

Form **8868**
(Rev. January 2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

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

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

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. THE CONNECTICUT COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 06-6038074
	Number, street, and room or suite no. If a P.O. box, see instructions. 43 FIELD STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WATERBURY, CT 06702	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **CONNECTICUT COMMUNITY FOUNDATION, INC.**
43 FIELD STREET - WATERBURY, CT 06702

Telephone No. **(203) 753-1315** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2024)

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 02219
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2023
Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending
B Check if applicable:
C Name of organization THE CONNECTICUT COMMUNITY FOUNDATION
D Employer identification number 06-6038074
E Telephone number 203-753-1315
G Gross receipts \$ 20,709,746.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: CONNCF.ORG
K Form of organization:
L Year of formation: 1923
M State of legal domicile: CT

Part I Summary

Table with 3 main columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.
Signature of officer: JEAN SOLOMON, TREASURER
Date: 7/18/2024
Signature of preparer: NICOLE LEE
Date: 06/27/24
Preparer Use Only: CLIFTONLARSONALLEN, 29 SOUTH MAIN STREET, 4TH FLOOR, WEST HARTFORD, CT 06107

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No 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 [X] 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 \$ 8,803,129. including grants of \$ 7,311,580.) (Revenue \$) SUPPORTING NONPROFIT ORGANIZATIONS IN GREATER WATERBURY AND THE LITCHFIELD HILLS FOR PROGRAMS AND SERVICES IN THE ARTS, HEALTH, OLDER ADULTS, EDUCATION, ENVIRONMENT, SOCIAL SERVICES AND WOMEN'S ISSUES; PROVIDING SCHOLARSHIPS FOR COLLEGE STUDENTS; STRENGTHENING NONPROFIT ORGANIZATIONS THROUGH GRANTS AND TECHNICAL ASSISTANCE PROGRAMS; AND PROVIDING LEADERSHIP TO ADDRESS CRITICAL ISSUES IN OUR COMMUNITIES.

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

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

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

4e Total program service expenses 8,803,129.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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>		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>	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>		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>	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>		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>		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>		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>	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>	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>		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>		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>		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>	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>		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>		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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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		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>		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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	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>	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>	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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		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>		X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

		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.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	X	
15b	Other officers or key employees of the organization	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?		X
16b	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?		

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 Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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			213,782.	0.	39,878.	
(2) WANDA CORREA VICE PRESIDENT COMMUNITY IMPACT	40.00					X	130,614.	0.	42,240.	
(3) BARBARA RYER DIRECTOR OF FINANCE	40.00			X			140,545.	0.	15,147.	
(4) JOSH CAREY GRANTS MANAGEMENT DIRECTOR	40.00					X	110,347.	0.	12,561.	
(5) MICHAEL GIARDINA CHAIR	1.00	X		X			0.	0.	0.	
(6) KATHY BOWER VICE CHAIR	1.00	X		X			0.	0.	0.	
(7) JEAN SOLOMON TREASURER	1.00	X		X			0.	0.	0.	
(8) SUBIRA GORDON SECRETARY	1.00	X		X			0.	0.	0.	
(9) BARBARA BRADBURY-PAPE TRUSTEE (THROUGH 9/23)	1.00	X					0.	0.	0.	
(10) KATHLEEN BROCHHAUSEN TRUSTEE	1.00	X					0.	0.	0.	
(11) TONY CIOCCA TRUSTEE	1.00	X					0.	0.	0.	
(12) REBECCA ELECK BRUCE TRUSTEE	1.00	X					0.	0.	0.	
(13) DEBORAH FOORD TRUSTEE	1.00	X					0.	0.	0.	
(14) AVERY GADDIS TRUSTEE	1.00	X					0.	0.	0.	
(15) JAMES A. HIGGINS TRUSTEE	1.00	X					0.	0.	0.	
(16) ELIZABETH JOHNSON TRUSTEE (THROUGH 9/23)	1.00	X					0.	0.	0.	
(17) BRIAN JONES 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) JANIE MCDERMOTT TRUSTEE	1.00	X						0.	0.	0.
(19) JESSICA OCASIO TRUSTEE	1.00	X						0.	0.	0.
(20) TOMAS OLIVO TRUSTEE	1.00	X						0.	0.	0.
(21) ADRIENNE PARKMOND TRUSTEE	1.00	X						0.	0.	0.
(22) ERIC POLOKOFF TRUSTEE (THROUGH 9/23)	1.00	X						0.	0.	0.
(23) CHRISTOPHER REMPFER TRUSTEE	1.00	X						0.	0.	0.
(24) STEPHEN SEWARD TRUSTEE	1.00	X						0.	0.	0.
(25) SARAN WHITE TRUSTEE	1.00	X						0.	0.	0.
1b Subtotal								595,288.	0.	109,826.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								595,288.	0.	109,826.

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	9,965,508.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 116,530.			
	h	Total. Add lines 1a-1f		9,965,508.			
Program Service Revenue	2 a	_____	Business Code				
	b	_____					
	c	_____					
	d	_____					
	e	_____					
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,094,071.		4,094,071.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	6a	(i) Real			
				(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities			
				(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	5,771,104.			
	c	Gain or (loss)	7c	562,852.			
	d	Net gain or (loss)		562,852.			562,852.
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	11 a	MISC INCOME	900099	311,811.		311,811.	
	b	PRVT FOUND FEES	900099	4,400.	4,400.		
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		316,211.			
12	Total revenue. See instructions		14,938,642.	0.	4,400.	4,968,734.	

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	6,226,671.	6,226,671.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,084,909.	1,084,909.		
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	409,352.	234,704.	111,691.	62,957.
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	1,161,670.	666,659.	317,584.	177,427.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	81,512.	45,092.	23,158.	13,262.
9 Other employee benefits	150,212.	88,343.	38,072.	23,797.
10 Payroll taxes	108,707.	63,344.	28,744.	16,619.
11 Fees for services (nonemployees):				
a Management				
b Legal	15,669.		15,669.	
c Accounting	29,900.		29,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	43,043.		43,043.	
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	94,955.	54,504.	25,923.	14,528.
13 Office expenses	38,646.	22,182.	10,550.	5,914.
14 Information technology	90,369.	51,872.	24,671.	13,826.
15 Royalties				
16 Occupancy	94,793.	54,411.	25,879.	14,503.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	112,623.	64,646.	30,746.	17,231.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,058.		3,058.	
23 Insurance	22,378.		22,378.	
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	182,080.	107,384.	46,072.	28,624.
b OTHER	45,140.	25,910.	12,323.	6,907.
c NON PROFIT OUTREACH	21,455.	12,498.	5,625.	3,332.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	10,017,142.	8,803,129.	815,086.	398,927.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,152,229.	1	5,972,647.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	83,246.	3	193,504.
	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 42,913.	9,651.	10c 6,593.
	11 Investments - publicly traded securities	125,738,178.	11	144,144,065.
	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)	129,494,549.	16	150,828,054.	
Liabilities	17 Accounts payable and accrued expenses	54,458.	17	58,868.
	18 Grants payable	92,487.	18	329,051.
	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	107,315.	25	127,138.
	26 Total liabilities. Add lines 17 through 25	254,260.	26	515,057.
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	127,009,698.	27	150,161,708.
	28 Net assets with donor restrictions	2,230,591.	28	151,289.
	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	129,240,289.	32	150,312,997.
33 Total liabilities and net assets/fund balances	129,494,549.	33	150,828,054.	

Form 990 (2023)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,938,642.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,017,142.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,921,500.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	129,240,289.
5	Net unrealized gains (losses) on investments	5	16,168,737.
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	-17,529.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	150,312,997.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- 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 _____

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2023)

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,229,609.	5,811,840.	6,336,525.	7,315,645.	9,965,508.	33,659,127.
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	4,229,609.	5,811,840.	6,336,525.	7,315,645.	9,965,508.	33,659,127.
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)						2,035,166.
6 Public support. Subtract line 5 from line 4.						31,623,961.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	4,229,609.	5,811,840.	6,336,525.	7,315,645.	9,965,508.	33,659,127.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,475,397.	2,872,142.	4,031,390.	3,536,614.	4,094,071.	18,009,614.
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.)	45,639.	52,476.	329,683.	212,079.	311,811.	951,688.
11 Total support. Add lines 7 through 10						52,642,429.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	60.07	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	58.22	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (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

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2023. 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 - 2022. 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?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
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? <i>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.</i>		
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? <i>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.</i>		
1		
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)? <i>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).</i>		
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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? <i>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.</i>	Yes	No
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? <i>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.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
2a		
2b		
3a		
3b		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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) 2023

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 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, 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 2023. 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 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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

UNUSUAL CONTRIBUTIONS EXCLUDED FROM PART II SECTION A LINE 1

2019 - \$1,500,000

2020 - \$2,606,468

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

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 foundation

Check 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).

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

Schedule B (Form 990) (2023)

Name of organization THE CONNECTICUT COMMUNITY FOUNDATION	Employer identification number 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	<hr/> <hr/> <hr/>	\$ 1,209,820.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization THE CONNECTICUT COMMUNITY FOUNDATION	Employer identification number 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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Table with 2 columns: Name of organization (THE CONNECTICUT COMMUNITY FOUNDATION) and 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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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	10,017,142.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	10,017,142.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	650,857.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
not over \$500,000,	20% of the amount on line 1e.														
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.														
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.														
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.														
over \$17,000,000,	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	162,714.													
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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount	555,818.	606,459.	662,245.	650,857.	2,475,379.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,713,069.
c Total lobbying expenditures					
d Grassroots nontaxable amount	138,955.	151,615.	165,561.	162,714.	618,845.
e Grassroots ceiling amount (150% of line 2d, column (e))					928,268.
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

Table with 4 columns: Description, (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

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

2023

Open to Public Inspection

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

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

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

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

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

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

Form with questions (1a, 1b, 2) regarding the reporting of art and historical treasures, including revenue and asset amounts.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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

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

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

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in 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	117,557,766.	142,510,476.	127,410,666.	114,134,527.	97,277,892.
b Contributions	3,986,980.	3,937,288.	3,847,282.	5,521,260.	4,403,732.
c Net investment earnings, gains, and losses	19,382,641.	-20,296,931.	18,581,567.	14,437,789.	19,118,987.
d Grants or scholarships	6,384,173.	6,303,892.	4,942,712.	4,786,904.	4,846,719.
e Other expenditures for facilities and programs					
f Administrative expenses	2,199,587.	2,289,175.	2,386,327.	1,896,006.	1,819,365.
g End of year balance	132,343,627.	117,557,766.	142,510,476.	127,410,666.	114,134,527.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ 100 %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--------------------------------------------------------------------------------------------|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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.	42,913.	6,593.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				6,593.

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, line 12, col. (B))		

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, line 13, col. (B))		

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, line 15, col. (B))	

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	8,775.
(3) ANNUITY PAYABLE	118,363.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	127,138.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	28,172,319.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	16,168,737.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-17,529.
e	Add lines 2a through 2d	2e	16,151,208.
3	Subtract line 2e from line 1	3	12,021,111.
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	40,549.
b	Other (Describe in Part XIII.)	4b	2,876,982.
c	Add lines 4a and 4b	4c	2,917,531.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	14,938,642.

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	9,744,886.
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	9,744,886.
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	43,043.
b	Other (Describe in Part XIII.)	4b	229,213.
c	Add lines 4a and 4b	4c	272,256.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	10,017,142.

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 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -17,529.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ADJUSTMENT FOR FUNDS HELD AS AGENCY ENDOWMENTS 2,876,982.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ADJUSTMENT FOR FUNDS HELD AS AGENCY ENDOWMENTS 229,213.

Part XIII Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**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

2023

**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 PARENT VOICES TO IMPROVE EQUITY FOR MULTILINGUAL LEARNERS
ACTS 4 MINISTRY 1713 THOMASTON AVENUE WATERBURY, CT 06704	20-3676244	501(C)(3)	10,787.	0.			2023 GIVE LOCAL CAMPAIGN
AFRO-CARIBBEAN CULTURAL CENTER 174 GRAND ST WATERBURY, CT 06704	88-2014721	501(C)(3)	19,000.	0.			2ND ANNUAL BOMBAZO & BARRIO ARTS FESTIVAL; GREATER WATERBURY PRIDE
AFTER SCHOOL ARTS PROGRAM 6 BEE BROOK ROAD, UNIT B WASHINGTON DEPOT, CT 06794	20-1308465	501(C)(3)	29,124.	0.			2023 GIVE LOCAL CAMPAIGN; SCHOOL YEAR PROGRAMS AT CHILDREN'S COMMUNITY SCHOOL (WATERBURY)
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC. - 200 EXECUTIVE BLVD, STE 4-B - SOUTHTON, CT 06489	13-3039601	501(C)(3)	7,000.	0.			COMMUNITY PARTNERSHIPS TO GROW PROGRAM ACCESS IN WATERBURY
AMERICAN CANCER SOCIETY 111 FOUNDERS PLAZA, SUITE 200 EAST HARTFORD, CT 06108	13-1788491	501(C)(3)	110,166.	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 _____

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

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 7272 GREENVILLE AVENUE WALLINGFORD, CT 06492	13-5613797	501(C)(3)	110,166.	0.			FOR GENERAL SUPPORT
AMERICAN RED CROSS - CONNECTICUT & RHODE ISLAND REGION - 209 FARMINGTON AVENUE - FARMINGTON, CT 06032	53-0196605	501(C)(3)	8,000.	0.			DISASTER CYCLE SERVICES INCLUDING HOME FIRE
ANIMAL WELFARE SOCIETY 8 DODD ROAD NEW MILFORD, CT 06776	06-6084293	501(C)(3)	26,001.	0.			2023 GIVE LOCAL CAMPAIGN
ANN'S PLACE 80 SAW MILL ROAD DANBURY, CT 06877	22-3181832	501(C)(3)	6,000.	0.			MAINTAIN AND EXPAND SERVICES FOR HEALTH EQUITY INITIATIVE CANCER CLIENTS
ARCHDIOCESE OF HARTFORD ANNUAL APPEAL OFFICE BLOOMFIELD, CT 06002	06-0646669	501(C)(3)	6,200.	0.			DAF - BOULIER FAMILY ADVISED FUND
ARTS ESCAPE 493 HERITAGE ROAD SUITE 4C SOUTHURY, CT 06488	45-4200252	501(C)(3)	9,158.	0.			2023 GIVE LOCAL CAMPAIGN
ARTS FOR LEARNING CONNECTICUT 1 EVERGREEN AVE HAMDEN, CT 06518	06-1009470	501(C)(3)	7,500.	0.			"EXPRESS YOURSELF": AFTERSCHOOL ARTS AT FJ KINGSBURY
AUDUBON CENTER BENT OF THE RIVER 185 EAST FLAT HILL ROAD SOUTHURY, CT 06489	13-1624102	501(C)(3)	20,723.	0.			2023 GIVE LOCAL CAMPAIGN
BALL & SOCKET ARTS INC. 493 WEST MAIN STREET CHESHIRE, CT 06410	45-4079423	501(C)(3)	15,000.	0.			2023 ARTCADE MURALS/EVENTS

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
BANTAM CINEMA & ARTS CENTER, INC. 115 BANTAM LAKE RD BANTAM, CT 06750	85-3849864	501(C)(3)	10,066.	0.			2023 GIVE LOCAL CAMPAIGN
BANTAM LAKE PROTECTIVE ASSOCIATION PO BOX 37 MORRIS, CT 06763	06-1312754	501(C)(3)	12,344.	0.			2023 GIVE LOCAL CAMPAIGN
BIG BROTHERS BIG SISTERS OF CONNECTICUT - 30 LAUREL STREET, SUITE 3 - HARTFORD, CT 06705	06-0850379	501(C)(3)	8,250.	0.			COMMUNITY-BASED MENTORING
BRASS CITY CHARTER SCHOOL 212 CHESTNUT AVENUE WATERBURY, CT 06710	46-2366321	501(C)(3)	9,528.	0.			2023 GIVE LOCAL CAMPAIGN
BRASS CITY GAMERS TOURNAMENT 26 ARON AVE WATERBURY, CT 06708	47-5008696	501(C)(3)	10,000.	0.			E-SPORTS CURRICULUM DEVELOPMENT PROJECT
BRASS CITY HARVEST P.O. BOX 11115 WATERBURY, CT 06703	75-3263005	501(C)(3)	16,166.	0.			BRASS CITY COOKS! SENIOR NUTRITION AND HEALTHY COOKING PROGRAM; BRASS CITY SUSTAINABLE URBAN
BRIAN GIBBONS HOMELESS OUTREACH INC. - 227 PORTER HILL ROAD - MIDDLEBURY, CT 06762	87-2251623	501(C)(3)	10,000.	0.			BGHOP FUNDING
BRIDGEWATER LAND TRUST PO BOX 8 BRIDGEWATER, CT 06752	06-1212623	501(C)(3)	62,487.	0.			2023 GIVE LOCAL CAMPAIGN
BRIDGEWATER LIBRARY ASSOCIATION 62 MAIN STREET SOUTH BRIDGEWATER, CT 06752	06-6044812	501(C)(3)	10,911.	0.			2023 GIVE LOCAL CAMPAIGN

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
CAMELLA'S CUPBOARD PO BOX 1771 NEW MILFORD, CT 06776	83-2491257	501(C)(3)	11,021.	0.			2023 GIVE LOCAL CAMPAIGN
CANTERBURY SCHOOL 101 ASPETUCK AVENUE NEW MILFORD, CT 06776	83-2491257	501(C)(3)	17,494.	0.			CHASE COLLEGIATE SCHOOL FOUNDATION DISTRIBUTION
CAREER RESOURCES, INC. 1000 LAFAYETTE BLVD BRIDGEPORT, CT 06604	06-1427945	501(C)(3)	10,000.	0.			STRIVE WATERBURY PROGRAM
CARING FOR BETHLEHEM 21 MAIN ST. SOUTH BETHLEHEM, CT 06751	82-2473303	501(C)(3)	20,599.	0.			2023 GIVE LOCAL CAMPAIGN
CAROLYN'S PLACE 137 GRANDVIEW AVENUE WATERBURY, CT 06708	06-1346029	501(C)(3)	7,222.	0.			2023 GIVE LOCAL CAMPAIGN
CCSU FOUNDATION INC. P.O. BOX 612 NEW BRITAIN, CT 06050	23-7354328	501(C)(3)	23,500.	0.			TADEUSZ SENDZIMIR SCHOLARSHIP GRANT AY 2022-25
CHARLES RIETDYKE SENIOR CENTER OF WOLCOTT - 211 NICHOLS ROAD - WOLCOTT, CT 06716	06-6002140	501(C)(3)	14,970.	0.			STAYING ACTIVE THROUGH EXERCISE
CHESHIRE EDUCATION FOUNDATION P.O. BOX 7 CHESHIRE, CT 06410	06-1442308	501(C)(3)	40,000.	0.			AA - CHESHIRE ED FDN
CHILDREN'S CENTER OF NEW MILFORD, INC. - 11A ASPETUCK AVENUE - NEW MILFORD, CT 06776	23-7137832	501(C)(3)	5,285.	0.			2023 GIVE LOCAL CAMPAIGN

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
CHILDREN'S COMMUNITY SCHOOL 23 JOHN STREET WATERBURY, CT 06702	06-1000761	501(C)(4)	126,547.	0.			ANNUAL DISTRIBUTION; 2023 GIVE LOCAL CAMPAIGN
CHILDREN'S LAW CENTER OF CONNECTICUT - 30 ARBOR STREET, 4TH FL. NORTH - HARTFORD, CT 06106	06-1381700	501(C)(3)	8,000.	0.			LEGAL REPRESENTATION PROGRAM
CHIME IN! MUSIC WITH A MISSION P.O. BOX 21 BETHLEHEM, CT 06751	45-3868994	501(C)(3)	5,022.	0.			2023 GIVE LOCAL CAMPAIGN
CHRIST CHURCH, EPISCOPAL P.O. BOX 4 ROXBURY, CT 06783		501(C)(3)	12,815.	0.			TO SUPPORT THE PARISH CHURCH, RECTORY AND OTHER FACILITIES; THE COLUMBARIUM; AND THE
CITY YOUTH THEATER 42 MOUNTAIN LAUREL DRIVE WATERBURY, CT 06704	85-0778640	501(C)(3)	5,349.	0.			YOUTH THEATER PROGRAMS
COMMUNITY FOUNDATION OF EAST CENTRAL ILLINOIS - 307 W. UNIVERSITY AVE. - CHAMPAIGN, IL 61820	23-7176723	501(C)(3)	33,027.	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)	10,000.	0.			WATERBURY REENTRY WELCOME CENTER
COMMUNITY SERVICES COUNCIL OF WOODBURY - PO BOX 585 - WOODBURY, CT 06798	22-3186254	501(C)(3)	10,753.	0.			2023 GIVE LOCAL CAMPAIGN
CONNECTICUT CHORAL SOCIETY P.O. BOX 42 SOUTHURY, CT 06488	06-1043577	501(C)(3)	8,336.	0.			2023 GIVE LOCAL CAMPAIGN

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 COUNCIL FOR PHILANTHROPY - 75 CHARTER OAK AVENUE - HARTFORD, CT 06106	23-7024016	501(C)(3)	22,500.	0.			SFC2023: EARLY CARE FUNDERS COLLABORATIVE SUPPORT; BBS2023: CT SOW STATEWIDE FUNDERS
CONNECTICUT FAIR HOUSING CENTER 60 POPIELUSZKO COURT HARTFORD, CT 06106	06-1453727	501(C)(3)	10,000.	0.			GREATER WATERBURY EDUCATION & OUTREACH INITIATIVE
CONNECTICUT FARMLAND TRUST 77 BUCKINGHAM STREET HARTFORD, CT 06106	32-0007171	501(C)(3)	9,493.	0.			2023 GIVE LOCAL CAMPAIGN
CONNECTICUT FOODSHARE 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	06-1063025	501(C)(3)	10,000.	0.			EQUITABLE HUNGER SOLUTIONS; EQUITABLE HUNGER SOLUTIONS
CONNECTICUT INSTITUTE FOR REFUGEES AND IMMIGRANTS - 670 CLINTON AVENUE - BRIDGEPORT, CT 06605	06-0669118	501(C)(3)	20,000.	0.			WATERBURY IMMIGRATION LEGAL SERVICES
CONNECTICUT JUNIOR REPUBLIC ASSOCIATION - 550 GOSHEN ROAD - LITCHFIELD, CT 06759	06-0646590	501(C)(3)	37,253.	0.			TO PROVIDE CARE, TREATMENT, EDUCATION AND FAMILY SUPPORT FOR AT-RISK, SPECIAL NEEDS
CONNECTICUT LAND CONSERVATION COUNCIL - 27 WASHINGTON STREET - MIDDLETOWN, CT 06457	82-2683386	501(C)(3)	8,000.	0.			2024 COMMUNITY CONSERVATION INITIATIVE: BUILDING PARTNERSHIPS TO ADDRESS COMMUNITY NEEDS
CONNECTICUT LEAGUE OF MUSEUMS 1615 STANLEY STREET NEW BRITAIN, CT 06050	06-6108671	501(C)(3)	8,133.	0.			2023 GIVE LOCAL CAMPAIGN
CONNECTICUT PARTNERSHIP FOR CHILDREN, INC. - 98 OLIVE STREET - NAUGATUCK, CT 06770	26-4609367	501(C)(3)	19,455.	0.			CT PARTNERSHIP FOR CHILDREN FAMILY RESOURCE CENTER

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 RENAISSANCE INC. 1 WATERVIEW DRIVE SHELTON, CT 06484	06-0854288	501(C)(3)	5,806.	0.			CONNECTICUT RENAISSANCE EMERGENCY RESPONSE-AUTOMATED EXTERNAL DEFIBRILLATION
CONNECTICUT VOICES FOR CHILDREN 33 WHITNEY AVE STE 1 NEW HAVEN, CT 06510	06-1435280	501(C)(3)	10,000.	0.			AFFORDABLE HOUSING & EVICTION MITIGATION ADVOCACY
CONVERSATIONS ON THE GREEN, INC. P.O. BOX 1020 WASHINGTON, CT 06793	83-4438861	501(C)(3)	16,081.	0.			2023 GIVE LOCAL CAMPAIGN
COVENANT TO CARE FOR CHILDREN 1477 PARK STREET, SUITE 2A HARTFORD, CT 06106	06-1241044	501(C)(3)	8,000.	0.			BASIC CRITICAL ESSENTIAL GOODS FOR CHILDREN
CT REBOUND 146 MIDWOOD AVENUE WATERBURY, CT 06705	81-3371079	501(C)(3)	10,000.	0.			CT REBOUND SKILLS
DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION, INC. - PO BOX 22539 - DANBURY, CT 06810	23-7425557	501(C)(3)	20,000.	0.			BREAST CARE PATIENT NAVIGATION AT NEW MILFORD HOSPITAL; DAF - RAG FUND; DONOR ADVISED - PRIDE IN
DOUBLE D LIVING HISTORY FARM 102 PAINTER HILL ROAD ROXBURY, CT 06783	20-1469683	501(C)(3)	8,000.	0.			DAF - DIEBOLD FAMILY FUND
EASTERSEALS 22 TOMPKINS STREET WATERBURY, CT 06708	06-0737391	501(C)(3)	15,003.	0.			2023 GIVE LOCAL CAMPAIGN; ACCESSIBLE HEARING CARE FOR NAUGATUCK RESIDENTS
FISH/FRIENDS IN SERVICE TO HUMANITY OF NW CT - 332 SOUTH MAIN STREET - TORRINGTON, CT 06790	06-0878637	501(C)(3)	8,826.	0.			2023 GIVE LOCAL CAMPAIGN

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
FLANDERS NATURE CENTER & LAND TRUST - 5 CHRUCH HILL ROAD - WOODBURY, CT 06798	06-0791823	501(C)(3)	29,591.	0.			2023 GIVE LOCAL CAMPAIGN
FOOD RESCUE US, INC. P.O. BOX 1316 NORWALK, CT 06854	27-4486556	501(C)(3)	12,000.	0.			FOOD RESCUE US - NORTHWEST CT
FRIENDS OF THE LITCHFIELD COMMUNITY GREENWAY - P.O. BOX 778 - LITCHFIELD, CT 06759	46-3352284	501(C)(3)	9,552.	0.			2023 GIVE LOCAL CAMPAIGN
GAYLORD HOSPITAL, INC. 50 GAYLORD FARM ROAD WALLINGFORD, CT 06492	06-0646649	501(C)(3)	14,094.	0.			FOR GENERAL SUPPORT; MUSIC THERAPY PROGRAM FOR PATIENTS RECOVERING FROM LIFE-ALTERING ILLNESS OR
GIRL SCOUTS OF CONNECTICUT, INC. 340 WASHINGTON ST HARTFORD, CT 06106	06-0662134	501(C)(3)	10,000.	0.			MAKING GIRL SCOUTING ACCESSIBLE IN WATERBURY
GOD PROVIDES MINISTRIES INTERNATIONAL INC. - 1669 THOMASTON AVENUE - WATERBURY, CT 06708	82-3279961	501(C)(3)	12,492.	0.			2023 GIVE LOCAL CAMPAIGN
GOODWILL OF WESTERN AND NORTHERN CONNECTICUT INC - 165 OCEAN TER - BRIDGEPORT, CT 06605	06-0662111	501(C)(3)	15,000.	0.			GOODWILL CAREER SERVICES
GRACE BAPTIST CHURCH OF WATERBURY 65 KINGSBURY STREET WATERBURY, CT 06702	06-6063268	501(C)(3)	7,200.	0.			BRASS SITE REAPPLICATION
GREATER WATERBURY CHAMBER OF COMMERCE FOUNDATION - 83 BANK STREET - WATERBURY, CT 06702	06-1074917	501(C)(3)	24,000.	0.			CHILDREN COMMUNITY SCHOOL (CCS) LIBRARY EXPANSION; OPERATING SUPPORT & STRATEGIC RE-ASSESSMENT;

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
GREATER WATERBURY HEALTH PARTNERSHIP - 1389 WEST MAIN STREET - WATERBURY, CT 06702	22-3160873	501(C)(3)	45,000.	0.			BBS2023: GWHP BACKBONE SUPPORT GRANT
GREATER WATERBURY INTERFAITH MINISTRIES, INC. - 770 EAST MAIN STREET - WATERBURY, CT 06702	06-0658070	501(C)(3)	17,603.	0.			2023 GIVE LOCAL CAMPAIGN; GREATER WATERBURY INTERFAITH MINISTRIES, INC. FEEDING PROGRAM
GREENWOODS COUNSELING REFERRALS, INC. - 25 SOUTH STREET - LITCHFIELD, CT 06759	06-1351190	501(C)(3)	25,729.	0.			2023 GIVE LOCAL CAMPAIGN; AFFORDABLE MENTAL HEALTHCARE AND ADDICTION TREATMENT FOR WOMEN
GUNN MEMORIAL LIBRARY 5 WYKEHAM ROAD WASHINGTON, CT 06793	06-0691373	501(C)(3)	21,514.	0.			2023 GIVE LOCAL CAMPAIGN
HARRYBROOKE PARK & HARDEN HOUSE MUSEUM - P.O. BOX 364 - NEW MILFORD, CT 06776	23-7441860	501(C)(3)	5,507.	0.			2023 GIVE LOCAL CAMPAIGN
HARTFORD BISHOPS' FOUNDATION INC. 467 BLOOMFIELD AVENUE BLOOMFIELD, CT 06002	81-1546773	501(C)(3)	8,500.	0.			DAF - JIM & CATHY SMITH FUND
HARTFORD HEALTHCARE AT HOME (WATERTOWN OFFICE) - 680 MAIN STREET, SUITE 300 - WATERTOWN, CT 06795		501(C)(3)	7,933.	0.			TO BE USED TOWARD A VISITING NURSE'S SALARY IN WATERBURY
HIDDEN ACRES THERAPEUTIC RIDING CENTER - PO BOX 1879 - NAUGATUCK, CT 06770	26-3248176	501(C)(3)	34,753.	0.			WOMEN & GIRLS POWER TO HEAL; EQUINE-ASSISTED WELLNESS PROGRAM: OLDER ADULTS; THERAPEUTIC
HIGHER HEIGHTS YOUTH EMPOWERMENT PROGRAMS INC - 157 CHURCH ST STE 2 - NEW HAVEN, CT 06510	83-0424360	501(C)(3)	25,000.	0.			COLLEGE ACCESS PROGRAM - MIDDLE SCHOOL

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

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HOMEFRONT INC 88 HAMILTON AVENUE STAMFORD, CT 06902	30-0281085	501(C)(3)	9,500.	0.			GREATER WATERBURY & NAUGATUCK VALLEY HOME REVITALIZATION FOR LOW-INCOME OLDER ADULTS
HOUSATONIC HABITAT FOR HUMANITY 51 AUSTIN STREET DANBURY, CT 06810	06-1326389	501(C)(3)	7,000.	0.			AGING IN PLACE
HOUSATONIC VALLEY ASSOCIATION PO BOX 28, 150 KENT ROAD CORNWALL BRIDGE, CT 06754	06-6049295	501(C)(3)	12,331.	0.			2023 GIVE LOCAL CAMPAIGN
HUMAN RESOURCE DEVELOPMENT AGENCY 575 RUBBER AVENUE NAUGATUCK, CT 06770	06-0939080	501(C)(3)	31,747.	0.			MEDICAL TRANSPORTATION SOCIALIZATION
INSTITUTE FOR AMERICAN INDIAN STUDIES - 38 CURTIS ROAD - WASHINGTON, CT 06793	23-7124597	501(C)(3)	7,054.	0.			2023 GIVE LOCAL CAMPAIGN
JANE DOE NO MORE 203 CHURCH STREET REAR NAUGATUCK, CT 06770	61-1525250	501(C)(3)	7,889.	0.			2023 GIVE LOCAL CAMPAIGN
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND, INC. - 70 FARMINGTON AVENUE - HARTFORD, CT 06105	06-0665972	501(C)(3)	12,000.	0.			JA PROJECT TOMORROWS
KIDSPRAY CHILDREN'S MUSEUM 61 MAIN STREET TORRINGTON, CT 06790	45-4928276	501(C)(3)	14,723.	0.			2023 GIVE LOCAL CAMPAIGN
LAKE QUASSAPAUG ASSOCIATION P.O. BOX 285 MIDDLEBURY, CT 06762-0285	46-2210426	501(C)(3)	56,453.	0.			2023 GIVE LOCAL CAMPAIGN

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LAKE WARAMAUG ASSOCIATION PO BOX 2272 NEW PRESTON, CT 06777	06-6178754	501(C)(3)	8,525.	0.			2023 GIVE LOCAL CAMPAIGN
LAKE WARAMAUG TASK FORCE 50 CEMETARY ROAD WARREN, CT 06754	06-1063687	501(C)(3)	13,457.	0.			2023 GIVE LOCAL CAMPAIGN
LANDMARK COMMUNITY THEATRE 158 MAIN STREET THOMASTON, CT 06787-0158	27-1112550	501(C)(3)	32,833.	0.			2023 GIVE LOCAL CAMPAIGN; REBOOT 2! PERFORMING ARTS EDUCATION FOR CHILDREN & TEENS
LITCHFIELD COMMUNITY CENTER 421 BANTAM ROAD LITCHFIELD, CT 06759	06-1520254	501(C)(3)	18,210.	0.			2023 GIVE LOCAL CAMPAIGN
LITCHFIELD LAND TRUST P.O. BOX 712 LITCHFIELD, CT 06759-3509	23-7002462	501(C)(3)	11,252.	0.			2023 GIVE LOCAL CAMPAIGN
LITCHFIELD MONTESSORI SCHOOL 5 KNIFE SHOP ROAD NORTHFIELD, CT 06778	23-7320463	501(C)(3)	13,594.	0.			2023 GIVE LOCAL CAMPAIGN
LITCHFIELD PERFORMING ARTS P.O. BOX 69 LITCHFIELD, CT 06759	06-1083202	501(C)(3)	14,769.	0.			2023 GIVE LOCAL CAMPAIGN
LITERACY VOLUNTEERS ON THE GREEN, INC. - 7 WHITTLESEY AVENUE - NEW MILFORD, CT 06776-0366	26-2018636	501(C)(3)	11,568.	0.			2023 GIVE LOCAL CAMPAIGN; SUPPORT OF LITERACY PROGRAMS
LITTLE BRITCHES THERAPEUTIC RIDING P. O. BOX 120 WOODBURY, CT 06798	06-1342553	501(C)(3)	34,166.	0.			2023 GIVE LOCAL CAMPAIGN; DONOR ADVISED - GAY JACKSON

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LOCAL INITIATIVES SUPPORT CORPORATION - 75 CHARTER OAK AVE, SUITE 2-250 - HARTFORD, CT 06106	13-3030229	501(C)(3)	20,000.	0.			BUILDING FAMILY INCOME AND WEALTH THROUGH FINANCIAL OPPORTUNITY CENTERS
LOVE146 85 WILLOW ST, BLDG 7 #1B NEW HAVEN, CT 06510	20-1168284	501(C)(3)	9,247.	0.			CONNECTICUT SURVIVOR CARE PROGRAM
MADRE LATINA P O BOX 3082 WATERBURY, CT 06705	46-3164021	501(C)(3)	76,401.	0.			GENERAL OPERATING SUPPORT GRANT; CHANGEMAKER GROUP; HEALTH ON WHEELS PROGRAM
MAKE OVER 2710 INC 80 SPRUCEDALE DRIVE WATERBURY, CT 06702	86-1900426	501(C)(3)	6,370.	0.			MAKEOVER 2710 - DREAM WARRIOR
MALTA HOUSE OF CARE-WATERBURY, INC. - P.O. BOX 247 - MIDDLEBURY, CT 06762	26-3484648	501(C)(3)	25,000.	0.			IMPROVING ACCESS TO WOMEN'S HEALTHCARE THROUGH PATIENT NAVIGATION; STRATEGIC
MATTATUCK MUSEUM 144 WEST MAIN STREET WATERBURY, CT 06702	06-0443990	501(C)(3)	44,253.	0.			2023 GIVE LOCAL CAMPAIGN; DAF - MAHLER FUND PART 2 OF 3; DAF - MAHLER FUND PART 1 OF 3; SENIOR
MCCALL FOUNDATION 58 HIGH STREET TORRINGTON, CT 06790	06-0961756	501(C)(3)	9,317.	0.			2023 GIVE LOCAL CAMPAIGN
MENTAL HEALTH CONNECTICUT 76 BATTERSON PARK RD #303 FARMINGTON, CT 06032	06-0646593	501(C)(3)	10,000.	0.			IC FOOD & MEAL PROGRAMS
MORRIS LAND TRUST P.O. BOX 31 MORRIS, CT 06763	35-2286224	501(C)(3)	5,932.	0.			2023 GIVE LOCAL CAMPAIGN

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MOUNT OLIVE A.M.E. ZION SENIOR CITIZENS CENTER, INC - 82-100 PEARL STREET - WATERBURY, CT 06702	22-3092504	501(C)(3)	15,928.	0.			FUNDING FOR PERSONNEL & PROGRAM ACTIVITIES; BRASS SITE REAPPLICATION
NAUGATUCK BOARD OF EDUCATION 497 RUBBER AVENUE NAUGATUCK, CT 06770	06-6002041	501(C)(3)	25,000.	0.			NAUGY GROWS
NAUGATUCK PUBLIC SCHOOLS 380 CHURCH STREET NAUGATUCK, CT 06770			20,000.	0.			HISTORICALLY BLACK COLLEGES AND UNIVERSITIES/CIVIL RIGHTS TRAIL TRIP
NAUGATUCK VALLEY PROJECT 16 CHURCH STREET WATERBURY, CT 06702	22-2726260	501(C)(3)	20,000.	0.			SUCCESSION PLANNING/EXECUTIVE DIRECTOR TRANSITION; NVP TENANT ORGANIZING AND
NAUGATUCK YMCA 284 CHURCH STREET NAUGATUCK, CT 06770	06-0646770	501(C)(3)	95,347.	0.			2023 GIVE LOCAL CAMPAIGN; DONOR ADVISED - GAY JACKSON FUND; FILLING THE GAP OF CHILDCARE
NEST 193 GRAND STREET WATERBURY, CT 06702	06-1022915	501(C)(3)	319,100.	0.			2023 GIVE LOCAL CAMPAIGN; GENERAL OPERATING SUPPORT GRANT; NORTH END COOPERATIVE MARKET
NEW MILFORD RIVER TRAIL ASSOCIATION - P.O. BOX 697 - NEW MILFORD, CT 06776	46-2875512	501(C)(3)	5,389.	0.			2023 GIVE LOCAL CAMPAIGN
NEW OPPORTUNITIES, INC. 232 NORTH ELM STREET WATERBURY, CT 06702	06-6071847	501(C)(3)	28,119.	0.			2023 GIVE LOCAL CAMPAIGN; CHEF-ON-SITE
NEWBURY MUSICAL THEATRE COMPANY 55 ROXBURY ROAD SOUTHBURY, CT 06488	27-2027487	501(C)(3)	10,000.	0.			PRODUCTION OF FIDDLER ON THE ROOF; PRODUCTION OF FIDDLER ON THE ROOF

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NORTH SHORE ANIMAL LEAGUE AMERICA 16 LEWYT STREET PORT WASHINGTON, NY 11050	11-1666852	501(C)(3)	16,759.	0.			FOR GENERAL USE AND PURPOSES
NORTHWEST CONNECTICUT ARTS COUNCIL, INC. - 40 MAIN STREET STE 1 - TORRINGTON, CT 06790	06-1725017	501(C)(3)	17,030.	0.			2023 GIVE LOCAL CAMPAIGN; STRATEGIC PLAN IMPLEMENTATION - REGIONAL NEEDS ASSESSMENT &
NORTHWEST CONNECTICUT LAND CONSERVANCY - P.O. BOX 821 - KENT, CT 06757	06-6082034	501(C)(3)	30,092.	0.			2023 GIVE LOCAL CAMPAIGN
NUTMEG CONSERVATORY FOR THE ARTS 58 MAIN ST. TORRINGTON, CT 06790	23-7396180	501(C)(3)	6,806.	0.			2023 GIVE LOCAL CAMPAIGN
OLIVER WOLCOTT LIBRARY, INC. P.O. BOX 187 LITCHFIELD, CT 06759	06-0709304	501(C)(3)	9,978.	0.			2023 GIVE LOCAL CAMPAIGN
OPERATION FUEL, INC. 75 CHARTER OAK AVENUE HARTFORD, CT 10994	06-1253091	501(C)(3)	5,736.	0.			EMERGENCY ENERGY ASSISTANCE FOR WATERBURY AND SURROUNDING COMMUNITIES
PALACE THEATER GROUP 100 EAST MAIN STREET WATERBURY, CT 06702	02-0620399	501(C)(3)	16,888.	0.			2023 GIVE LOCAL CAMPAIGN; COMMUNITY SERIES AT THE PALACE THEATER
PARTNERS FOR SUSTAINABLE HEALTHY COMMUNITIES - P.O. BOX 607 - LITCHFIELD, CT 06759	30-0401605	501(C)(3)	10,922.	0.			2023 GIVE LOCAL CAMPAIGN
PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS (PETA) - 501 FRONT STREET - NORFOLK, VA 23510	52-1218336	501(C)(3)	16,759.	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)	6,911.	0.			2023 GIVE LOCAL CAMPAIGN
PHOENIX STAGE COMPANY 133 MAIN STREET OAKVILLE, CT 06779	27-4966816	501(C)(3)	8,532.	0.			2023 GIVE LOCAL CAMPAIGN
PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE - 5100 WISCONSIN AVE., SUITE 400 - WASHINGTON, DC 20016	52-1394893	501(C)(3)	33,518.	0.			FOR GENERAL SUPPORT
PILOBOLUS, INC. 6 KIRBY RD WASHINGTON DEPOT, CT 06794	03-0230490	501(C)(3)	11,198.	0.			2023 GIVE LOCAL CAMPAIGN; PILOBOLUS @ PLAY: CREATIVE PARTNERSHIP WITH BRASS CITY CHARTER SCHOOL
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVE - NEW HAVEN, CT 06511	06-0263565	501(C)(3)	41,805.	0.			SPECIFICALLY FOR THE WATERBURY CHAPTER OF PLANNED PARENTHOOD; ULTRASOUND PROJECT
POLICE ACTIVITY LEAGUE OF WATERBURY INC. - 64 DIVISION ST. - WATERBURY, CT 06704	20-8262614	501(C)(3)	15,000.	0.			PAL HOMEWORK HAVEN ; DONOR ADVISED - SMITH FUND
POMPERAUG RIVER WATERSHED COALITION INC. - 39 SHERMAN HILL ROAD, C-103 - WOODBURY, CT 06798	06-1583895	501(C)(3)	29,907.	0.			2023 GIVE LOCAL CAMPAIGN
PRATT NATURE CENTER 163 PAPER MILL ROAD NEW MILFORD, CT 06776	06-0873675	501(C)(3)	8,260.	0.			2023 GIVE LOCAL CAMPAIGN
PRIME TIME HOUSE 836 MAIN STREET TORRINGTON, CT 06790	22-2719755	501(C)(3)	16,114.	0.			2023 GIVE LOCAL CAMPAIGN

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RAILROAD MUSEUM OF NEW ENGLAND PO BOX 400 THOMASTON, CT 06787	23-7229704	501(C)(3)	10,320.	0.			2023 GIVE LOCAL CAMPAIGN
REALITY BASED SERVICES INC 170 GRAND ST. WATERBURY, CT 06705	82-5495188	501(C)(3)	9,000.	0.			YOUTH EMPOWER (MENTORING THROUGH MEDIA) PROGRAM
REBUILDING TOGETHER LITCHFIELD COUNTY, INC. - 30 BANTAM TERR - BANTAM, CT 06750	38-3693059	501(C)(3)	7,000.	0.			REBUILD DAY 24
RIPLEY WATERFOWL CONSERVANCY 55 DUCK POND ROAD LITCHFIELD, CT 06759	51-0280202	501(C)(3)	15,085.	0.			2023 GIVE LOCAL CAMPAIGN
RIVERS ALLIANCE OF CONNECTICUT, INC. - 7 WEST ST., 2ND FLOOR - LITCHFIELD, CT 06759	06-1361719	501(C)(3)	21,429.	0.			2023 GIVE LOCAL CAMPAIGN; WATER JUSTICE FOR GREATER WATERBURY
ROBOTICS AND BEYOND 37 MAIN ST. NEW MILFORD, CT 06776	20-8821398	501(C)(3)	5,352.	0.			2023 GIVE LOCAL CAMPAIGN
ROXBURY LAND TRUST 6 MINE HILL ROAD ROXBURY, CT 06783	23-7098549	501(C)(3)	23,603.	0.			2023 GIVE LOCAL CAMPAIGN
S.M.A.R.T., INC. 58 HURDS HILL ROAD SOUTHURY, CT 06488	30-0665423	501(C)(3)	15,000.	0.			OUTREACH & EDUCATIONAL PROGRAM INITIATIVES
SAFE HAVEN OF GREATER WATERBURY PO BOX 1503 WATERBURY, CT 06721	06-0996479	501(C)(3)	35,313.	0.			2023 GIVE LOCAL CAMPAIGN; SAFER COMMUNITIES - GREATER WATERBURY; 2023 GOS AWARD; SAFER

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SAINT MARY'S HOSPITAL 56 FRANKLIN STREET WATERBURY, CT 06706	06-0646844	501(C)(3)	6,005.	0.			FOR RESEARCH FELLOWSHIPS THROUGH THE YALE RESIDENCY PROGRAM
SAINT MARY'S HOSPITAL FOUNDATION GIFT PROCESSING CENTER HARTFORD, CT 06132-9900	22-2528400	501(C)(3)	21,000.	0.			DONOR ADVISED - BOULIER FUND; DAF - SMITH FUND; GRANT FROM NOUJAIM FUND
SALVATION ARMY, THE (WEST NYACK) 440 WEST NYACK ROAD HARTFORD, CT 10994			18,560.	0.			FOR GENERAL PURPOSES FOR WATERBURY, CT BRANCH
SAVE GIRLS ON FYER 276 HIGHLAND AVE WATERBURY, CT 06708-3022	46-2376450	501(C)(3)	76,400.	0.			GENERAL OPERATING SUPPORT GRANT; LEADERSHIP ACADEMY / LIBERATION ON FYER; BEHIND THE FYER
SEVEN ANGELS THEATRE 1 PLANK ROAD WATERBURY, CT 06705	06-1303263	501(C)(3)	5,110.	0.			2023 GIVE LOCAL CAMPAIGN
SHAKESPERIENCE PRODUCTIONS, INC. 117 BANK STREET WATERBURY, CT 06702	06-1555859	501(C)(3)	41,342.	0.			2023 GIVE LOCAL CAMPAIGN; WATERBURY INTERACTIVE: OUR CITY, OUR NEIGHBORHOODS
SOCIAL & ENVIRONMENTAL ENTREPRENEURS - 23564 CALABASAS ROAD - CALABASAS, CA 91302	95-4116679	501(C)(3)	39,274.	0.			QUEST LEADERSHIP ACADEMY (BEO); INACTIVE COPY; QUEST LEADERSHIP ACADEMY (DISCRETIONARY); QUEST
SOUL FRIENDS INC 300 CHURCH STREET WALLINGFORD, CT 06492	43-1986520	501(C)(3)	8,084.	0.			HORSES INSPIRE! PROGRAM AT HILLSIDE EQUESTRIAN CENTER IN WOLCOTT
SOUTHBURY AMBULANCE ASSOCIATION 68 GEORGES HILL ROAD SOUTHBURY, CT 06488-0124	06-1237197	501(C)(3)	6,500.	0.			PURCHASE OF NEW RADIO PACKAGE FOR AMBULANCE A3.

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SOUTHBURY FOOD BANK P.O. BOX 68 SOUTHBURY, CT 06488	22-3018164	501(C)(3)	6,757.	0.			2023 GIVE LOCAL CAMPAIGN
SOUTHBURY LAND TRUST PO BOX 600 SOUTHBURY, CT 06752	06-0977326	501(C)(3)	13,619.	0.			2023 GIVE LOCAL CAMPAIGN
SOUTHBURY PUBLIC LIBRARY 100 POVERTY ROAD SOUTHBURY, CT 06488	06-6002089	501(C)(3)	6,870.	0.			TO SUPPORT THE OPERATIONS OF THE LIBRARY
SPOTTY DOG RESCUE P.O. BOX 1571 WATERBURY, CT 06702	46-1056652	501(C)(3)	5,313.	0.			2023 GIVE LOCAL CAMPAIGN
ST. MARGARET WILLOW PLAZA NRZ 60 ELMWOOD AVENUE WATERBURY, CT 06710	30-0196431	501(C)(3)	15,200.	0.			BRASS SITE REAPPLICATION; WILLOW PLAZA SENIOR PROGRAMS
ST. VINCENT DEPAUL MISSION OF WATERBURY INC. - 34 WILLOW STREET - WATERBURY, CT 06721-1612	06-1001527	501(C)(3)	36,516.	0.			2023 GIVE LOCAL CAMPAIGN; WOMEN'S DAY PROGRAM ; CULINARY JOB TRAINING PROGRAM
STAYWELL HEALTH CARE, INC. 80 PHOENIX AVENUE WATERBURY, CT 06702	22-3160873	501(C)(3)	63,100.	0.			2023 GIVE LOCAL CAMPAIGN; 2023 GOS AWARD - GWHP; STRATEGIC FACILITY PLANNING; COMMUNITY
STEEP ROCK ASSOCIATION PO BOX 279 WASHINGTON DEPOT, CT 06794	06-6069060	501(C)(3)	75,895.	0.			2023 GIVE LOCAL CAMPAIGN
STEVEK FOUNDATION CRAMER & ANDERSON LLP RIDGEFIELD, CT 06877	75-3140355	501(C)(3)	36,419.	0.			AWARDS AND BUILDING OF FACILITY; DAF - STEVEK ADVISED FUND

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SUSAN B. ANTHONY PROJECT, INC. 179 WATER STREET TORRINGTON, CT 06790	06-1085983	501(C)(3)	19,990.	0.			2023 GIVE LOCAL CAMPAIGN; REBUILDING LIVES PROGRAM
SUSTAINABLE SOUTHBURY 1202 PURCHASE BROOK ROAD SOUTHBURY, CT 06488	87-1754661	501(C)(3)	9,000.	0.			SUSTAINABLE SOUTHBURY SCHOOL LUNCHROOM WASTE REDUCTION PILOT
THE CENTER FOR EMPOWERMENT AND EDUCATION - 2 WEST STREET - DANBURY, CT 06810	06-0983819	501(C)(3)	8,000.	0.			DOMESTIC VIOLENCE AND SEXUAL ASSAULT SERVICES
THE CONNECTICUT COMMUNITY EMPOWERMENT FOUNDATION - 103 ELM STREET - CHESHIRE, CT 06410	85-0636757	501(C)(3)	12,000.	0.			ENSURING EQUITABLE ACCESS AND INCLUSIVITY THROUGH WEBSITE DEVELOPMENT
THE HISPANIC COALITION 135 EAST LIBERTY ST. WATERBURY, CT 06706	06-1349937	501(C)(3)	7,200.	0.			BRASS SITE REAPPLICATION
THE MCDAVID GROUP CHARITIES INC. 1 MAIN STREET, STE 202 TEQUESTA, FL 33469	81-3958709	501(C)(3)	10,000.	0.			DAF - SMITH FUND
THE TOMMY FUND FOR CHILDHOOD CANCER - P.O. BOX 8295 - NEW HAVEN, CT 06530	06-1245787	501(C)(3)	12,000.	0.			TOMMY FUND FOR FAMILIES
UNITED WAY OF CONNECTICUT 1344 SILAS DEANE HIGHWAY ROCKY HILL, CT 06067	06-1084194	501(C)(3)	10,000.	0.			CHILD TAX CREDIT: ADVOCACY
UNITED WAY OF GREATER WATERBURY 123 BANK STREET, 3RD FL WATERBURY, CT 06702-1512	06-0646634	501(C)(3)	34,364.	0.			TO SUPPORT YOUTH DEVELOPMENT; DAF - BOULIER FAMILY

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UNIVERSITY OF CONNECTICUT - OSHER LIFELONG LEARNING INSTITUTE - 99 EAST MAIN STREET - WATERBURY, CT 06702	06-6070722	501(C)(3)	10,583.	0.			2023 GIVE LOCAL CAMPAIGN
UNIVERSITY OF CONNECTICUT FOUNDATION - 2390 ALUMNI DR., UNIT 3206 - STORRS, CT 06269	06-6070722	501(C)(3)	20,000.	0.			HANDS-ON STEM FOR WATERBURY STUDENTS; DAF - JIM & CATHY SMITH FUND
VILLAGE CENTER FOR THE ARTS 12 MAIN STREET NEW MILFORD, CT 06776	06-1325983	501(C)(3)	21,147.	0.			2023 GIVE LOCAL CAMPAIGN
WARNER THEATRE P.O. BOX 1012 TORRINGTON, CT 06790	06-1048713	501(C)(3)	12,938.	0.			2023 GIVE LOCAL CAMPAIGN
WARREN LAND TRUST 50 CEMETERY ROAD WARREN, CT 06754	22-3018018	501(C)(3)	13,077.	0.			2023 GIVE LOCAL CAMPAIGN
WASHINGTON AMBULANCE ASSOCIATION P.O. BOX 294 WASHINGTON DEPOT, CT 06794	06-6055363	501(C)(3)	54,919.	0.			DAF - RAG FUND; 2023 GIVE LOCAL CAMPAIGN
WASHINGTON ART ASSOCIATION 4 BRYAN MEMORIAL PLAZA WASHINGTON DEPOT, CT 06794	06-0754956	501(C)(3)	21,821.	0.			2023 GIVE LOCAL CAMPAIGN
WASHINGTON FRIENDS OF MUSIC P.O. BOX 1284 WASHINGTON, CT 06793	47-5034272	501(C)(3)	8,601.	0.			2023 GIVE LOCAL CAMPAIGN
WASHINGTON MONTESSORI SCHOOL 240 LITCHFIELD TURNPIKE NEW PRESTON, CT 06777	23-7100723	501(C)(3)	17,362.	0.			2023 GIVE LOCAL CAMPAIGN

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 PARK FOUNDATION, INC. PO BOX 142 WASHINGTON DEPOT, CT 06794	46-2392418	501(C)(3)	27,745.	0.			2023 GIVE LOCAL CAMPAIGN
WASHINGTON SCHOLARSHIP FUND P.O. BOX 243 WASHINGTON DEPOT, CT 06794	46-2433377	501(C)(3)	5,864.	0.			2023 GIVE LOCAL CAMPAIGN
WATERBURY BALLET COMPANY 1255 MIDDLEBURY ROAD MIDDLEBURY, CT 06762	06-1228091	501(C)(3)	13,938.	0.			2023 GIVE LOCAL CAMPAIGN
WATERBURY BRIDGE TO SUCCESS COMMUNITY PARTNERSHIP - 100 NORTH ELM STREET, 2ND FL - WATERBURY, CT 06702	06-0646634	501(C)(3)	85,000.	0.			BBS2023: BTS (BACKBONE SUPPORT - YEAR 11); GENERAL OPERATING SUPPORT GRANT
WATERBURY LAND BANK AUTHORITY INC 207 BANK STREET, 3RD FLOOR WATERBURY, CT 06702	87-4720705	501(C)(3)	6,460.	0.			STRENGTHENING STRATEGIC PLAN
WATERBURY SENIOR CENTER 1985 EAST MAIN STREET, BLDG 2 WATERBURY, CT 06702	87-4763561	501(C)(3)	7,200.	0.			BRASS SITE REAPPLICATION
WATERBURY SYMPHONY ORCHESTRA INC. 500 CHASE PARKWAY WATERBURY, CT 06702	06-6090876	501(C)(3)	148,741.	0.			FOR SUPPORT OF THE SYMPHONY'S EDUCATIONAL MISSION FOR CHILDREN & YOUNG ADULTS IN GREATER
WATERBURY YOUTH SERVICES, INC. 83 PROSPECT STREET WATERBURY, CT 06702	06-1219372	501(C)(3)	130,600.	0.			WATERBURY YOUTH SERVICES (WYS) - EXAM ROOM HVAC; AGENCY ADVISED; LINKING ACADEMICS TO LIFE (LAL);
WATERBURY, CITY OF 235 GRAND STREET WATERBURY, CT 06702	06-6001900	501(C)(3)	12,000.	0.			WATERBURY MAKE MUSIC DAY 2023

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)	77,085.	0.			FOR MAINTENANCE AND IMPROVEMENT OF RECREATIONAL FACILITIES
WELLMORE, INC. 141 EAST MAIN STREET WATERBURY, CT 06702	06-0669107	501(C)(3)	28,178.	0.			2023 GIVE LOCAL CAMPAIGN
WELLSPRING FOUNDATION P.O. BOX 370 BETHLEHEM, CT 06751-0370	06-1014227	501(C)(3)	16,837.	0.			2023 GIVE LOCAL CAMPAIGN
WESTERN CONNECTICUT AREA AGENCY ON AGING, INC. - 84 PROGRESS LANE - WATERBURY, CT 06705	06-1182488	501(C)(3)	36,220.	0.			EXPANDING EVIDENCE-BASED HEALTH PROGRAMS IN WATERBURY, YEAR 7
WESTOVER SCHOOL 1237 WHITEMORE ROAD MIDDLEBURY, CT 06762	06-0646961	501(C)(3)	9,750.	0.			WESTOVER SUMMER CAMP
WHISKERS PET RESCUE INC. 134 MAIN ST S SOUTHURY, CT 06488-2269	47-4357003	501(C)(3)	6,000.	0.			SENIOR CAT FOREVER FOSTER FOR 65 YEARS AND ABOVE
WHITE MEMORIAL CONSERVATION CENTER P.O. BOX 368 LITCHFIELD, CT 06759-0368	06-6065807	501(C)(3)	7,746.	0.			2023 GIVE LOCAL CAMPAIGN
WINNING WAYS 279 N. MAIN ST BRANFORD, CT 06405	81-4056668	501(C)(3)	7,000.	0.			THE WINNING CIRCLE: FINANCIAL LITERACY SESSIONS
WOMAN'S CHOICE CHARITABLE ASSOCIATION - 44 WATERBURY RD - PROSPECT, CT 06712	82-1802959	501(C)(3)	45,000.	0.			GENERAL OPERATION SUPPORT; COMMUNITY DOULA PROGRAM

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
WOMEN'S BUSINESS DEVELOPMENT COUNCIL INC. - 184 BEDFORD STREET, SUITE 201 - STAMFORD, CT 06901	06-1493737	501(C)(3)	20,000.	0.			WATERBURY EXPANSION PROJECT: SMALL BUSINESS DEVELOPMENT, TECHNICAL ASSISTANCE, AND
WOODBURY PUBLIC LIBRARY 269 MAIN STREET SOUTH WOODBURY, CT 06798			11,136.	0.			FOR WOODBURY PUBLIC LIBRARY'S GENERAL PURPOSES
WOODBURY-BETHLEHEM COMMUNITY MUSIC FOUNDATION INC. - P.O. BOX 820 - WOODBURY, CT 06798	83-0427784	501(C)(3)	7,235.	0.			2023 GIVE LOCAL CAMPAIGN
YALE CANCER CENTER PO BOX 7611 NEW HAVEN, CT 06519	06-0646973	501(C)(3)	25,000.	0.			DONOR ADVISED: CORSI-TRAVALI FUND
YMCA OF GREATER WATERBURY 136 WEST MAIN STREET WATERBURY, CT 06702	06-0646988	501(C)(3)	47,967.	0.			FOR GENERAL OPERATION OF ITS WATERBURY, CT LOCATION; YMCA CAMP OAKASHA SCHOLARSHIP
YOGA4CHANGE 415 BROOKSVALE AVE HAMDEN, CT 06518	47-1037229	501(C)(3)	11,500.	0.			YOGA 4 HEALTHY AGING

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	134	1,084,909.	0.		

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

PART I, LINE 2:

ALL COMPETITIVE GRANTS AND SCHOLARSHIPS ARE SELECTED BY A VOLUNTEER COMMITTEE AND ALSO SUBMITTED TO THE BOARD. THE ORGANIZATION REQUIRES THAT GRANTEES PROVIDE PERIODIC REPORTS BACK TO THE ORGANIZATION ABOUT HOW THE FUNDS ARE EXPENDED TO SUPPORT A CHARITABLE CAUSE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BRASS CITY HARVEST

(H) PURPOSE OF GRANT OR ASSISTANCE: BRASS CITY COOKS! SENIOR NUTRITION

Part IV Supplemental Information

AND HEALTHY COOKING PROGRAM; BRASS CITY SUSTAINABLE URBAN AGRICULTURE

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.;

DAF - DIEBOLD FAMILY FUND

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTICUT COUNCIL FOR PHILANTHROPY

(H) PURPOSE OF GRANT OR ASSISTANCE: SFC2023: EARLY CARE FUNDERS
COLLABORATIVE SUPPORT; BBS2023: CT SOW STATEWIDE FUNDERS COLLABORATIVE;
SFC2023: CT SOW STATEWIDE FUNDERS COLLABORATIVE

NAME OF ORGANIZATION OR GOVERNMENT:

CONNECTICUT JUNIOR REPUBLIC ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE CARE, TREATMENT,
EDUCATION AND FAMILY SUPPORT FOR AT-RISK, SPECIAL NEEDS AND TROUBLED
YOUTH SO THEY CAN BECOME PRODUCTIVE AND FULFILLED MEMBERS OF THEIR
COMMUNITIES.; 2023 GIVE LOCAL CAMPAIGN

NAME OF ORGANIZATION OR GOVERNMENT:

DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: BREAST CARE PATIENT NAVIGATION AT
NEW MILFORD HOSPITAL; DAF - RAG FUND; DONOR ADVISED - PRIDE IN THE HILLS

NAME OF ORGANIZATION OR GOVERNMENT: GAYLORD HOSPITAL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FOR GENERAL SUPPORT; MUSIC THERAPY
PROGRAM FOR PATIENTS RECOVERING FROM LIFE-ALTERING ILLNESS OR INJURY

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

GREATER WATERBURY CHAMBER OF COMMERCE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILDREN COMMUNITY SCHOOL (CCS)

LIBRARY EXPANSION; OPERATING SUPPORT & STRATEGIC RE-ASSESSMENT; ACC WTBY

STRATEGIC RE-ASSESSMENT PROJECT

NAME OF ORGANIZATION OR GOVERNMENT:

HIDDEN ACRES THERAPEUTIC RIDING CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: WOMEN & GIRLS POWER TO HEAL;

EQUINE-ASSISTED WELLNESS PROGRAM: OLDER ADULTS; THERAPEUTIC RIDING,

CARRIAGE DRIVING, & UNMOUNTED EQUINE & NATURE WELLNESS PROGRAMS FOR

NAUGATUCK RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: MALTA HOUSE OF CARE-WATERBURY, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPROVING ACCESS TO WOMEN'S

HEALTHCARE THROUGH PATIENT NAVIGATION; STRATEGIC PLANNING

NAME OF ORGANIZATION OR GOVERNMENT: MATTATUCK MUSEUM

(H) PURPOSE OF GRANT OR ASSISTANCE: 2023 GIVE LOCAL CAMPAIGN; DAF -

MAHLER FUND PART 2 OF 3; DAF - MAHLER FUND PART 1 OF 3; SENIOR WELLNESS @

THE MATT

NAME OF ORGANIZATION OR GOVERNMENT: NAUGATUCK VALLEY PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUCCESSION PLANNING/EXECUTIVE

DIRECTOR TRANSITION; NVP TENANT ORGANIZING AND COOPERATIVE DEVELOPMENT

PROJECT

NAME OF ORGANIZATION OR GOVERNMENT: NAUGATUCK YMCA

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: 2023 GIVE LOCAL CAMPAIGN; DONOR

ADVISED - GAY JACKSON FUND; FILLING THE GAP OF CHILDCARE PROFESSIONALS ;

SENIOR EXERCISE AND WELL-BEING; FAST RESPONSE INTERCOM SYSTEM; NAUGATUCK

YMCA WEBSITE; LIVESTRONG AT THE NAUGATUCK YMCA; P.R.I.S.M.

NAME OF ORGANIZATION OR GOVERNMENT: NEST

(H) PURPOSE OF GRANT OR ASSISTANCE: 2023 GIVE LOCAL CAMPAIGN; GENERAL

OPERATING SUPPORT GRANT; NORTH END COOPERATIVE MARKET FEASIBILITY/MARKET

STUDY; GLADIATOR PRODUCTIONS/ OLD SCHOOL UNITY FESTIVAL; FINDING ME INC.;

FALL HARVEST FESTIVAL; CIVIC ENGAGEMENT SUPPORT; BACK TO SCHOOL KIDS DAY

AT THE PARK; ANNUAL JUNETEENTH CELEBRATION (2023); SALSA SOFTBALL LEAGUE

2023; FIND YOUR LIGHT DANCE MULTICULTURAL AND BLACK HISTORY; FISCAL

SPONSORSHIP 2023 - GRASSROOTS GRANTS; HOMEOWNERSHIP EDUCATION & LOSS

PREVENTION PROGRAM (HELPP); 2024 EVENT MANAGEMENT SCHOOL

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHWEST CONNECTICUT ARTS COUNCIL, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: 2023 GIVE LOCAL CAMPAIGN; STRATEGIC

PLAN IMPLEMENTATION - REGIONAL NEEDS ASSESSMENT & LISTENING TOUR

NAME OF ORGANIZATION OR GOVERNMENT: NWCT ADULT DAY CENTER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: WEEKLY MOVEMENT AND EXERCISE PROGRAM

FOR OLDER ADULTS WITH DEMENTIA AND/OR MOBILITY ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: PILOBOLUS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: 2023 GIVE LOCAL CAMPAIGN; PILOBOLUS

@ PLAY: CREATIVE PARTNERSHIP WITH BRASS CITY CHARTER SCHOOL -

EXPRESSION THROUGH DANCE

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: SAFE HAVEN OF GREATER WATERBURY

(H) PURPOSE OF GRANT OR ASSISTANCE: 2023 GIVE LOCAL CAMPAIGN; SAFER

COMMUNITIES - GREATER WATERBURY; 2023 GOS AWARD; SAFER COMMUNITIES

SOUTHBURY

NAME OF ORGANIZATION OR GOVERNMENT: SAVE GIRLS ON FYER

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL OPERATING SUPPORT GRANT;

LEADERSHIP ACADEMY / LIBERATION ON FYER; BEHIND THE FYER (PROFESSIONAL &

ORGANIZATIONAL DEVELOPMENT SERIES)

NAME OF ORGANIZATION OR GOVERNMENT: SOCIAL & ENVIRONMENTAL ENTREPRENEURS

(H) PURPOSE OF GRANT OR ASSISTANCE: QUEST LEADERSHIP ACADEMY (BEO);

INACTIVE COPY; QUEST LEADERSHIP ACADEMY (DISCRETIONARY); QUEST LEADERSHIP

ACADEMY (PITH)

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

(H) PURPOSE OF GRANT OR ASSISTANCE: 2023 GIVE LOCAL CAMPAIGN; 2023 GOS

AWARD - GWHP; STRATEGIC FACILITY PLANNING; COMMUNITY HEALTH WORKER HEALTH

EDUCATION & OUTREACH SERIES

NAME OF ORGANIZATION OR GOVERNMENT: WATERBURY SYMPHONY ORCHESTRA INC.

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

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

PROVIDE COMPENSATION, FEES OR HONORARIA FOR SYMPHONY MUSICIANS OR GUEST

ARTISTS; TO BE APPLIED TOWARD SALARY AND OTHER COMPENSATION OF THE

CONDUCTOR; 2023 GIVE LOCAL CAMPAIGN; BRAVO WATERBURY! 2023 SUMMER

PROGRAM; DEVELOPMENT AND MANAGEMENT CONSULTANT

Part IV Supplemental Information

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

(H) PURPOSE OF GRANT OR ASSISTANCE: WATERBURY YOUTH SERVICES (WYS) -

EXAM ROOM HVAC; AGENCY ADVISED; LINKING ACADEMICS TO LIFE (LAL); PROUD!

LGBTQIA+ SOCIAL AND PEER YOUTH GROUP; WATERBURY YOUTH SERVICES (WYS) -

EXAM ROOM HVAC

NAME OF ORGANIZATION OR GOVERNMENT:

WOMEN'S BUSINESS DEVELOPMENT COUNCIL INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: WATERBURY EXPANSION PROJECT: SMALL

BUSINESS DEVELOPMENT, TECHNICAL ASSISTANCE, AND MICROGRANTS

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2023

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JULIE LOUGHRAN PRESIDENT & CEO	(i)	213,782.	0.	0.	17,403.	22,475.	253,660.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) WANDA CORREA VICE PRESIDENT COMMUNITY IMPACT	(i)	130,614.	0.	0.	5,800.	36,440.	172,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BARBARA RYER DIRECTOR OF FINANCE	(i)	140,545.	0.	0.	11,199.	3,948.	155,692.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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: **THE CONNECTICUT COMMUNITY FOUNDATION**
Employer identification number: **06-6038074**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	19	116,530. FMV	
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?		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.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

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.

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER OF CONTRIBUTIONS REPORTED IN COLUMN B IS THE NUMBER OF

DONATIONS RECEIVED

Multiple horizontal lines for data entry.

**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

2023

Open to Public
Inspection

Name of the organization

THE CONNECTICUT COMMUNITY FOUNDATION

Employer identification number

06-6038074

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

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

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

MEMBERSHIP ELECTS TRUSTEES

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

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

CORPORATION. THE CORPORATION SHALL HAVE ONE CLASS OF MEMBERS CALLED

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

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

POWERS AS ARE AFFORDED TO VOTING MEMBERS OF A CONNECTICUT NONSTOCK

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

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

MEET ANY OF THE FOLLOWING REQUIREMENTS:

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

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

SUCH INDIVIDUAL'S SPOUSE;

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

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

FOUNDATION;

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

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

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

OTHER DOCUMENT AS THE REPRESENTATIVE FOR FUNDS ESTABLISHED BY CORPORATIONS

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

OF THE FOUNDATION'S FISCAL YEAR;

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

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

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

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

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

DATE OF THESE BY-LAWS

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

SECTION 8, ARTICLE 2: VOTING RIGHTS AND REQUIREMENTS-

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

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

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

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

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

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

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

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

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

ARTICLE VII;

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

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

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

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

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

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

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

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

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

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2023.

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

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COPIES MAY BE REQUESTED BY MAIL, E-MAIL, OR ORIGINAL DOCUMENTS MAY BE VIEWED AT THE FOUNDATION OFFICE.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -17,529.

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

2023

Open to Public Inspection

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

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

Schedule R (Form 990) 2023

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

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WATERBURY HOSPITAL FOUNDATION	L	168,479.	FMV
(2) WATERBURY HOSPITAL FOUNDATION	P	0.	FMV
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

Multiple horizontal lines for providing supplemental information.