSHIP ACADEMY & LIBERATION

ON FYER PROGRAM, F.Y.E.R. MEDIA PRODUCTION, GIRL ON FYER LEADERSHIP

ACADEMY, & BLACK LIBERATION INSTITUTE

NAME OF ORGANIZATION OR GOVERNMENT: SOUTHBURY HISTORICAL SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL PURPOSES; FOR CHARITABLE

OR EDUCATIONAL PURPOSES OF THE AGENCY AND ITS AFFILIATED AGENCIES

NAME OF ORGANIZATION OR GOVERNMENT:

ST. VINCENT DEPAUL MISSION OF WATERBURY

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2021; HOMELESS MEDICAL

Part IV Supplemental Information

RESPITE PROGRAM; MERRIMAN CULINARY PROGRAM; WOMEN DAY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: STAYWELL HEALTH CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2021; QUEER UNITY

EMPOWERMENT SUPPORT TEAM (QUEST); IMPROVING MATERNAL HEALTH CARE FOR
BLACK WOMEN; INFANT AND MATERNAL HEALTH WORKGROUP

NAME OF ORGANIZATION OR GOVERNMENT: WATERBURY SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2021; SYMPHONY'S

EDUCATIONAL MISSION; TO PROVIDE COMPENSATION FOR MUSICIANS AND GUEST
ARTISTS; COMPENSATION OF THE CONDUCTOR; 2021 COMMUNITY JAZZ PROGRAM;
BRAVO WATERBURY SUMMER SESSION 2021

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF GREATER WATERBURY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL OPERATION OF ITS

WATERBURY, CT LOCATION; YMCA ANNEX AT ROSE HILL; CAMP OAKASHA
SCHOLARSHIPS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **THE CONNECTICUT COMMUNITY FOUNDATION**
 Employer identification number: **06-6038074**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JULIE LOUGHRAN PRESIDENT & CEO	(i)	182,870.	0.	0.	15,125.	13,274.	211,269.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BARBARA RYER DIRECTOR OF FINANCE	(i)	128,120.	0.	0.	10,441.	13,803.	152,364.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **THE CONNECTICUT COMMUNITY FOUNDATION** Employer identification number **06-6038074**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10	374,139. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Horizontal lines for supplemental information input.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

THE CONNECTICUT COMMUNITY FOUNDATION

Employer identification number

06-6038074

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

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

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

MEMBERSHIP ELECTS TRUSTEES

FORM 990, PART VI, SECTION A, LINE 7A:

AS PROVIDED IN 33-1055 OF THE ACT, THE CORPORATION SHALL BE A MEMBERSHIP

CORPORATION. THE CORPORATION SHALL HAVE ONE CLASS OF MEMBERS CALLED

"MEMBERS." THE MEMBERS SHALL HAVE THE RIGHT TO ELECT THE MEMBERS OF THE

BOARD OF TRUSTEES OF THE CORPORATION, AND SUCH OTHER RIGHTS, PRIVILEGES AND

POWERS AS ARE AFFORDED TO VOTING MEMBERS OF A CONNECTICUT NONSTOCK

CORPORATION UNDER THE CERTIFICATE OF INCORPORATION, THESE BY-LAWS, AND THE

ACT. IN ORDER TO QUALIFY AS A MEMBER, A MEMBER OF THE CORPORATION SHALL

MEET ANY OF THE FOLLOWING REQUIREMENTS:

(A) AN INDIVIDUAL, WHO IS A FUND FOUNDER AND MAINTAINS A CERTAIN MINIMUM IN

HIS OR HER FUND AS OF THE BEGINNING OF THE FOUNDATION'S FISCAL YEAR, AND

SUCH INDIVIDUAL'S SPOUSE;

(B) AN INDIVIDUAL, WHO HAS INCLUDED THE FOUNDATION AS A BENEFICIARY IN A

PLANNED GIFT OR WILL AND HAS AGREED TO BE A LEGACY SOCIETY MEMBER WITH THE

FOUNDATION;

(C) AN INDIVIDUAL HOLDING A POSITION DESCRIBED IN THE FUND AGREEMENT OR

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

Schedule O (Form 990) 2021

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OTHER DOCUMENT AS THE REPRESENTATIVE FOR FUNDS ESTABLISHED BY CORPORATIONS

OR ORGANIZATIONS THAT MAINTAIN A MINIMUM IN THEIR FUNDS AS OF THE BEGINNING

OF THE FOUNDATION'S FISCAL YEAR;

(D) AN INDIVIDUAL WHO CONTRIBUTES, IN A GIVEN YEAR, AN AMOUNT EQUAL TO THAT

REQUIRED FOR THE ESTABLISHMENT OF A PERMANENT FUND TO ONE OR MORE PERMANENT

FUNDS IN A GIVEN YEAR ,AND SUCH INDIVIDUAL'S SPOUSE; OR

(E) ANY CURRENT OR FORMER TRUSTEE OF THE FOUNDATION.

(F) ALL OTHER MEMBERS, NOT INCLUDED IN (A-E) ABOVE, AS OF THE EFFECTIVE

DATE OF THESE BY-LAWS

FORM 990, PART VI, SECTION A, LINE 7B:

SECTION 8, ARTICLE 2: VOTING RIGHTS AND REQUIREMENTS-

EACH MEMBER OF THE CORPORATION SHALL BE ENTITLED TO ONE (1) VOTE ON EACH

MATTER SUBMITTED TO MEMBERS FOR ACTION. MEMBER ACTION ON ANY MATTER

WHATSOEVER SHALL REQUIRE THE AFFIRMATIVE VOTE OF A MAJORITY OF THE MEMBERS

OF THE CORPORATION PRESENT AT A MEETING AT WHICH THERE IS A QUORUM, EXCEPT

THAT THE FOLLOWING MATTERS (REFERRED TO HEREIN AS THE "FUNDAMENTAL MEMBER

MATTERS") SHALL REQUIRE THE AFFIRMATIVE VOTE OF TWO-THIRDS (2/3) OF THE

MEMBERS PRESENT AT A MEETING AT WHICH THERE IS A QUORUM:

(A) THE REMOVAL OF A TRUSTEE WITH CAUSE UNDER SECTION 5 OF ARTICLE III;

(B) THE DISSOLUTION AND LIQUIDATION OF THE CORPORATION UNDER SECTION 2 OF

ARTICLE VII;

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(C) THE AMENDMENT OF THESE BY-LAWS UNDER SECTION 4 OF ARTICLE VIII;
 PROVIDED, HOWEVER, THAT THE AMENDMENT RELATES TO ANY CHANGE IN THE
 DEFINITION OF THE QUALIFICATIONS REQUIRED TO BE A MEMBER IN THIS
 CORPORATION PURSUANT TO SECTION 1(A-E) OF THIS ARTICLE II AND TO ANY
 PROVISION RELATING TO A MEMBER'S RIGHTS AND DUTIES UNDER ARTICLE II AND
 ARTICLE III OF THESE BY-LAWS;

(D) THE AMENDMENT OF THE CERTIFICATE OF INCORPORATION UNDER SECTION 6 OF
 ARTICLE VIII; AND

(E) ANY MERGER OF THE CORPORATION WITH OR INTO ANY OTHER CORPORATION OR
 ENTITY IN WHICH THE CORPORATION IS NOT THE SURVIVING ENTITY.
 SECTION 9 - PROXIES. VOTING BY PROXY SHALL NOT BE PERMITTED AT ANY MEETING
 OF THE MEMBERS.
 SECTION 10 - CONSENTS. MEMBERS SHALL NOT BE PERMITTED TO VOTE BY WRITTEN
 CONSENT.

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

FORM 990, PART VI, SECTION B, LINE 12C:
 EACH STAFF MEMBER AND VOLUNTEER SHALL COMPLETE A CONFLICT OF
 INTEREST/DUALITY OF INTEREST DISCLOSURE STATEMENT WHEN BEGINNING SERVICE
 WITH THE FOUNDATION AND ANNUALLY THEREAFTER. THE STATEMENT WILL BE FILED
 WITH THE PRESIDENT & CEO OF THE FOUNDATION. THE STATEMENT INCLUDES A LIST
 OF PRINCIPAL BUSINESS ACTIVITIES, AS WELL AS, INVOLVEMENT WITH OTHER
 CHARITABLE AND BUSINESS ORGANIZATIONS, VENDORS, OR BUSINESS INTERESTS, OR

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WITH ANY OTHER ASSOCIATIONS THAT MIGHT PRODUCE A CONFLICT OF INTEREST.

WHEN A VOLUNTEER OR STAFF IS TO DECIDE UPON AN ISSUE ABOUT WHICH A VOLUNTEER OR STAFF MEMBER HAS AN UNAVOIDABLE CONFLICT OF INTEREST, THAT PERSON SHALL PHYSICALLY ABSENT HERSELF/HIMSELF WITHOUT COMMENT FROM NOT ONLY THE VOTE, BUT ALSO FROM THE DELIBERATION, UNLESS DIRECTLY REQUESTED BY THE CHAIR OF THE BOARD OR RELEVANT COMMITTEE CHAIR TO PROVIDE FACTUAL INFORMATION OR ANSWER FACTUAL QUESTIONS THAT MAY ASSIST THE BOARD OR COMMITTEE IN MAKING A WISE DECISION. IN NO CASE SHALL THAT PERSON VOTE ON SUCH MATTER OR ATTEMPT TO EXERT PERSONAL INFLUENCE IN CONNECTION WITH THE VOTE. DISCLOSURE AND ABSTENTION SHALL BE RECORDED IN THE MINUTES OF THE MEETING AT WHICH THE ISSUE IS DISCUSSED AND DECIDED.

FORM 990, PART VI, SECTION B, LINE 15:

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

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

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

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VIEWED AT THE FOUNDATION OFFICE.

FORM 990 PART XII, LINE 2C

THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization **THE CONNECTICUT COMMUNITY FOUNDATION** Employer identification number **06-6038074**

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

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

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

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

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

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

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

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

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

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

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

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b		X
1c		X
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j		X
1k		X
1l	X	
1m		X
1n		X
1o		X
1p	X	
1q		X
1r		X
1s		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WATERBURY HOSPITAL FOUNDATION	L	191,624.	FMV
(2) WATERBURY HOSPITAL FOUNDATION	P	0.	FMV
(3)			
(4)			
(5)			
(6)			

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

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

Table with 11 columns: (a) Name, address, and EIN of entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Predominant income (related, unrelated, excluded from tax under sections 512-514); (e) Are all partners sec. 501(c)(3) orgs.? (Yes/No); (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations? (Yes/No); (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065); (j) General or managing partner? (Yes/No); (k) Percentage ownership.

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.