

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 02219

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**2022**Open to Public
Inspection**A For the 2022 calendar year, or tax year beginning and ending**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization THE CONNECTICUT COMMUNITY FOUNDATION		D Employer identification number 06-6038074	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 43 FIELD STREET		E Telephone number 203-753-1315	
	City or town, state or province, country, and ZIP or foreign postal code WATERBURY, CT 06702		G Gross receipts \$ 17,514,834.	
	F Name and address of principal officer: JULIE LOUGHRAN SAME AS C ABOVE		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				
J Website: CONNCF.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other				
			L Year of formation: 1923	M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION FOSTERS AN EQUITABLE AND INCLUSIVE COMMUNITY IN GREATER WATERBURY AND		
	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	18
	6 Total number of volunteers (estimate if necessary)	6	200
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,400.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,336,525.	7,315,645.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,504,274.	5,103,745.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	334,083.	216,479.
		11,174,882.	12,635,869.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,787,569.	7,635,613.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,605,139.	1,801,971.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	372,110.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	734,723.	807,308.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,127,431.	10,244,892.
	19 Revenue less expenses. Subtract line 18 from line 12	2,047,451.	2,390,977.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	154,014,275.	129,494,549.
	22 Net assets or fund balances. Subtract line 21 from line 20	784,039.	254,260.
		153,230,236.	129,240,289.

Part II Signature Block

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

Sign Here	Signature of officer: <i>Deborah Foord</i>		Date: 7/13/2023		
	DEBORAH FOORD, TREASURER		Date		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	NICOLE LEE	NICOLE LEE	07/12/23	<input type="checkbox"/>	P01307175
Preparer Use Only	Firm's name	Firm's EIN		41-0746749	
	Firm's address	29 SOUTH MAIN STREET, 4TH FLOOR		Phone no. (860) 561-4000	
WEST HARTFORD, CT 06107					

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

Part III **Statement of Program Service Accomplishments**

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the
prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 9,051,614. including grants of \$ 7,635,613.) (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 9,051,614.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 7	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 18		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17		

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	19			
b Enter the number of voting members included on line 1a, above, who are independent		19		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed CT

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records
 CONNECTICUT COMMUNITY FOUNDATION, INC. - (203) 753-1315
 43 FIELD STREET, WATERBURY, CT 06702

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See 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, box 6 of 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				209,355.	0.	30,874.
(2) BARBARA RYER DIRECTOR OF FINANCE	40.00			X				134,048.	0.	13,273.
(3) JOSH CAREY GRANTS MANAGEMENT DIRECTOR	40.00				X			105,039.	0.	10,929.
(4) WANDA CORREA VICE PRESIDENT COMMUNITY IMPACT	40.00				X			107,360.	0.	20,940.
(5) KATHY TAYLOR CHAIR	1.00	X		X				0.	0.	0.
(6) MICHAEL GIARDINA VICE CHAIR	1.00	X		X				0.	0.	0.
(7) DEBORAH FOORD TREASURER	1.00	X		X				0.	0.	0.
(8) KATHY BOWER SECRETARY	1.00	X		X				0.	0.	0.
(9) ADRIENNE PARKMOND TRUSTEE	1.00	X						0.	0.	0.
(10) AVERY GADDIS TRUSTEE	1.00	X						0.	0.	0.
(11) BARBARA BRADBURY-PAPE TRUSTEE	1.00	X						0.	0.	0.
(12) BRIAN JONES TRUSTEE	1.00	X						0.	0.	0.
(13) ELIZABETH JOHNSON TRUSTEE	1.00	X						0.	0.	0.
(14) ERIC POLOKOFF TRUSTEE	1.00	X						0.	0.	0.
(15) JAMES A. HIGGINS TRUSTEE	1.00	X						0.	0.	0.
(16) JANIE MCDERMOTT TRUSTEE	1.00	X						0.	0.	0.
(17) JEAN SOLOMON 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) KATHLEEN BROCHHAUSEN TRUSTEE	1.00	X						0.	0.	0.
(19) REBECCA ELECK BRUCE TRUSTEE	1.00	X						0.	0.	0.
(20) SARAN WHITE TRUSTEE	1.00	X						0.	0.	0.
(21) STEPHEN SEWARD TRUSTEE	1.00	X						0.	0.	0.
(22) SUBIRA GORDON TRUSTEE	1.00	X						0.	0.	0.
(23) TOMAS OLIVO TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								555,802.	0.	76,016.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								555,802.	0.	76,016.

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

4

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

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Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,315,645.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 202,907.				
	h Total. Add lines 1a-1f				7,315,645.		
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)			3,536,614.			3,536,614.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6 a Gross rents	6a					
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory	7a	6,446,096.				
	b Less: cost or other basis and sales expenses	7b	4,878,965.				
	c Gain or (loss)	7c	1,567,131.				
	d Net gain or (loss)			1,567,131.			1,567,131.
	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	212,079.			212,079.
	b PRVT FOUND FEES		900099	4,400.		4,400.	
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			216,479.			
12 Total revenue. See instructions				12,635,869.	0.	4,400.	5,315,824.

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 ...	6,476,022.	6,476,022.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,159,591.	1,159,591.		
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	387,550.	219,635.	109,823.	58,092.
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	1,065,414.	603,539.	302,746.	159,129.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	68,519.	37,982.	19,663.	10,874.
9 Other employee benefits	177,571.	105,322.	46,296.	25,953.
10 Payroll taxes	102,917.	59,220.	28,381.	15,316.
11 Fees for services (nonemployees):				
a Management				
b Legal	26,353.		26,353.	
c Accounting	27,750.		27,750.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	41,596.		41,596.	
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	59,927.	33,919.	17,079.	8,929.
13 Office expenses	50,713.	28,704.	14,453.	7,556.
14 Information technology	88,668.	50,223.	25,224.	13,221.
15 Royalties				
16 Occupancy	106,522.	60,291.	30,359.	15,872.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	65,895.	37,432.	18,609.	9,854.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,519.		4,519.	
23 Insurance	17,815.		17,815.	
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 CONSULTANTS	170,764.	96,652.	48,668.	25,444.
b NON PROFIT OUTREACH	101,808.	57,624.	29,015.	15,169.
c OTHER	44,978.	25,458.	12,819.	6,701.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,244,892.	9,051,614.	821,168.	372,110.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,841,933.	1	3,152,229.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	28,958.	3	83,246.
	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 49,506.		
	b Less: accumulated depreciation	10b 39,855.		
		12,258.	10c	9,651.
	11 Investments - publicly traded securities	150,619,881.	11	125,738,178.
	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)	154,014,275.	16	129,494,549.	
Liabilities	17 Accounts payable and accrued expenses	53,511.	17	54,458.
	18 Grants payable	533,557.	18	92,487.
	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	196,971.	25	107,315.
	26 Total liabilities. Add lines 17 through 25	784,039.	26	254,260.
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	152,842,152.	27	127,009,698.
	28 Net assets with donor restrictions	388,084.	28	2,230,591.
	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	153,230,236.	32	129,240,289.
	33 Total liabilities and net assets/fund balances	154,014,275.	33	129,494,549.

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,635,869.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,244,892.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,390,977.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	153,230,236.
5	Net unrealized gains (losses) on investments	5	-26,380,924.
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	129,240,289.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	

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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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,706,406.	4,229,609.	5,811,840.	6,336,525.	7,315,645.	28,400,025.
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	4,706,406.	4,229,609.	5,811,840.	6,336,525.	7,315,645.	28,400,025.
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)						1,554,348.
6 Public support. Subtract line 5 from line 4.						26,845,677.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	4,706,406.	4,229,609.	5,811,840.	6,336,525.	7,315,645.	28,400,025.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,915,853.	3,475,397.	2,872,142.	4,031,390.	3,536,614.	16,831,396.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	4,400.	4,400.	4,400.	4,400.	4,400.	22,000.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	218,957.	45,639.	52,476.	329,683.	212,079.	858,834.
11 Total support. Add lines 7 through 10						46,112,255.

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 2022 (line 6, column (f), divided by line 11, column (f))	14	58.22	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	55.53	%

16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization☒**b 33 1/3% support test - 2021.** 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 - 2022.** 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 - 2021.** 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☐

Schedule A (Form 990) 2022

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990) 2022

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 2022 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-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

Schedule A (Form 990) 2022

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

THE CONNECTICUT COMMUNITY FOUNDATION

Employer identification number

06-6038074

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

THE CONNECTICUT COMMUNITY FOUNDATION

06-6038074

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 614,303.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 395,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 197,258.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

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

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

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

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

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

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

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

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

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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		10,244,892.	
e Total exempt purpose expenditures (add lines 1c and 1d)		10,244,892.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		662,245.	
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)		165,561.	
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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount		555,818.	606,459.	662,245.	1,824,522.
b Lobbying ceiling amount (150% of line 2a, column(e))					2,736,783.
c Total lobbying expenditures					
d Grassroots nontaxable amount		138,955.	151,615.	165,561.	456,131.
e Grassroots ceiling amount (150% of line 2d, column (e))					684,197.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

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

2022Open 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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	82	568
2 Aggregate value of contributions to (during year)	963,679.	6,558,928.
3 Aggregate value of grants from (during year)	1,715,373.	5,920,241.
4 Aggregate value at end of year	9,039,587.	120,454,961.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) 2022

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

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

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

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

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

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

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

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

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

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	142,510,476.	127,410,666.	114,134,527.	97,277,892.	104,268,307.
b Contributions	3,937,288.	3,847,282.	5,521,260.	4,403,732.	4,981,303.
c Net investment earnings, gains, and losses	-20,296,931.	18,581,567.	14,437,789.	19,118,987.	-6,427,540.
d Grants or scholarships	6,303,892.	4,942,712.	4,786,904.	4,846,719.	5,142,841.
e Other expenditures for facilities and programs					
f Administrative expenses	2,289,175.	2,386,327.	1,896,006.	1,819,365.	401,337.
g End of year balance	117,557,766.	142,510,476.	127,410,666.	114,134,527.	97,277,892.

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

a Board designated or quasi-endowment 100 %

b Permanent endowment _____ %

c Term endowment _____ %

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

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

(i) Unrelated organizations _____

(ii) Related organizations _____

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

	Yes	No
3a(i)		X
3a(ii)		X
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		49,506.	39,855.	9,651.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,651.

Schedule D (Form 990) 2022

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	5,549.
(3) ANNUITY PAYABLE	101,766.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	107,315.

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

Schedule D (Form 990) 2022

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	-12,965,298.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-25,087,433.
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	-25,087,433.
3	Subtract line 2e from line 1	3	12,122,135.
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	39,520.
b	Other (Describe in Part XIII.)	4b	474,214.
c	Add lines 4a and 4b	4c	513,734.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,635,869.

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	10,040,333.
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	10,040,333.
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	41,596.
b	Other (Describe in Part XIII.)	4b	162,963.
c	Add lines 4a and 4b	4c	204,559.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,244,892.

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 474,214.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ADJUSTMENT FOR FUNDS HELD AS AGENCY ENDOWMENTS 162,963.

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

2022**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)	15,000.	0.			ELEVATING LATINO VOICES IN EDUCATION DECISIONS
ACHIEVE HARTFORD 221 MAIN STREET, 3RD FLOOR HARTFORD, CT 06106	45-0499390	501(C)(3)	27,500.	0.			ADVANCING RACIAL EQUITY AND SOCIAL JUSTICE IN OUR SCHOOLS; YOUTH-LED AIR MONITORING AND
ACTS 4 MINISTRY 1713 THOMASTON AVENUE WATERBURY, CT 06704	20-3676244	501(C)(3)	11,491.	0.			GIVE LOCAL 2022
AFTER SCHOOL ARTS PROGRAM 6 BEE BROOK ROAD, UNIT B WASHINGTON DEPOT, CT 06794	20-1308465	501(C)(3)	36,800.	0.			GIVE LOCAL 2022; ART PROGRAMS AT CHILDREN'S COMMUNITY SCHOOL
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC. - 200 EXECUTIVE BLVD, STE 4-B - SOUTHINGTON, CT 06489	13-3039601	501(C)(3)	7,500.	0.			PARTNERSHIP TO EXPAND ACCESS TO CARE AND SUPPORT
AMERICAN CANCER SOCIETY 111 FOUNDERS PLAZA, SUITE 200 EAST HARTFORD, CT 06108	13-1788491	501(C)(3)	103,217.	0.			FOR GENERAL SUPPORT

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.

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SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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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 5 BROOKSIDE DRIVE WALLINGFORD, CT 06492	13-5613797	501(C)(3)	103,217.	0.			FOR GENERAL SUPPORT
ANIMAL WELFARE SOCIETY 8 DODD ROAD NEW MILFORD, CT 06776	06-6084293	501(C)(3)	30,618.	0.			GIVE LOCAL 2022
ARCHDIOCESE OF HARTFORD 467 BLOOMFIELD AVE BLOOMFIELD, CT 06002	06-0646669	501(C)(3)	6,000.	0.			2022 STRONGER TOGETHER FUND
ARTS ESCAPE 493 HERITAGE ROAD SUITE 4C SOUTHBURY, CT 06488	45-4200252	501(C)(3)	20,949.	0.			GIVE LOCAL 2022
AUDUBON CENTER BENT OF THE RIVER 185 EAST FLAT HILL ROAD SOUTHBURY, CT 06489	13-1624102	501(C)(3)	15,826.	0.			GIVE LOCAL 2022
BANTAM CINEMA & ARTS CENTER, INC. 115 BANTAM LAKE ROAD BANTAM, CT 06750	85-3849864	501(C)(3)	18,303.	0.			GIVE LOCAL 2022
BANTAM LAKE PROTECTIVE ASSOCIATION PO BOX 37 MORRIS, CT 06763	06-1312754	501(C)(3)	6,000.	0.			DEVELOPMENT OF QUALITY ASSURANCE PROJECT PLAN (QAPP)
BIG BROTHERS BIG SISTERS OF CONNECTICUT - 30 LAUREL STREET, SUITE 3 - HARTFORD, CT 06705	06-0850379	501(C)(3)	8,250.	0.			WATERBURY COMMUNITY-BASED MENTORING
BOYS AND GIRLS CLUB OF GREATER WATERBURY - 1037 EAST MAIN STREET - WATERBURY, CT 06705	06-0646551	501(C)(3)	11,196.	0.			GIVE LOCAL 2022

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRASS CITY CHARTER SCHOOL 212 CHESTNUT AVENUE WATERBURY, CT 06710	46-2366321	501(C)(3)	11,797.	0.			GIVE LOCAL 2022
BRASS CITY HARVEST P.O. BOX 11115 WATERBURY, CT 06703	75-3263005	501(C)(3)	10,455.	0.			BRASS CITY COOKS SENIOR NUTRITION AND COOKING CLASSES
BRIDGEWATER LAND TRUST PO BOX 8 BRIDGEWATER, CT 06752	06-1212623	501(C)(3)	51,517.	0.			GIVE LOCAL 2022
CAMELLA'S CUPBOARD PO BOX 1771 NEW MILFORD, CT 06776	83-2491257	501(C)(3)	7,679.	0.			GIVE LOCAL 2022
CANTERBURY SCHOOL 101 ASPETUCK AVENUE NEW MILFORD, CT 06776			153,830.	0.			CHASE COLLEGIATE SCHOOL FOUNDATION DISTRIBUTION
CAREER RESOURCES, INC. 1000 LAFAYETTE BLVD, SUITE 303 BRIDGEPORT, CT 06604	06-1427945	501(C)(3)	7,500.	0.			STRIVE WATERBURY PROGRAM
CARING FOR BETHLEHEM P.O. BOX 5 BETHLEHEM, CT 06751	82-2473303	501(C)(3)	14,029.	0.			GIVE LOCAL 2022
CAROLYN'S PLACE 137 GRANDVIEW AVENUE WATERBURY, CT 06708	06-1346029	501(C)(3)	5,594.	0.			GIVE LOCAL 2022
CENTER FOR HUMAN DEVELOPMENT 332 BIRNIE AVE SPRINGFIELD, MA 01104	04-2503926	501(C)(3)	15,000.	0.			CHD'S WATERBURY HOSPITALITY CENTER

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHESHIRE ACADEMY 10 MAIN STREET CHESHIRE, CT 06410		501(C)(3)	136,336.	0.			CHASE COLLEGIATE SCHOOL FOUNDATION DISTRIBUTION
CHESHIRE EDUCATION FOUNDATION P.O. BOX 7 CHESHIRE, CT 06410	06-1442308	501(C)(3)	60,000.	0.			FOR SCHOLARSHIPS
CHESHIRE PUBLIC SCHOOLS 29 MAIN STREET CHESHIRE, CT 06410			10,000.	0.			CIRCLE OF SECURITY
CHILDREN'S COMMUNITY SCHOOL 31 WOLCOTT STREET, P.O. BOX 1746 WATERBURY, CT 06702	06-1000761	501(C)(4)	113,678.	0.			GIVE LOCAL 2022; ANNUAL DISTRIBUTION
CHIME IN! MUSIC WITH A MISSION P.O. BOX 21 BETHLEHEM, CT 06751	45-3868994	501(C)(3)	5,717.	0.			GIVE LOCAL 2022
CHRIST CHURCH, EPISCOPAL P.O. BOX 4 ROXBURY, CT 06783		501(C)(3)	12,260.	0.			TO SUPPORT THE PARISH CHURCH, RECTORY AND OTHER FACILITIES; THE COLUMBARIUM; AND THE
COMMUNITY CULINARY SCHOOL OF NORTHWESTERN CT - 40 MAIN STREET - NEW MILFORD, CT 06776	26-3551690	501(C)(3)	20,842.	0.			GIVE LOCAL 2022; JOB TRAINING/HUNGER RELIEF
COMMUNITY FOUNDATION OF EAST CENTRAL ILLINOIS - 307 W. UNIVERSITY AVE. - CHAMPAIGN, IL 61820	23-7176723	501(C)(3)	32,890.	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)	12,717.	0.			GREATER WATERBURY REENTRY WELCOME CENTER

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SERVICES COUNCIL OF WOODBURY - PO BOX 585 - WOODBURY, CT 06798	22-3186254	501(C)(3)	8,056.	0.			GIVE LOCAL 2022
CONNECTICUT ASSOCIATION FOR HUMAN SERVICES, INC. - 237 HAMILTON STREET, SUITE 208 - HARTFORD, CT 06106	06-0653158	501(C)(3)	10,000.	0.			RETURNING CITIZENS PROGRAM (GREATER WATERBURY)
CONNECTICUT COMMUNITY CARE, INC. 43 ENTERPRISE DRIVE BRISTOL, CT 06010-7472	06-1024632	501(C)(3)	10,000.	0.			BBS2022 CONNECTICUT HEALTH LIVING COLLECTIVE
CONNECTICUT COUNCIL FOR PHILANTHROPY - 75 CHARTER OAK AVENUE, SUITE 1-205 - HARTFORD, CT 06106	23-7024016	501(C)(3)	7,500.	0.			EARLY CARE FUNDERS COLLABORATIVE SUPPORT
CONNECTICUT FARMLAND TRUST 77 BUCKINGHAM STREET HARTFORD, CT 06106	32-0007171	501(C)(3)	5,089.	0.			GIVE LOCAL 2022
CONNECTICUT FOODSHARE 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	06-1063025	501(C)(3)	7,500.	0.			EQUITABLE HUNGER SOLUTIONS
CONNECTICUT INSTITUTE FOR REFUGEES AND IMMIGRANTS - 670 CLINTON AVENUE - BRIDGEPORT, CT 06605	06-0669118	501(C)(3)	22,717.	0.			WATERBURY IMMIGRATION LEGAL SERVICES
CONNECTICUT JUNIOR REPUBLIC ASSOCIATION - 550 GOSHEN ROAD, P.O. BOX 161 - LITCHFIELD, CT 06759	06-0646590	501(C)(3)	46,923.	0.			GIVE LOCAL 2022; TO PROVIDE CARE, TREATMENT, EDUCATION AND FAMILY SUPPORT FOR AT-RISK,
CONNECTICUT LEAGUE OF HISTORY ORGANIZATIONS - 1615 STANLEY STREET - NEW BRITAIN, CT 06050	06-6108671	501(C)(3)	5,316.	0.			GIVE LOCAL 2022

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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 PARTNERSHIP FOR CHILDREN, INC. - 98 OLIVE STREET - NAUGATUCK, CT 06770	26-4609367	501(C)(3)	14,000.	0.			PARENT TOOL BOX-BUILDING HEALTHY ENVIRONMENTS FOR FAMILIES THROUGH CASE MANAGEMENT
CONVERSATIONS ON THE GREEN, INC. PO BOX 1020 WASHINGTON, CT 06793	83-4438861	501(C)3	15,046.	0.			GIVE LOCAL 2022
DAVID, HELEN, AND MARIAN WOODWARD FUND WATERTOWN - 100 N MAIN STREET - WISTON SALEM, NC 27101			36,989.	0.			CHASE COLLEGIATE SCHOOL FOUNDATION DISTRIBUTION
EASTERSEALS 22 TOMPKINS STREET WATERBURY, CT 06708	06-0737391	501(C)(3)	6,366.	0.			GIVE LOCAL 2022
END HUNGER CONNECTICUT 65 HUNGERFORD STREET HARTFORD, CT 06106	06-1545835	501(C)(3)	10,000.	0.			END HUNGER CT'S FULL SHELVES INITIATIVE
FAMILY LEADERSHIP CENTER 55 CHIMNEY RD WATERTON, CT 06795	85-1192875	501(C)(3)	15,000.	0.			PARENT LEADERSHIP TRAINING PLTI;PARENT LEADER INSTITUTE - SERVICE PROJECTS; PARENT
FISH/FRIENDS IN SERVICE TO HUMANITY OF NW CT - 332 SOUTH MAIN STREET - TORRINGTON, CT 06790	06-0878637	501(C)(3)	11,867.	0.			GIVE LOCAL 2022;2022 COHORT PARTICIPANT - UNRESTRICTED GRANT
FIVE POINTS CENTER FOR THE VISUAL ARTS INC. - P.O. BOX 1028, 33 MAIN STREET - TORRINGTON, CT 06790	46-1555586	501(C)(3)	10,941.	0.			GIVE LOCAL 2022
FLANDERS NATURE CENTER & LAND TRUST - 5 CHURCH HILL ROAD - WOODBURY, CT 06798	06-0791823	501(C)(3)	27,088.	0.			GIVE LOCAL 2022

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD RESCUE US, INC. 27 ANN ST. GROUND FLOOR NORWALK, CT 06854	27-4486556	501(C)(3)	15,000.	0.			FOOD RESCUE US - NORTHWEST CT
FOODCORPS 1140 SE 7TH AVENUE, SUITE 110 PORTLAND, OR 97214	27-3990987	501(C)(3)	10,000.	0.			FOODCORPS CONNECTICUT
FRIENDS OF BURNHAM LIBRARY 62 MAIN STREET SOUTH BRIDGEWATER, CT 06752	26-4427099	501(C)(3)	5,845.	0.			GIVE LOCAL 2022
FRIENDS OF ST. ANNE'S 5 MAYBROOK ROAD WATERBURY, CT 06708	84-2795093	501(C)(3)	144,507.	0.			RESTORATION WORK AT ST. ANNE'S CHURCH
FRIENDS OF THE LITCHFIELD COMMUNITY GREENWAY - P.O. BOX 778 - LITCHFIELD, CT 06759	46-3352284	501(C)(3)	8,111.	0.			GIVE LOCAL 2022
FRIENDS OF THE RIVERSIDE CEMETERY, INC - PO BOX 826 - WATERBURY, CT 06720	84-1989959	501(C)(3)	5,010.	0.			GIVE LOCAL 2022
GAYLORD HOSPITAL 50 GAYLORD FARM ROAD WALLINGFORD, CT 06492	06-0646649	501(C)(3)	5,980.	0.			FOR GENERAL SUPPORT
GOSHEN COMMUNITY CARE AND HOSPICE, INC - 5 OLD MIDDLE STREET - GOSHEN, CT 06756	06-1198075	501(C)(3)	7,000.	0.			SENIOR SOCIALS AND LUNCHEONS
GOSHEN GOOD NEIGHBOR FUND P.O. BOX 492 GOSHEN, CT 06756	06-0996454	501(C)(3)	5,036.	0.			GIVE LOCAL 2022

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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
GOSHEN LAND TRUST 16 MILL STREET, P.O. BOX 501 GOSHEN, CT 06756	06-1030299	501(C)(3)	6,318.	0.			GIVE LOCAL 2022
GRACE BAPTIST CHURCH OF WATERBURY 65 KINGSBURY STREET WATERBURY, CT 06702	06-6063268	501(C)(3)	18,000.	0.			GRACE BAPTIST SENIOR CENTER
GREATER WATERBURY INTERFAITH MINISTRIES - 770 EAST MAIN STREET - WATERBURY, CT 06702	06-0658070	501(C)(3)	12,000.	0.			FEEDING PROGRAMS
GREENWOODS COUNSELING & REFERRALS 25 SOUTH STREET, P.O. BOX 1549 LITCHFIELD, CT 06759	06-1351190	501(C)(3)	31,178.	0.			2022 COHORT PARTICIPANT; SUBSIDIZED MENTAL HEALTH CARE FOR WOMEN & GIRLS; MISSION,
GUNN MEMORIAL LIBRARY 5 WYKEHAM ROAD, P.O. BOX 1273 WASHINGTON, CT 06793	06-0691373	501(C)(3)	26,885.	0.			GIVE LOCAL 2022
HARTFORD BISHOPS' FOUNDATION INC. 467 BLOOMFIELD AVENUE BLOOMFIELD, CT 06002	81-1546773	501(C)(3)	250,000.	0.			FOR BASILICA OF IMMACULATE CONCEPTION (WTBY.); BASILICA OF THE IMMACULATE CONCEPTION IN
HARTFORD HEALTHCARE AT HOME (WATERTOWN OFFICE) - 680 MAIN STREET, SUITE 300 - WATERTOWN, CT 06795	06-0646938	501(C)(3)	7,425.	0.			TO BE USED TOWARD A VISITING NURSE'S SALARY IN WATERBURY
HEALTH EQUITY SOLUTIONS 53 OAK STREET HARTFORD, CT 06106	46-5011055	501(C)(3)	5,350.	0.			EXPANDING HES' ADVOCACY IN GREATER WATERBURY
HIDDEN ACRES THERAPEUTIC RIDING CENTER - P.O. BOX 1879, 45 GABRIEL DRIVE - NAUGATUCK, CT 06770	26-3248176	501(C)(3)	33,000.	0.			EQUINE-ASSISTED PROGRAMS

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HISPANIC COALITION OF GREATER WATERBURY, INC. - 135 EAST LIBERTY STREET - WATERBURY, CT 06706	06-1349937	501(C)(3)	25,000.	0.			PROGRAM DELIVERY SUPPORT
HOLY CROSS HIGH SCHOOL 587 ORONOKE ROAD WATERBURY, CT 06708	06-0849047	501(C)(3)	12,918.	0.			GIVE LOCAL 2022
HOUSATONIC VALLEY ASSOCIATION PO BOX 28, 150 KENT ROAD CORNWALL BRIDGE, CT 06754	06-6049295	501(C)(3)	12,748.	0.			GIVE LOCAL 2022
HUMAN RESOURCE DEVELOPMENT AGENCY 575 RUBBER AVENUE NAUGATUCK, CT 06770	06-0939080	501(C)(3)	28,908.	0.			MEDICAL TRANSPORTATION SOCIALIZATION
INSTITUTE FOR AMERICAN INDIAN STUDIES - 38 CURTIS ROAD - WASHINGTON, CT 06793	23-7124597	501(C)(3)	13,988.	0.			GIVE LOCAL 2022
JANE DOE NO MORE 203 CHURCH STREET REAR NAUGATUCK, CT 06770	61-1525250	501(C)(3)	10,951.	0.			GIVE LOCAL 2022; TRUSTEE FUND AWARD (SURVIVORS SPEAK)
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND - 70 FARMINGTON AVENUE - HARTFORD, CT 06105	06-0665972	501(C)(3)	10,000.	0.			JA PROJECT TOMORROWS FOR WATERBURY STUDENTS
KIDSPRAY CHILDREN'S MUSEUM 61 MAIN STREET TORRINGTON, CT 06790	45-4928276	501(C)(3)	18,037.	0.			GIVE LOCAL 2022
LAKE QUASSAUG ASSOCIATION P.O. BOX 285 MIDDLEBURY, CT 06762-0285	46-2210426	501(C)(3)	47,817.	0.			GIVE LOCAL 2022

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LAKE WARAMAUG TASK FORCE 50 CEMETERY RD WARREN, CT 06754	06-1063687	501(C)(3)	12,470.	0.			GIVE LOCAL 2022
LANDMARK COMMUNITY THEATRE 158 MAIN STREET THOMASTON, CT 06787-0158	27-1112550	501(C)(3)	34,715.	0.			GIVE LOCAL 2022; REBOOT! PERFORMING ARTS FOR YOUTH
LITCHFIELD COMMUNITY CENTER 421 BANTAM ROAD LITCHFIELD, CT 06759	06-1520254	501(C)(3)	24,169.	0.			GIVE LOCAL 2022; 2022 COHORT PARTICIPANT - UNRESTRICTED GRANT
LITCHFIELD HILLS ROWING CLUB P.O. BOX 42 LITCHFIELD, CT 06759	06-1030107	501(C)(3)	10,924.	0.			GIVE LOCAL 2022
LITCHFIELD LAND TRUST PO BOX 712 LITCHFIELD, CT 06759-3509	23-7002462	501(C)(3)	6,851.	0.			GIVE LOCAL 2022
LITCHFIELD MONTESSORI SCHOOL 5 KNIFE SHOP ROAD NORTHFIELD, CT 06778	23-7320463	501(C)(3)	24,744.	0.			GIVE LOCAL 2022
LITCHFIELD PERFORMING ARTS P.O. BOX 69 LITCHFIELD, CT 06759	06-1083202	501(C)(3)	7,840.	0.			GIVE LOCAL 2022
LITERACY VOLUNTEERS OF GREATER WATERBURY - 267 GRAND STREET - WATERBURY, CT 06702	06-1452659	501(C)(3)	22,260.	0.			ADULT LITERACY; ADULT LITERACY (AGES 60 AND OVER)
LITERACY VOLUNTEERS ON THE GREEN P.O. BOX 366 NEW MILFORD, CT 06776-0366	26-2018636	501(C)(3)	5,918.	0.			ENGLISH LANGUAGE LITERACY PROGRAMS FOR ADULTS

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LITTLE BRITCHES THERAPEUTIC RIDING P.O. BOX 120 WOODBURY, CT 06798	06-1342553	501(C)(3)	10,852.	0.			GIVE LOCAL 2022
LOCAL INITIATIVES SUPPORT CORPORATION - 75 CHARTER OAK AVE, SUITE 2-250 - HARTFORD, CT 06106	13-3030229	501(C)(3)	15,000.	0.			WATERBURY FINANCIAL OPPORTUNITY CENTER
LOGAN MURPHY MENGOLD FOUNDATION PO BOX 162 SOUTHBURY, CT 06488	86-1700606	501(C)(3)	59,830.	0.			FOR LOGAN MURPHY MENGOLD FOUNDATION
LOVE146 85 WILLOW STREET NEW HAVEN, CT 06510	20-1168284	501(C)(3)	11,500.	0.			CONNECTICUT SURVIVOR CARE PROGRAM
MADRE LATINA P O BOX 3082 WATERBURY, CT 06705	46-3164021	501(C)(3)	33,000.	0.			HEALTH ON WHEELS PROGRAM; THE MARIPOSA PROJECT; THE YOUNG REPRESENTATIVE OF WATERBURY; CHANGEMAKERS
MALTA HOUSE OF CARE-WATERBURY, INC. - P.O BOX 247 - MIDDLEBURY, CT 06762	26-3484648	501(C)(3)	10,000.	0.			EPIC COMMUNITY CONNECT
MATTATUCK MUSEUM 144 WEST MAIN STREET WATERBURY, CT 06702	06-0443990	501(C)(3)	110,159.	0.			GIVE LOCAL 2022; FOR THE CAPITAL CAMPAIGN; BRINGING ART TO CHILDREN'S COMMUNITY
MC2 TECHNOLOGY INC. PO BOX 2023 HARTFORD, CT 06103	84-1720106	501(C)(3)	10,000.	0.			MC2 TECHNOLOGY EDUCATIONAL ENRICHMENT PROGRAM
MIDDLEBURY LAND TRUST P.O BOX 193 MIDDLEBURY, CT 06762	23-7050688	501(C)(3)	12,982.	0.			GIVE LOCAL 2022

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MONITOR MY HEALTH 1000 LAFAYETTE BLVD, SUITE 1100 BRIDGEPORT, CT 06604	81-4498882	501(C)(3)	10,000.	0.			MONITOR MY HEALTH: PREVENTING DIABETES & CARDIOVASCULAR DISEASE
NAUGATUCK AMBULANCE INC. 246 RUBBER AVE NAUGATUCK, CT 06483	06-1407577	501(C)(3)	60,000.	0.			COMMUNICATION UPGRADE
NAUGATUCK HISTORICAL SOCIETY 380 CHURCH ST NAUGATUCK, CT 06770	06-1427269	501(C)(3)	26,050.	0.			GIVE LOCAL 2022; AGENCY SUPPORT
NAUGATUCK RIVER REVIVAL GROUP 132 RADNOR AVENUE NAUGATUCK, CT 06770	35-2334025	501(C)(3)	20,000.	0.			FOR ATTORNEY EXPENSE, FROM VALERIE FRIEDMAN
NAUGATUCK VALLEY COMMUNITY COLLEGE FOUNDATION (GRANTS & SCH) - 750 CHASE PARKWAY - WATERBURY, CT 06708	23-7165869	501(C)(3)	10,000.	0.			STUDENT EMERGENCY FUND
NAUGATUCK YMCA 284 CHURCH STREET NAUGATUCK, CT 06770	06-0646770	501(C)(3)	66,160.	0.			LIVESTRONG; SENIOR EXERCISE AND WELL-BEING; P.R.I.S.M. (PRIDE AND RESPECT FOR
NAUGATUCK YOUTH SERVICES INC. 13 SCOTT STREET NAUGATUCK, CT 06770	20-8934900	501(C)(3)	15,000.	0.			2022 COHORT PARTICIPANT - UNRESTRICTED GRANT; COMMUNITY CONNECT
NEIGHBORHOOD HOUSING SERVICES OF WATERBURY - 193 GRAND STREET - WATERBURY, CT 06-1022915	06-1022915	501(C)(3)	162,394.	0.			GIVE LOCAL 2022; TRUSTEE FUND AWARD; TRANSFORMING ARTS THROUGH EXPERIENCE; COMMUNITY GARDEN
NEW OPPORTUNITIES, INC. 232 NORTH ELM STREET WATERBURY, CT 06702	06-6071847	501(C)(3)	13,384.	0.			CHEF-ON-SITE PROGRAM; GIVE LOCAL 2022

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NORTH SHORE ANIMAL LEAGUE AMERICA 16 LEWYT STREET PORT WASHINGTON, NY 11050	11-1666852	501(C)(3)	15,664.	0.			FOR GENERAL USE AND PURPOSES
NORTHWEST CONNECTICUT ARTS COUNCIL 40 MAIN STREET STE 1 TORRINGTON, CT 06790	06-1725017	501(C)(3)	19,633.	0.			GIVE LOCAL 2022; STAFF SUPPORT / STRATEGIC PLANNING; 2022 COHORT PARTICIPANT -
NORTHWEST CONNECTICUT LAND CONSERVANCY - P.O. BOX 821 - KENT, CT 06757	06-6082034	501(C)(3)	21,482.	0.			GIVE LOCAL 2022
NUTMEG CONSERVATORY FOR THE ARTS 58 MAIN ST. TORRINGTON, CT 06790	23-7396180	501(C)(3)	5,050.	0.			GIVE LOCAL 2022
OLIVER WOLCOTT LIBRARY P.O. BOX 187 LITCHFIELD, CT 06759	06-0709304	501(C)(3)	10,688.	0.			GIVE LOCAL 2022
OUTSIDE PERSPECTIVES 199 WHEELER ROAD LITCHFIELD, CT 06759	47-3624137	501(C)(3)	18,934.	0.			GIVE LOCAL 2022
PALACE THEATER GROUP 100 EAST MAIN STREET WATERBURY, CT 06702	02-0620399	501(C)(3)	7,356.	0.			GIVE LOCAL 2022
PARTNERS FOR SUSTAINABLE HEALTHY COMMUNITIES - P.O BOX 607 - LITCHFIELD, CT 06759	30-0401605	501(C)(3)	6,229.	0.			GIVE LOCAL 2022
PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS (PETA) - 501 FRONT STREET - NORFOLK, VA 23510	52-1218336	501(C)(3)	15,664.	0.			FOR GENERAL USES AND PURPOSES

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PET ASSISTANCE P.O BOX 2015 NEW PRESTON, CT 06777	13-2856917	501(C)(3)	7,431.	0.			GIVE LOCAL 2022
PHOENIX STAGE COMPANY 133 MAIN STREET OAKVILLE, CT 06779	27-4966816	501(C)(3)	10,297.	0.			GIVE LOCAL 2022
PHYSICIAN'S COMMITTEE FOR RESPONSIBLE MEDICINE - 5100 WISCONSIN AVE., SUITE 400 - WASHINGTON, DC 20016	52-1394893	501(C)(3)	31,329.	0.			FOR GENERAL SUPPORT
PILOBOLUS 6 KIRBY RD PO BOX 388 WASHINGTON DEPOT, CT 06794	03-0230490	501(C)(3)	6,569.	0.			GIVE LOCAL 2022
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVE - NEW HAVEN, CT 06511	06-0263565	501(C)(3)	34,449.	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)	13,380.	0.			GIVE LOCAL 2022;CHASE COLLEGIATE SCHOOL FOUNDATION DISTRIBUTION
POMPERAUG RIVER WATERSHED COALITION INC. - 39 SHERMAN HILL ROAD, C-103 - WOODBURY, CT 06798	06-1583895	501(C)(3)	30,367.	0.			GIVE LOCAL 2022
PRATT NATURE CENTER 163 PAPER MILL ROAD NEW MILFORD, CT 06776	06-0873675	501(C)(3)	9,441.	0.			GIVE LOCAL 2022
PRIME TIME HOUSE 836 MAIN STREET TORRINGTON, CT 06790	22-2719755	501(C)(3)	17,834.	0.			GIVE LOCAL 2022;2022 COHORT PARTICIPANT - UNRESTRICTED GRANT

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RAILROAD MUSEUM OF NEW ENGLAND P.O. BOX 400, 242 EAST MAIN STREET THOMASTON, CT 06787	23-7229704	501(C)(3)	14,896.	0.			GIVE LOCAL 2022
RIPLEY WATERFOWL SANCTUARY 55 DUCK POND ROAD LITCHFIELD, CT 06759	51-0280202	501(C)(3)	12,152.	0.			GIVE LOCAL 2022
RIVERA MEMORIAL FOUNDATION, INC. 186 CHERRY STREET WATERBURY, CT 06702	06-1536766	501(C)(3)	6,000.	0.			STRATEGIC PLANNING DEVELOPMENT
RIVERS ALLIANCE OF CONNECTICUT 7 WEST STREET, P.O. BOX 1797 LITCHFIELD, CT 06759-1797	06-1361719	501(C)(3)	10,152.	0.			GIVE LOCAL 2022
ROXBURY LAND TRUST 6 MINE HILL ROAD, P.O. BOX 51 ROXBURY, CT 06783	23-7098549	501(C)(3)	52,101.	0.			GIVE LOCAL 2022
S.M.A.R.T., INC. PO BOX 190 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)	20,000.	0.			HOMELESS OUTREACH
SAFE HAVEN OF GREATER WATERBURY P.O. BOX 1503 WATERBURY, CT 06721	06-0996479	501(C)(3)	39,575.	0.			GIVE LOCAL 2022; SAFER COMMUNITIES SOUTHBURY; STABILIZE IT NETWORK; SAFER COMMUNITIES GREATER
SAINT MARY'S HOSPITAL 56 FRANKLIN STREET WATERBURY, CT 06706	06-0646844	501(C)(3)	5,621.	0.			FOR RESEARCH FELLOWSHIPS THROUGH THE YALE RESIDENCY PROGRAM

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SALVATION ARMY, THE 855 ASYLUM AVENUE HARTFORD, CT 06105	13-5562351	501(C)(3)	13,836.	0.			FAMILY EMERGENCY SHELTER
SALVATION ARMY, THE (WEST NYACK) 440 WEST NYACK ROAD HARTFORD, CT 10994			17,220.	0.			FOR GENERAL PURPOSES FOR WATERBURY, CT BRANCH
SAVE GIRLS ON FYER 276 HIGHLAND AVENUE WATERBURY, CT 06708-3022	46-2376450	501(C)(3)	52,000.	0.			2022 COHORT PARTICIPANT; LIBERATION OF FYER LEADERSHIP PROGRAM; LIBERATION CENTER;
SEABURY SOCIETY FOR THE PRESERVATION OF THE GLEBE HOUSE - 49 HOLLOW ROAD / PO BOX 245 - WOODBURY, CT 06798	06-0653106	501(C)(3)	5,449.	0.			GIVE LOCAL 2022
SEIU EDUCATION AND SUPPORT FUND 351 PLEASANT STREET NORTHAMPTON, MA 01060	52-1761037	501(C)(3)	30,000.	0.			SUPPLEMENTAL \$: PEER MENTORSHIPS FOR LATINA FCC EDUCATORS; WATERBURY PEER MENTORSHIP PILOT
SEVEN ANGELS THEATRE 1 PLANK ROAD, 30 MOUNTAIN VIEW RD WATERBURY, CT 06705	06-1303263	501(C)(3)	10,207.	0.			GIVE LOCAL 2022;SEVEN ANGELS IN THE SCHOOLS
SHAKESPERIENCE PRODUCTIONS 117 BANK STREET WATERBURY, CT 06702	06-1555859	501(C)(3)	44,224.	0.			GIVE LOCAL 2022; WATERBURY: OUR CITY, OUR NEIGHBORHOODS
SIMPLY SMILES INC. 1771 POST ROAD EAST WESTPORT, CT 06880	56-2332922	501(C)(3)	7,000.	0.			ANNUAL GIFT
SOCIAL & ENVIRONMENTAL ENTREPRENEURS - 23564 CALABASAS ROAD SUITE 201 - CALABASAS, CA 91302	95-4116679	501(C)(3)	21,119.	0.			QUEER UNITY EMPOWERMENT SUPPORT TEAM (QUEST)

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SOUTHBURY AFFORDABLE HOUSING ALLIANCE - 463B HERITAGE VILLAGE - SOUTHBURY, CT 06488	88-1479903	501(C)(3)	10,000.	0.			LAND SURVEY AND LEGAL SUBDIVISION DOCUMENT
SOUTHBURY LAND TRUST PO BOX 600, 68 1/2 BENNETT SQUARE SOUTHBURY, CT 06752	06-0977326	501(C)(3)	13,433.	0.			GIVE LOCAL 2022
SOUTHBURY PUBLIC LIBRARY 100 POVERTY ROAD SOUTHBURY, CT 06488	06-6002089	501(C)(3)	6,428.	0.			TO SUPPORT THE OPERATIONS OF THE LIBRARY
SPIRIT OF WATERBURY 158 GRAND STREET WATERBURY, CT 06702	06-1641218	501(C)(3)	25,000.	0.			SOCIAL CHANGE HUB
ST. JOHN'S FOUNDATION PO BOX 1278 WASHINGTON, CT 06793	47-4806777	501(C)(3)	5,108.	0.			GIVE LOCAL 2022
ST. MARY MAGDALEN SCHOOL 140 BUCKINGHAM ST OAKVILLE, CT 06779	53-0196617	501(C)(3)	8,501.	0.			CHASE COLLEGIATE SCHOOL FOUNDATION DISTRIBUTION
ST. VINCENT DEPAUL MISSION OF WATERBURY - 34 WILLOW STREET P.O. BOX 1612 - WATERBURY, CT 06721-1612	06-1001527	501(C)(3)	49,674.	0.			GIVE LOCAL 2022;RELOCATION OF THE FOOD PANTRY; SUPPLEMENTAL \$: RELOCATION OF FOOD
STATEWIDE LEGAL SERVICES OF CONNECTICUT, INC. - 1290 SILAS DEANE HIGHWAY SUITE 3A - WETHERSFIELD, CT 06109	06-1445097	501(C)(3)	10,000.	0.			06-1445097
STAYWELL HEALTH CARE 80 PHOENIX AVENUE WATERBURY, CT 06702	22-3160873	501(C)(3)	111,878.	0.			GIVE LOCAL 2022;ORGANIZATION-WIDE STRATEGIC PLANNING WITH RACIAL EQUITY AND DEI

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STEEP ROCK ASSOCIATION 2 GREEN HILL ROAD P.O. BOX 279 WASHINGTON DEPOT, CT 06794	06-6069060	501(C)(3)	62,955.	0.			GIVE LOCAL 2022
STEVEK FOUNDATION CRAMER & ANDERSON LLP, 38C GROVE ST RIDGEFIELD, CT 06877	75-3140355	501(C)(3)	30,000.	0.			FOR CONSTRUCTION OF COMPETITION CENTER
SUSAN B. ANTHONY PROJECT 179 WATER STREET TORRINGTON, CT 06790	06-1085983	501(C)(3)	27,012.	0.			GIVE LOCAL 2022;STRENGTHEN, SUSTAIN, AND DELIVER LONG-TERM VICTIM SERVICES
THE CENTER FOR EMPOWERMENT AND EDUCATION - 2 WEST STREET - DANBURY, CT 06810	06-0983819	501(C)(3)	9,194.	0.			SUPPORT FOR WOMEN/CHILDREN VICTIMS OF DOMESTIC VIOLENCE/SEXUAL ASSAULT
THE CONNECTICUT ASSOCIATION OF SCHOOL BASED HEALTH CENTERS - 53 OAK STREET - HARTFORD, CT 06106	06-1454857	501(C)(3)	10,000.	0.			INTEGRATING SCHOOL-BASED HEALTH CENTERS INTO THE LARGER HEALTHCARE NETWORKS
THE JUDY BLACK MEMORIAL PARK AND GARDENS - P.O. BOX 331 - WASHINGTON DEPOT, CT 06794	46-2392418	501(C)(3)	33,377.	0.			GIVE LOCAL 2022
THE MCDAVID GROUP CHARITIES INC. 1 MAIN STREET, SUITE 202 TEQUESTA, FL 33469	81-3958709	501(C)(3)	10,000.	0.			CONTRIBUTION FOR CONCERNS OF POLICE SURVIVORS
THE TAFT SCHOOL 110 WOODBURY ROAD WATERTOWN, CT 06795	06-0646921	501(C)(3)	168,726.	0.			CHASE COLLEGIATE SCHOOL FOUNDATION DISTRIBUTION
THE WILLIAMS SCHOOL 182 MOHEGAN AVE PKWY NEW LONDON, CT 06320		501(C)(3)	11,477.	0.			CHASE COLLEGIATE SCHOOL FOUNDATION DISTRIBUTION

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UNITED WAY OF CONNECTICUT 1344 SILAS DEANE HIGHWAY ROCKY HILL, CT 06067	06-1084194	501(C)(3)	9,000.	0.			2022 CONNECTICUT CHILD TAX REBATE: OUTREACH EFFORT
UNITED WAY OF GREATER WATERBURY 100 NORTH ELM STREET, 2ND FL WATERBURY, CT 06702-1512	06-0646634	501(C)(3)	97,172.	0.			TO SUPPORT YOUTH DEVELOPMENT& OTHER PROGRAMS
UNITED WAY OF WESTERN CONNECTICUT 24 BANK STREET NEW MILFORD, CT 06776	06-0646577	501(C)(3)	10,000.	0.			CORA'S KIDS - UNITED WAY FAMILY CHILDCARE NETWORK; SUPPLEMENTAL \$: CORA'S KIDS - FAMILY CHILDCARE
UNIVERSITY OF CONNECTICUT - WATERBURY BRANCH (GRANTS) - 2390 ALUMNI DRIVE UNIT 3206 - STORRS MANSFIELD, CT 06269	06-6070722	501(C)(3)	15,000.	0.			ADDRESSING FOOD INSECURITY FOR FIRST GENERATION UCONN WATERBURY STUDENTS
URBAN FRESH GARDENS 48 HAWKINS STREET WATERBURY, CT 06704	87-2905372	501(C)(3)	7,099.	0.			GARDENING FOR PEOPLE WITH LIMITED MOBILITY
VILLAGE CENTER FOR THE ARTS 12 MAIN STREET NEW MILFORD, CT 06776	06-1325983	501(C)(3)	14,228.	0.			GIVE LOCAL 2022
WARNER THEATRE P.O. BOX 1012 TORRINGTON, CT 06790	06-1048713	501(C)(3)	16,451.	0.			GIVE LOCAL 2022
WARREN LAND TRUST 50 CEMETERY ROAD WARREN, CT 06754	22-3018018	501(C)(3)	10,448.	0.			GIVE LOCAL 2022
WASHINGTON AMBULANCE ASSOCIATION 109 BEE BROOK ROAD, P.O. BOX 294 WASHINGTON DEPOT, CT 06794	06-6055363	501(C)(3)	38,836.	0.			GIVE LOCAL 2022

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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 ART ASSOCIATION 4 BRYAN MEMORIAL PLAZA WASHINGTON DEPOT, CT 06794	06-0754956	501(C)(3)	12,918.	0.			GIVE LOCAL 2022
WASHINGTON FRIENDS OF MUSIC P.O. BOX 1284 WASHINGTON, CT 06793	47-5034272	501(C)(3)	10,758.	0.			GIVE LOCAL 2022
WASHINGTON MONTESSORI SCHOOL 240 LITCHFIELD TURNPIKE NEW PRESTON, CT 06777	23-7100723	501(C)(3)	23,424.	0.			GIVE LOCAL 2022
WATERBURY BALLET COMPANY 1255 MIDDLEBURY ROAD MIDDLEBURY, CT 06762	06-1228091	501(C)(3)	17,367.	0.			GOVE LOCAL 2022
WATERBURY DEVELOPMENT CORPORATION 83 BANK STREET, 3RD FL WATERBURY, CT 06702	06-1549006	501(C)(3)	287,271.	0.			ESTIMATED PAYROLL/BENEFITS EXPENSES 1.1.23 TO 3.31.23;REIMBURSEMENT FOR
WATERBURY REGIONAL CHAMBER FOUNDATION - P.O. BOX 1469 - WATERBURY, CT 06721-1469	06-1074917	501(C)(3)	10,000.	0.			OPERATING SUPPORT
WATERBURY SYMPHONY ORCHESTRA PO BOX 539 WATERTOWN, CT 06795	06-6090876	501(C)(3)	154,434.	0.			FOR SUPPORT OF THE SYMPHONY'S EDUCATIONAL MISSION FOR CHILDREN & YOUNG ADULTS IN GREATER
WATERBURY YOUTH SERVICES 83 PROSPECT STREET WATERBURY, CT 06702	06-1219372	501(C)(3)	10,000.	0.			CHILD ADVOCACY CENTER (CAC) BRIDGING COMPONENT
WATERBURY, CITY OF 235 GRAND STREET WATERBURY, CT 06702	06-6001900	501(C)(3)	6,300.	0.			BRASS SITE REAPPLICATION

Schedule I (Form 990)

Schedule I (Form 990)

THE CONNECTICUT COMMUNITY FOUNDATION

06-6038074

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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
WATERTOWN, TOWN OF 61 ECHO LAKE ROAD WATERTOWN, CT 06795	06-6001505	501(C)(3)	46,582.	0.			FOR MAINTENANCE AND IMPROVEMENT OF RECREATIONAL FACILITIES
WEBB YOUTH SERVICES 65 BRIDGE STREET NEW MILFORD, CT 06776	84-3020451	501(C)(3)	7,331.	0.			GIVE LOCAL 2022
WELLMORE, INC. 141 EAST MAIN STREET WATERBURY, CT 06702	06-0669107	501(C)(3)	26,274.	0.			GIVE LOCAL 2022
WELLSPRING FOUNDATION P.O. BOX 370 BETHLEHEM, CT 06751-0370	06-1014227	501(C)(3)	32,627.	0.			GIVE LOCAL 2022
WESTERN CONNECTICUT AREA AGENCY ON AGING - 84 PROGRESS LANE - WATERBURY, CT 06705	06-1182488	501(C)(3)	206,401.	0.			EXPANDING EVIDENCE-BASED HEALTH PROGRAMS IN WATERBURY; BRASS INFORMATION AND BENEFITS
WESTOVER SCHOOL 1237 WHITTEMORE ROAD MIDDLEBURY, CT 06762	06-0646961	501(C)(3)	153,060.	0.			CHASE COLLEGIATE SCHOOL FOUNDATION DISTRIBUTION; WESTOVER SUMMER CAMP
WHEELER CLINIC 91 NORTHWEST DRIVE PLAINVILLE, CT 06062	06-0867065	501(C)(3)	7,000.	0.			WALK WITH ME
WHITE MEMORIAL CONSERVATION CENTER P.O. BOX 368 LITCHFIELD, CT 06759-0368	06-6065807	501(C)(3)	6,144.	0.			GIVE LOCAL 2022
WOLCOTT, TOWN OF 10 KENEA AVENUE WOLCOTT, CT 06716	06-6002140	501(C)(3)	16,000.	0.			STAYING ACTIVE THROUGH EXERCISE

Schedule I (Form 990)

Schedule I (Form 990)

THE CONNECTICUT COMMUNITY FOUNDATION

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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
WOMAN'S CHOICE CHARITABLE ASSOCIATION - 44 WATERBURY RD2D - PROSPECT, CT 06712	82-1802959	501(C)(3)	35,000.	0.			COMMUNITY DOULA PROGRAM
WOODBURY, TOWN OF 281 MAIN STREET SOUTH WOODBURY, CT 06798	06-6002142	501(C)(3)	17,220.	0.			FOR THE WOODBURY PUBLIC LIBRARY'S GENERAL PURPOSES
YMCA OF GREATER WATERBURY 136 WEST MAIN STREET WATERBURY, CT 06702	06-0646988	501(C)(3)	22,943.	0.			FOR GENERAL OPERATION OF ITS WATERBURY, CT LOCATION
YOGA4CHANGE 415 BROOKSVALE AVE HAMDEN, CT 06518	47-1037229	501(C)(3)	5,900.	0.			YOGA 4 HEALTHY AGING

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	400	1,159,591.	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: ACHIEVE HARTFORD

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVANCING RACIAL EQUITY AND SOCIAL

JUSTICE IN OUR SCHOOLS; YOUTH-LED AIR MONITORING AND PARTICIPATORY ACTION

PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: CHRIST CHURCH, EPISCOPAL

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

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

Part IV Supplemental Information

GENERAL DONATION

NAME OF ORGANIZATION OR GOVERNMENT:

CONNECTICUT JUNIOR REPUBLIC ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2022; TO PROVIDE CARE,
TREATMENT, EDUCATION AND FAMILY SUPPORT FOR AT-RISK, SPECIAL NEEDS AND
TROUBLED YOUTH; WORK-BASED LEARNING SUMMER PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY LEADERSHIP CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: PARENT LEADERSHIP TRAINING

PLTI;PARENT LEADER INSTITUTE - SERVICE PROJECTS; PARENT LEADERSHIP
TRAINING

NAME OF ORGANIZATION OR GOVERNMENT: GREENWOODS COUNSELING & REFERRALS

(H) PURPOSE OF GRANT OR ASSISTANCE: 2022 COHORT PARTICIPANT;SUBSIDIZED

MENTAL HEALTH CARE FOR WOMEN & GIRLS; MISSION, VISION & VALUES: STRATEGIC
PLANNING FOR 2023-2026;GIVE LOCAL 2022

NAME OF ORGANIZATION OR GOVERNMENT: HARTFORD BISHOPS' FOUNDATION INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR BASILICA OF IMMACULATE

CONCEPTION (WTBY.);BASILICA OF THE IMMACULATE CONCEPTION IN WATERBURY;
FOR BASILICA OF THE IMMACULATE CONCEPTION

NAME OF ORGANIZATION OR GOVERNMENT: MADRE LATINA

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH ON WHEELS PROGRAM; THE

MARIPOSA PROJECT; THE YOUNG REPRESENTATIVE OF WATERBURY; CHANGEMAKERS
YOUTH PROGRAM; THE LATINO WORKFORCE PROGRAM

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: MATTATUCK MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2022; FOR THE CAPITAL

CAMPAIGN; BRINGING ART TO CHILDREN'S COMMUNITY SCHOOL;CCF GRANT FOR

MATTATUCK MUSEUM CAPITAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT: NAUGATUCK YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: LIVESTRONG; SENIOR EXERCISE AND

WELL-BEING;P.R.I.S.M. (PRIDE AND RESPECT FOR IDENTITY AND SEXUALITY

MISSION);SUPPLEMENTAL \$: HOUSING SAFE ACCESS CONTROL; TECHNOLOGY UPGRADE

NAME OF ORGANIZATION OR GOVERNMENT:

NEIGHBORHOOD HOUSING SERVICES OF WATERBURY

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2022;TRUSTEE FUND

AWARD;TRANSFORMING ARTS THROUGH EXPERIENCE; COMMUNITY GARDEN PROJECT;NHS

REVOLVING LOAN FUND; CAMPAIGN AND CANDIDATE TRAINING PLANNING GRANT;NHSW

RE-BRAND;2022 COHORT PARTICIPANT; YOUNG CIVIC LEARNERS ACADEMY;MLK PARK

MURAL; ANNUAL JUNETEENTH CELEBRATION; FISCAL SPONSORSHIP 2022

NAME OF ORGANIZATION OR GOVERNMENT: NORTHWEST CONNECTICUT ARTS COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2022;STAFF SUPPORT /

STRATEGIC PLANNING;2022 COHORT PARTICIPANT - UNRESTRICTED GRANT

NAME OF ORGANIZATION OR GOVERNMENT: SAFE HAVEN OF GREATER WATERBURY

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2022; SAFER COMMUNITIES

SOUTHBURY; STABILIZE IT NETWORK; SAFER COMMUNITIES GREATER WATERBURY

NAME OF ORGANIZATION OR GOVERNMENT: SAVE GIRLS ON FYER

(H) PURPOSE OF GRANT OR ASSISTANCE: 2022 COHORT PARTICIPANT; LIBERATION

Part IV Supplemental Information

OF FYER LEADERSHIP PROGRAM; LIBERATION CENTER; LIBERATION AT THE CENTER:

ADVANCE LEADERSHIP & LIBERATION PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

ST. VINCENT DEPAUL MISSION OF WATERBURY

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2022;RELOCATION OF THE

FOOD PANTRY; SUPPLEMENTAL \$: RELOCATION OF FOOD PANTRY; WOMEN DAY PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: STAYWELL HEALTH CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: GIVE LOCAL 2022;ORGANIZATION-WIDE

STRATEGIC PLANNING WITH RACIAL EQUITY AND DEI INTEGRATION;BBS2022: GWHP

BACKBONE SUPPORT GRANT; IMPROVING MATERNAL HEALTH FOR WOMEN OF COLOR

NAME OF ORGANIZATION OR GOVERNMENT: UNITED WAY OF WESTERN CONNECTICUT

(H) PURPOSE OF GRANT OR ASSISTANCE: CORA'S KIDS - UNITED WAY FAMILY

CHILDCARE NETWORK; SUPPLEMENTAL \$: CORA'S KIDS - FAMILY CHILDCARE NETWORK

NAME OF ORGANIZATION OR GOVERNMENT: WATERBURY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ESTIMATED PAYROLL/BENEFITS EXPENSES

1.1.23 TO 3.31.23;REIMBURSEMENT FOR EXPENSES PAID FOR WATERBURY PROMISE

NAME OF ORGANIZATION OR GOVERNMENT: WATERBURY SYMPHONY ORCHESTRA

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

EDUCATIONAL MISSION FOR CHILDREN & YOUNG ADULTS IN GREATER WATERBURY;

GIVE LOCAL 2022;WSO 2022-2023 STRATEGIC PLAN; BRAVO SUMMER PROGRAM 2022

NAME OF ORGANIZATION OR GOVERNMENT:

WESTERN CONNECTICUT AREA AGENCY ON AGING

Part IV

Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: EXPANDING EVIDENCE-BASED HEALTH

PROGRAMS IN WATERBURY;BRASS INFORMATION AND BENEFITS SPECIALIST;

REPLACEMENT OF COMPUTER SERVERS (CLIENT MANAGEMENT SYSTEM);BRASS PROGRAM

COORDINATOR

**SCHEDULE J
(Form 990)**Department of the Treasury
Internal Revenue Service**Compensation Information**

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

OMB No. 1545-0047

2022Open to Public
Inspection

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

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2022

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

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

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

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

Department of the Treasury
Internal Revenue Service

Name of the organization <div>THE CONNECTICUT COMMUNITY FOUNDATION</div>	Employer identification number <div>06-6038074</div>
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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	202,907. 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	
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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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	Yes	No
30a			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.		

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.

[illegible]

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

2022

Open to Public
Inspection

Name of the organization	THE CONNECTICUT COMMUNITY FOUNDATION	Employer identification number	06-6038074
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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) 2022

Page **2**

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

OTHER DOCUMENT AS THE REPRESENTATIVE FOR FUNDS ESTABLISHED BY CORPORATIONS

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

OF THE FOUNDATION'S FISCAL YEAR;

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

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

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

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

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

DATE OFTHESE BY-LAWS

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

SECTION 8, ARTICLE 2: VOTING RIGHTS AND REQUIREMENTS-

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

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

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

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

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

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

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

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

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

ARTICLE VII;

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

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

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

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

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

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

Schedule O (Form 990) 2022

Page **2**

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

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

WHEN A VOLUNTEER OR STAFF IS TO DECIDE UPON AN ISSUE ABOUT WHICH A

VOLUNTEER OR STAFF MEMBER HAS AN UNAVOIDABLE CONFLICT OF INTEREST, THAT

PERSON SHALL PHYSICALLY ABSENT HERSELF/HIMSELF WITHOUT COMMENT FROM NOT

ONLY THE VOTE, BUT ALSO FROM THE DELIBERATION, UNLESS DIRECTLY REQUESTED BY

THE CHAIR OF THE BOARD OR RELEVANT COMMITTEE CHAIR TO PROVIDE FACTUAL

INFORMATION OR ANSWER FACTUAL QUESTIONS THAT MAY ASSIST THE BOARD OR

COMMITTEE IN MAKING A WISE DECISION. IN NO CASE SHALL THAT PERSON VOTE ON

SUCH MATTER OR ATTEMPT TO EXERT PERSONAL INFLUENCE IN CONNECTION WITH THE

VOTE. DISCLOSURE AND ABSTENTION SHALL BE RECORDED IN THE MINUTES OF THE

MEETING AT WHICH THE ISSUE IS DISCUSSED AND DECIDED.

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

THE BOARD OF TRUSTEES SHALL ANNUALLY REVIEW THE SALARY AND BENEFIT

STRUCTURE FOR THE PRESIDENT & CEO. THE PRESIDENT & CEO IS AUTHORIZED TO

ESTABLISH THE SALARIES AND BENEFIT STRUCTURE FOR ALL OTHER EMPLOYEES.

TRUSTEES SHALL NOT RECEIVE ANY COMPENSATION FOR THEIR SERVICES AS TRUSTEES.

THE PRESIDENT & CEO ANNUALLY RECOMMENDS TOTAL COMPENSATION INCLUDING ALL

BENEFITS AND CONTINGENCY FUNDS FOR SALARY INCREASES AND BONUSES FOR

EMPLOYEES TO THE BOARD OF TRUSTEES AS PART OF THE OPERATING BUDGET APPROVAL

PROCESS. AT LEAST EVERY TWO YEARS, THE PRESIDENT & CEO SHALL PERIODICALLY

REVIEW COMPARABLE COMPENSATION DATA FOR ALL STAFF MEMBERS AND REPORT

FINDINGS TO THE EXECUTIVE COMMITTEE. THE DATA MAY INCLUDE BUT IS NOT

LIMITED TO COMMUNITY FOUNDATION SURVEYS NATIONWIDE, CHAMBERS OF COMMERCE

AND LOCAL UNITED WAYS.

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

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

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

VIEWED AT THE FOUNDATION OFFICE.

FORM 990 PART XII, LINE 2C

THERE HAVE BEEN NO CHANGES FROM THE PRIOR YEAR

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WATERBURY HOSPITAL FOUNDATION	L	182,574.	FMV
(2) WATERBURY HOSPITAL FOUNDATION	P	0.	FMV
(3)			
(4)			
(5)			
(6)			

