

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

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 File by the due date for filing your return. See instructions.	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	Form 990-T (governmental entities)	15

• 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 **BARBARA RYER, DIRECTOR OF FINANCE**
43 FIELD STREET - WATERBURY, CT 06702

Telephone No. **475-313-0008** 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 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
☒ calendar year 20 **24** 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. 1-2025)

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

OMB No. 1545-0047

Form **990**

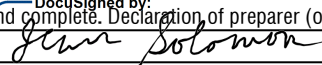
Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning and ending		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE CONNECTICUT COMMUNITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 43 FIELD STREET City or town, state or province, country, and ZIP or foreign postal code WATERBURY, CT 06702 F Name and address of principal officer: KATHY TAYLOR SAME AS C ABOVE	D Employer identification number 06-6038074 E Telephone number 203-753-1315 G Gross receipts \$ 35,552,329. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation: 1923 M State of legal domicile: CT
J Website: CONNCF.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		

Part I Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FOSTER EQUITABLE & INCLUSIVE COMMUNITY BY INSPIRING GENEROSITY, SUPPORTING ORGANIZATIONS &
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 17
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 18
	6 Total number of volunteers (estimate if necessary) 6 200
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 4,400. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) 9,965,508. 17,529,159.
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,656,923. 8,150,643.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 316,211. 382,457.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 14,938,642. 26,062,259.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 7,311,580. 8,586,297.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,911,453. 1,933,403.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 429,551.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 794,109. 929,454.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 10,017,142. 11,449,154.
	19 Revenue less expenses. Subtract line 18 from line 12 4,921,500. 14,613,105.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 150,828,054. 175,543,888.
	21 Total liabilities (Part X, line 26) 515,057. 353,969.
	22 Net assets or fund balances. Subtract line 21 from line 20 150,312,997. 175,189,919.

Part II Signature Block	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
Sign Here	<div>DocuSigned by:  Signature of officer JEAN SOLOMON, TREASURER Type or print name and title</div> <div>7/1/2025 Date</div>
Paid Preparer Use Only	<div>Preparer's name DANIELLE NIHILL Preparer's signature DANIELLE NIHILL Date 06/30/25 Check if self-employed <input type="checkbox"/> PTIN P01350943</div> <div>Firm's name CLIFTONLARSONALLEN LLP Firm's EIN 41-0746749</div> <div>Firm's address 4 BATTERYMARCH PARK, SUITE 100 QUINCY, MA 02169 Phone no. (781) 982-1001</div>

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

Part III Statement of Program Service Accomplishments

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

1

Briefly describe the organization's mission:
TO FOSTER AN EQUITABLE AND INCLUSIVE COMMUNITY IN GREATER WATERBURY AND LITCHFIELD HILLS BY INSPIRING GENEROSITY, SUPPORTING ORGANIZATIONS, AND CULTIVATING EFFECTIVE LEADERS. THE FOUNDATION WORKS TO ADDRESS THE COMMUNITY'S CRITICAL ISSUES, FUNDS PROGRAMS BENEFITING

2

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

3

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

4

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

4a

(Code:) (Expenses \$ 10,198,158. including grants of \$ 8,586,297.) (Revenue \$ 0.)
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 10,198,158.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II		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? If "Yes," complete Schedule L, Part III		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? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	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)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		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?		

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

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

Form 990 (2024)

THE CONNECTICUT COMMUNITY FOUNDATION

06-6038074

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes 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	17		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b Enter the number of voting members included on line 1a, above, who are independent	17		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6 Did the organization have members or stockholders?	6	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	X	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X

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

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

Section C. Disclosure

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records
BARBARA RYER, DIRECTOR OF FINANCE - 475-313-0008
43 FIELD STREET, WATERBURY, CT 06702

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THE CONNECTICUT COMMUNITY FOUNDATION

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

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

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WANDA CORREA VICE PRESIDENT COMMUNITY IMPACT	40.00 0.00					X		134,626.	0.	39,947.
(2) BARBARA RYER DIRECTOR OF FINANCE	40.00 1.00					X		145,426.	0.	22,176.
(3) CYNTHIA MERRICK DIRECTOR OF DEVELOPMENT	40.00 0.00					X		102,512.	0.	46,484.
(4) JULIE LOUGHRAN PRESIDENT & CEO (UNTIL 06/24)	40.00 1.00			X				119,899.	0.	24,830.
(5) KATHY TAYLOR PRESIDENT & CEO (AS OF 06/24)	40.00 1.00			X				100,586.	0.	27,454.
(6) JOSH CAREY GRANTS MANAGEMENT DIRECTOR	40.00 0.00					X		113,565.	0.	5,784.
(7) MICHAEL GIARDINA CHAIR	1.00 0.00	X		X				0.	0.	0.
(8) JEAN SOLOMON TREASURER	1.00 0.00	X		X				0.	0.	0.
(9) AVERY GADDIS SECRETARY	1.00 0.00	X		X				0.	0.	0.
(10) KATHLEEN BROCHHAUSEN TRUSTEE	1.00 0.00	X						0.	0.	0.
(11) ANGELA CHAPMAN TRUSTEE	1.00 0.00	X						0.	0.	0.
(12) TONY CIOCCA TRUSTEE	1.00 0.00	X						0.	0.	0.
(13) REBECCA ELECK BRUCE TRUSTEE	1.00 0.00	X						0.	0.	0.
(14) ELIZABETH FREW TRUSTEE	1.00 0.00	X						0.	0.	0.
(15) SUBIRA GORDON TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) JAMES A. HIGGINS TRUSTEE	1.00 0.00	X						0.	0.	0.
(17) JANIE MCDERMOTT TRUSTEE	1.00 0.00	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) JESSICA OCASIO	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(19) TOMAS OLIVO	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(20) ADRIENNE PARKMOND	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(21) CHRISTOPHER REMPFER	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(22) JOANN REYNOLDS-BALANDA	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(23) SARAN WHITE	1.00									
TRUSTEE	0.00	X						0.	0.	0.
(24) BRIAN JONES	1.00									
TRUSTEE (UNTIL 9/24)	0.00	X						0.	0.	0.
(25) STEPHEN SEWARD	1.00									
TRUSTEE (UNTIL 6/24)	0.00	X						0.	0.	0.
(26) DEBORAH FOORD	1.00									
TRUSTEE (UNTIL 6/24)	0.00	X						0.	0.	0.
1b Subtotal								716,614.	0.	166,675.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								716,614.	0.	166,675.

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

6

	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

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THE CONNECTICUT COMMUNITY FOUNDATION

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	1,475,000.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	16,054,159.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 2,442,329.			
	h Total. Add lines 1a-1f				17,529,159.		
Program Service Revenue				Business Code			
	2 a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g Total. Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,147,481.			5147481.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses ...	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7 a	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses	7b	9,490,070.			
	c	Gain or (loss)	7c	3,003,162.			
	d	Net gain or (loss)		3,003,162.			3003162.
8 a							
b	Less: direct expenses	8b					
c	Net income or (loss) from fundraising events						
9 a							
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a							
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue				Business Code			
	11 a	MISC INCOME	900099	378,057.			378,057.
	b	PRVT FOUND FEES	900099	4,400.		4,400.	
	c						
	d	All other revenue					
	e Total. Add lines 11a-11d				382,457.		
12 Total revenue. See instructions				26,062,259.	0.	4,400.	8528700.

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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	7,490,741.	7,490,741.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,095,556.	1,095,556.		
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	440,371.	132,111.	220,186.	88,074.
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	1,209,427.	805,228.	235,430.	168,769.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,124.	43,608.	7,743.	9,773.
9 Other employee benefits	102,666.	74,174.	13,921.	14,571.
10 Payroll taxes	119,815.	69,650.	31,634.	18,531.
11 Fees for services (nonemployees):				
a Management				
b Legal	1,872.		1,872.	
c Accounting	34,275.		34,275.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	45,680.		45,680.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	318,808.	200,600.	64,738.	53,470.
12 Advertising and promotion	60,873.	34,941.	16,618.	9,314.
13 Office expenses	45,990.	26,437.	12,506.	7,047.
14 Information technology	87,080.	50,025.	23,721.	13,334.
15 Royalties				
16 Occupancy	103,003.	59,124.	28,120.	15,759.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	99,227.	57,191.	26,792.	15,244.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,750.		2,750.	
23 Insurance	27,840.		27,840.	
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 OTHER	96,566.	55,454.	26,331.	14,781.
b NON PROFIT OUTREACH	5,490.	3,318.	1,288.	884.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,449,154.	10,198,158.	821,445.	429,551.
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)				

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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	5,972,647.	1	2,327,460.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	193,504.	3	51,861.
	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 51,216.		
	b Less: accumulated depreciation	10b 45,663.	10c 6,593.	5,553.
	11 Investments - publicly traded securities	144,144,065.	11	172,957,684.
	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	201,330.
16 Total assets. Add lines 1 through 15 (must equal line 33)	150,828,054.	16	175,543,888.	
Liabilities	17 Accounts payable and accrued expenses	58,868.	17	31,307.
	18 Grants payable	329,051.	18	159,873.
	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	127,138.	25	162,789.
	26 Total liabilities. Add lines 17 through 25	515,057.	26	353,969.
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	150,161,708.	27	175,189,716.
	28 Net assets with donor restrictions	151,289.	28	203.
	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	150,312,997.	32	175,189,919.
	33 Total liabilities and net assets/fund balances	150,828,054.	33	175,543,888.

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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	26,062,259.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,449,154.
3	Revenue less expenses. Subtract line 2 from line 1	3	14,613,105.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	150,312,997.
5	Net unrealized gains (losses) on investments	5	10,587,142.
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	-323,325.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	175,189,919.

Part XII Financial Statements and Reporting

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

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

Form 990 (2024)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2024

Open to Public
Inspection

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

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

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

- ☐ 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- ☐ 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- ☐ 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- ☐ 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- ☐ 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- ☐ 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- ☒ 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- ☐ 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- ☐ 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- ☐ 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- ☐ 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- ☐ 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

☐ a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

☐ b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

☐ c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

☐ d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

☐ e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations
- | g Provide the following information about the supported organization(s). | | | | | | |
|--|----------|---|---|----|---|---|
| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
| | | | Yes | No | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total | | | | | | |
- LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

432021 01-14-25

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5811840.	6336525.	7315645.	9965508.	17529159.	46958677.
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	5811840.	6336525.	7315645.	9965508.	17529159.	46958677.
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)						5787220.
6 Public support. Subtract line 5 from line 4.						41171457.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	5811840.	6336525.	7315645.	9965508.	17529159.	46958677.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2872142.	4031390.	3536614.	4094071.	5147481.	19681698.
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.)	52,476.	329,683.	212,079.	311,811.	378,057.	1284106.
11 Total support. Add lines 7 through 10						67946481.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	60.59 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	60.07 %

16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. 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 - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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).		

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 (describe in Part VI). 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 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, 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 2024. 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 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

Schedule B
(Form 990)

(Rev. December 2024)
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

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

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input checked="" type="checkbox"/> 501(c)(3) (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 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).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,342,082.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,931,038.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,475,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 1,237,294.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,168,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 1,152,931.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part 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
7		\$ 725,973.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

THE CONNECTICUT COMMUNITY FOUNDATION

06-6038074

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

[illegible]

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

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

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

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

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

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

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

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

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

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

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		11,449,154.													
e Total exempt purpose expenditures (add lines 1c and 1d)		11,449,154.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		722,458.													
<table><thead><tr><th>IF the amount on line 1e, column (a) or (b), is:</th><th>THEN 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:	THEN 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:	THEN 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)		180,615.													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	606,459.	662,245.	650,857.	722,458.	2,642,019.
b Lobbying ceiling amount (150% of line 2a, column(e))					3,963,029.
c Total lobbying expenditures					
d Grassroots nontaxable amount	151,615.	165,561.	162,714.	180,615.	660,505.
e Grassroots ceiling amount (150% of line 2d, column (e))					990,758.
f Grassroots lobbying expenditures					

Name of the organization

THE CONNECTICUT COMMUNITY FOUNDATION

Employer identification number

06-6038074

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	75	600
2 Aggregate value of contributions to (during year)	1,601,897.	15,927,262.
3 Aggregate value of grants from (during year)	402,441.	8,183,856.
4 Aggregate value at end of year	8,148,429.	167,041,490.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II

Conservation Easements.

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

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

☐ Preservation of land for public use (for example, recreation or education)

☐ Preservation of a historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

Part III

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

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

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

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

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

\$

(ii) Assets included in Form 990, Part X

\$

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

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

\$

b Assets included in Form 990, Part X

\$

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

30

08390630 131839 A155258

2024.04000 THE CONNECTICUT COMMUNITY A1552581

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 | 132,343,627. | 117,557,766. | 142,510,476. | 127,410,666. | 114,134,527. |
| b Contributions | 13,364,005. | 3,986,980. | 3,937,288. | 3,847,282. | 5,521,260. |
| c Net investment earnings, gains, and losses | 17,013,108. | 19,382,641. | -20,296,931. | 18,581,567. | 14,437,789. |
| d Grants or scholarships | 5,133,899. | 6,384,173. | 6,303,892. | 4,942,712. | 4,786,904. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | 2,583,023. | 2,199,587. | 2,289,175. | 2,386,327. | 1,896,006. |
| g End of year balance | 155,003,818. | 132,343,627. | 117,557,766. | 142,510,476. | 127,410,666. |
- 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

.0000

%

c Term endowment

.0000

%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- (i) Unrelated organizations?

(ii) Related organizations?
- | | Yes | No |
|--|-----|----|
| 3a(i) | | X |
| 3a(ii) | | X |
| 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		51,216.	45,663.	5,553.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).				5,553.

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	162,789.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	162,789.

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

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	
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	
3	Subtract line 2e from line 1		3	
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	

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 V, LINE 4:

ENDOWMENTS ARE FUNDS ESTABLISHED BY DONATIONS TO PROVIDE ONGOING FINANCIAL SUPPORT FOR NONPROFIT ORGANIZATIONS IN THE GREATER WATERBURY AND LITCHFIELD COUNTY.

SCHEDULE I
(Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

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
WATERBURY DEVELOPMENT CORPORATION 83 BANK STREET, 3RD FL WATERBURY, CT 06702	06-1549006	501(C)(3)	659,353.	0.			Q2 & Q3 2024
NEST 193 GRAND STREET 3RD FLOOR WATERBURY, CT 06702	06-1022915	501(C)(3)	389,457.	0.			GENERAL OPERATING SUPPORT GRANT
TEAM, INC. 30 ELIZABETH STREET DERBY, CT 06418	06-0835182	501(C)(3)	315,000.	0.			DELUCA GRANT: FLOOD RELIEF EFFORTS
CHILDREN'S COMMUNITY SCHOOL 23 JOHN STREET WATERBURY, CT 06708	06-1000761	501(C)(4)	227,030.	0.			ADVISED - CHILDREN'S COMMUNITY SCHOOL ADVISED FUND
WATERBURY SYMPHONY ORCHESTRA INC. 500 CHASE PARKWAY, UNIT 4-C WATERBURY, CT 06708	06-6090876	501(C)(3)	151,520.	0.			FOR SUPPORT OF THE SYMPHONY'S EDUCATIONAL MISSION FOR CHILDREN & YOUNG ADULTS IN GREATER
UNITED WAY OF GREATER WATERBURY 123 BANK STREET, 3RD FL WATERBURY, CT 06702	06-0646634	501(C)(3)	144,532.	0.			GENERAL OPERATING SUPPORT GRANT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 214.
- 3 Enter total number of other organizations listed in the line 1 table 2.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (Rev. 12-2024)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990)

THE CONNECTICUT COMMUNITY FOUNDATION

06-6038074

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGEWATER LAND TRUST P.O. BOX 8 BRIDGEWATER , CT 06752	06-1212623	501(C)(3)	111,909.	0.			2024 GIVE LOCAL CAMPAIGN
AMERICAN CANCER SOCIETY 111 FOUNDERS PLAZA, SUITE 200 EAST HARTFORD, CT 06108	13-1788491	501(C)(3)	110,775.	0.			FOR GENERAL SUPPORT
AMERICAN HEART ASSOCIATION 7272 GREENVILLE AVENUE DALLAS, TX 75231-4596	13-5613797	501(C)(3)	110,775.	0.			FOR GENERAL SUPPORT
STEEP ROCK ASSOCIATION P.O. BOX 279 WASHINGTON DEPOT, CT 06794	06-6069060	501(C)(3)	108,702.	0.			2024 GIVE LOCAL CAMPAIGN
SAVE GIRLS ON FYER 76 SOUTH MAIN STREET WATERBURY, CT 06706	46-2376450	501(C)(3)	107,000.	0.			GENERAL OPERATING SUPPORT GRANT
WATERTOWN, TOWN OF 61 ECHO LAKE ROAD WATERTOWN, CT 06795	06-6001505	501(C)(3)	88,503.	0.			FOR MAINTENANCE AND IMPROVEMENT OF RECREATIONAL FACILITIES
YMCA OF GREATER WATERBURY 136 WEST MAIN STREET WATERBURY, CT 06702	06-0646988	501(C)(3)	82,530.	0.			FOR GENERAL OPERATION OF ITS WATERBURY, CT LOCATION
MEMORIAL SLOAN KETTERING CANCER CENTER - P.O. BOX 27106 - NEW YORK, NY 10087-7106	13-1924236	501(C)(3)	67,500.	0.			DESIGNATED - STOWELL CANCER RESEARCH FUND
NORTHWESTERN MEMORIAL FOUNDATION 51 NORTH FAIRBANK COURT, SUITE 800 CHICAGO , IL 60611	36-3155315	501(C)(3)	67,500.	0.			DESIGNATED - STOWELL FUND FOR CANCER RESEARCH

Schedule I (Form 990)

Schedule I (Form 990)

THE CONNECTICUT COMMUNITY FOUNDATION

06-6038074

Page 1

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
HIDDEN ACRES THERAPEUTIC RIDING CENTER - P.O. BOX 1879, 45 GABRIEL DRIVE - NAUGATUCK, CT 06770	26-3248176	501(C)(3)	57,600.	0.			NAUGATUCK RESIDENTS: EQUINE & NATURE THERAPEUTIC ACTIVITIES
NAUGATUCK AMBULANCE INC. 246 RUBBER AVE NAUGATUCK, CT 06483	06-1407577	501(C)(3)	57,400.	0.			AMBULANCE POWER LIFTING SYSTEM
ST. VINCENT DEPAUL MISSION OF WATERBURY INC. - 34 WILLOW STREET, P.O. BOX 1612 - WATERBURY, CT 06721	06-1001527	501(C)(3)	56,487.	0.			2024 GIVE LOCAL CAMPAIGN
LANDMARK COMMUNITY THEATRE 158 MAIN STREET THOMASTON, CT 06787	27-1112550	501(C)(3)	56,160.	0.			2024 GIVE LOCAL CAMPAIGN
WASHINGTON AMBULANCE ASSOCIATION P.O. BOX 294 WASHINGTON DEPOT, CT 06794	06-6055363	501(C)(3)	54,571.	0.			2024 GIVE LOCAL CAMPAIGN
THE HISPANIC COALITION 135 EAST LIBERTY ST. WATERBURY, CT 06706	06-1349937	501(C)(3)	51,000.	0.			RIBA ASPIRA PROGRAM DELIVERY
WATERBURY BRIDGE TO SUCCESS COMMUNITY PARTNERSHIP, INC. - 83 PROSPECT STREET - WATERBURY, CT 06702	93-2614244	501(C)(3)	50,000.	0.			PRENATAL SPARKLER - A PREVENTATIVE APPROACH TO IMPROVING THE DEVELOPMENT AND HEALTH OF BABIES AND
AFTER SCHOOL ARTS PROGRAM INC. 6 BEE BROOK ROAD, UNIT B P.O. BOX 1 WASHINGTON DEPOT, CT 06794	20-1308465	501(C)(3)	47,137.	0.			2024 GIVE LOCAL CAMPAIGN
NEW OPPORTUNITIES, INC. 232 NORTH ELM STREET WATERBURY, CT 06702	06-6071847	501(C)(3)	47,126.	0.			SUPPORT FOR SENIOR NUTRITION SERVICES

Schedule I (Form 990)

Schedule I (Form 990)

THE CONNECTICUT COMMUNITY FOUNDATION

06-6038074

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHAKESPERIENCE PRODUCTIONS, INC. 117 BANK STREET WATERBURY, CT 06702	06-1555859	501(C)(3)	45,806.	0.			2024 GIVE LOCAL CAMPAIGN
NAUGATUCK YMCA 284 CHURCH STREET NAUGATUCK, CT 06770	06-0646770	501(C)(3)	45,353.	0.			SENIOR WELL-BEING
AFRO-CARIBBEAN CULTURAL CENTER 174 GRAND ST WATERBURY, CT 06704	88-2014721	501(C)(3)	44,886.	0.			PHASE I AND II - STRATEGIC FRAMEWORK FOR AFRO CARIBBEAN CULTURAL CENTER
MATTATUCK MUSEUM 144 WEST MAIN STREET WATERBURY, CT 06702	06-0443990	501(C)(3)	42,148.	0.			2024 GIVE LOCAL CAMPAIGN
AUDUBON CENTER BENT OF THE RIVER 185 EAST FLAT HILL ROAD SOUTHURY, CT 06488	13-1624102	501(C)(3)	41,028.	0.			2024 GIVE LOCAL CAMPAIGN
CHESHIRE EDUCATION FOUNDATION P.O. BOX 7 CHESHIRE, CT 06410	06-1442308	501(C)(3)	40,000.	0.			ADVISED - SCHOLARSHIPS
CONNECTICUT JUNIOR REPUBLIC ASSOCIATION INC. - 550 GOSHEN ROAD, P.O. BOX 161 - LITCHFIELD, CT 06759	06-0646590	501(C)(3)	39,941.	0.			2024 GIVE LOCAL CAMPAIGN
ANIMAL WELFARE SOCIETY 8 DODD ROAD NEW MILFORD, CT 06776	06-6084293	501(C)(3)	39,297.	0.			2024 GIVE LOCAL CAMPAIGN
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVE - NEW HAVEN, CT 06511	06-0263565	501(C)(3)	37,039.	0.			SPECIFICALLY FOR THE WATERBURY CHAPTER OF PLANNED PARENTHOOD

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POMPERAUG RIVER WATERSHED COALITION INC. - 39 SHERMAN HILL ROAD, C-103 - WOODBURY, CT 06798	06-1583895	501(C)(3)	36,254.	0.			2024 GIVE LOCAL CAMPAIGN
WASHINGTON PARK FOUNDATION, INC. P.O. BOX 142 WASHINGTON DEPOT, CT 06794	46-2392418	501(C)(3)	35,782.	0.			2024 GIVE LOCAL CAMPAIGN
PARK CENTRAL 35 PARK PLACE WATERBURY, CT 06702	06-0646950	501(C)(3)	35,126.	0.			WITH PREFERENCE FOR ANY SPECIAL PROJECTS UNDERTAKEN BY THE ORGANIZATION.
CONNECTICUT COUNCIL FOR PHILANTHROPY - 75 CHARTER OAK AVENUE, SUITE 1-205 - HARTFORD, CT 06106	23-7024016	501(C)(3)	35,000.	0.			SFC2025: CT SOW STATEWIDE FUNDERS COLLABORATIVE
PILOBOLUS INC. 6 KIRBY ROAD, P.O. BOX 388 WASHINGTON DEPOT, CT 06794	03-0230490	501(C)(3)	34,939.	0.			2024 GIVE LOCAL CAMPAIGN
GREENWOODS COUNSELING REFERRALS, INC. - 25 SOUTH STREET, P.O. BOX 1549 - LITCHFIELD, CT 06759	06-1351190	501(C)(3)	34,363.	0.			2024 GIVE LOCAL CAMPAIGN
PHYSICIANS COMMITTEE FOR RESPONSIBLE MEDICINE - 5100 WISCONSIN AVE., SUITE 400 - WASHINGTON, DC 20016	52-1394893	501(C)(3)	33,736.	0.			FOR GENERAL SUPPORT
CONVERSATIONS ON THE GREEN, INC. P.O. BOX 1020 WASHINGTON, CT 06793	83-4438861	501(C)(3)	32,866.	0.			2024 GIVE LOCAL CAMPAIGN
LAKE QUASSAPAUG ASSOCIATION P.O. BOX 285 MIDDLEBURY, CT 06762-0285	46-2210426	501(C)(3)	31,434.	0.			2024 GIVE LOCAL CAMPAIGN

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COMMUNITY FOUNDATION OF EAST CENTRAL ILLINOIS - 307 W. UNIVERSITY AVE - CHAMPAIGN, IL 61820	23-7176723	501(C)(3)	31,166.	0.			FOR ILLINOIS RESIDENTS AND DISTRIBUTED THROUGH THE COMMUNITY FOUNDATION OF EAST CENTRAL ILLINOIS
MADRE LATINA P.O. BOX 3082 WATERBURY, CT 06705	46-3164021	501(C)(3)	31,000.	0.			HEALTH ON WHEELS PROGRAM
HUMAN RESOURCE DEVELOPMENT AGENCY 575 RUBBER AVENUE NAUGATUCK, CT 06770	06-0939080	501(C)(3)	30,000.	0.			MEDICAL TRANSPORTATION SOCIALIZATION
WOMAN'S CHOICE CHARITABLE ASSOCIATION - 44 WATERBURY RD 2D - PROSPECT, CT 06712	82-1802959	501(C)(3)	30,000.	0.			COMMUNITY DOULA PROGRAM
WELLMORE, INC. 141 EAST MAIN STREET WATERBURY, CT 06702	06-0669107	501(C)(3)	29,564.	0.			2024 GIVE LOCAL CAMPAIGN
STAYWELL HEALTH CARE, INC. 80 PHOENIX AVENUE WATERBURY, CT 06702	22-3160873	501(C)(3)	29,431.	0.			WATERBURY HEALTH ACCESS PROGRAM AND WATERBURY COMMUNITY CARE TEAM
BRIAN GIBBONS HOMELESS OUTREACH INC. - 227 PORTER HILL ROAD - MIDDLEBURY, CT 06762-3034	87-2251623	501(C)(3)	28,729.	0.			PROGRAM SUPPORT
VILLAGE CENTER FOR THE ARTS 12 MAIN STREET NEW MILFORD, CT 06776	06-1325983	501(C)(3)	27,352.	0.			2024 GIVE LOCAL CAMPAIGN
CCSU FOUNDATION INC. P.O. BOX 612 NEW BRITAIN, CT 06050-9921	23-7354328	501(C)(3)	27,000.	0.			TADEUSZ SENDZIMIR SCHOLARSHIP GRANT AY 2022-25

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FLANDERS NATURE CENTER & LAND TRUST - 5 CHURCH HILL ROAD - WOODBURY, CT 06798	06-0791823	501(C)(3)	25,454.	0.			2024 GIVE LOCAL CAMPAIGN
HARTFORD BISHOPS' FOUNDATION INC. 467 BLOOMFIELD AVENUE BLOOMFIELD, CT 06002	81-1546773	501(C)(3)	25,000.	0.			DAF - SMITH FUND
MONITOR MY HEALTH 1000 LAFAYETTE ST STE 1100 BRIDGEPORT, CT 06604	81-4498882	501(C)(3)	25,000.	0.			HEALTHY SENIOR 2025
WASHINGTON ART ASSOCIATION 4 BRYAN MEMORIAL PLAZA WASHINGTON DEPORT, CT 06794	06-0754956	501(C)(3)	24,931.	0.			2024 GIVE LOCAL CAMPAIGN
THE UCONN FOUNDATION, INC. 2390 ALUMNI DRIVE, UNIT 3206 STORRS, CT 06269	06-6070722	501(C)(3)	24,429.	0.			HANDS-ON STEM FOR WATERBURY STUDENTS
CARING FOR BETHLEHEM 21 MAIN ST. SOUTH BETHLEHEM, CT 06751	82-2473303	501(C)(3)	24,080.	0.			2024 GIVE LOCAL CAMPAIGN
PALACE THEATER GROUP 100 EAST MAIN STREET WATERBURY, CT 06702	02-0620399	501(C)(3)	24,033.	0.			2024 GIVE LOCAL CAMPAIGN
BRASS CITY HARVEST INC. P.O. BOX 11115 WATERBURY, CT 06706	75-3263005	501(C)(3)	24,000.	0.			BRASS CITY SUSTAINABLE URBAN AGRICULTURE
PORTER'S HOUSE, INC. 159 EDGEWOOD AVENUE WATERBURY, CT 06706	81-3725113	501(C)(3)	22,000.	0.			BERKELEY COMMUNITY CENTER AFTER SCHOOL PROGRAM

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UNITED WAY OF COASTAL AND WESTERN CONNECTICUT - 24 BANK STREET, P.O. BOX 29 - NEW MILFORD, CT 06776	06-0646577	501(C)(3)	21,697.	0.			CORA'S KIDS - COMMUNITY MESSENGERS PROGRAM
LITERACY VOLUNTEERS OF GREATER WATERBURY, INC. - 267 GRAND STREET - WATERBURY, CT 06702	06-1452659	501(C)(3)	21,130.	0.			OLDER ADULT LITERACY
RAILROAD MUSEUM OF NEW ENGLAND P.O. BOX 400, 242 EAST MAIN STREET THOMASTON, CT 06787	23-7229704	501(C)(3)	21,026.	0.			2024 GIVE LOCAL CAMPAIGN
LAKE WARAMAUG ASSOCIATION P.O. BOX 2272 NEW PRESTON, CT 06777	06-6178754	501(C)(3)	20,946.	0.			2024 GIVE LOCAL CAMPAIGN
ROXBURY LAND TRUST 6 MINE HILL ROAD, P.O. BOX 51 ROXBURY, CT 06783	23-7098549	501(C)(3)	20,923.	0.			2024 GIVE LOCAL CAMPAIGN
SUSAN B. ANTHONY PROJECT, INC. 179 WATER STREET TORRINGTON, CT 06790	06-1085983	501(C)(3)	20,700.	0.			2024 GIVE LOCAL CAMPAIGN
BOYS AND GIRLS CLUB OF GREATER WATERBURY - 1037 EAST MAIN STREET - WATERBURY, CT 06705	06-0646551	501(C)(3)	20,000.	0.			WITH PREFERENCE FOR ANY SPECIAL PROJECTS UNDERTAKEN BY THE ORGANIZATION.
CONNECTICUT INSTITUTE FOR REFUGEES AND IMMIGRANTS INC. - 670 CLINTON AVENUE - BRIDGEPORT, CT 06605	06-0669118	501(C)(3)	20,000.	0.			WATERBURY IMMIGRATION LEGAL SERVICES
CONNECTICUT PARTNERSHIP FOR CHILDREN, INC. - 98 OLIVE STREET - NAUGATUCK, CT 06770	26-4609367	501(C)(3)	20,000.	0.			CT PARTNERSHIP FOR CHILDREN FAMILY RESOURCE CENTER

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NWCT ADULT DAY CENTER, INC. 409 BANTAM ROAD LITCHFIELD, CT 06759	88-4367718	501(C)(3)	20,000.	0.			HR PROJECT
REGIONAL DATA COOPERATIVE FOR GREATER NEW HAVEN - 1146 CHAPEL STREET - NEW HAVEN, CT 06511	06-1567201	501(C)(3)	20,000.	0.			COMMUNITY WELLBEING SURVEY
RIVERA MEMORIAL FOUNDATION, INC. 186 CHERRY STREET WATERBURY, CT 06702	06-1536766	501(C)(3)	20,000.	0.			BRIDGE & MENTOR ME AFTERSCHOOL PROGRAM
SILAS BRONSON LIBRARY 267 GRAND STREET WATERBURY STREET, CT 06702	06-6001900	GOVERNMENT	20,000.	0.			TO ACQUIRE BOOKS AND OTHER RESOURCES TO BE USED BY THE PUBLIC. NOT FOR ADMINISTRATIVE
LITCHFIELD COMMUNITY CENTER 421 BATNAM ROAD LITCHFIELD, CT 06759	06-1520254	501(C)(3)	19,588.	0.			2024 GIVE LOCAL CAMPAIGN
CONNECTICUT COMMUNITY CARE, INC. 43 ENTERPRISE DRIVE BRISTOL, CT 06010-7472	06-1024632	501(C)(3)	19,400.	0.			BBS2025: CONNECTICUT HEALTHY LIVING COLLECTIVE
LAKE WARAMAUG TASK FORCE 50 CEMETARY ROAD WARREN, CT 06754	06-1063687	501(C)(3)	18,917.	0.			2024 GIVE LOCAL CAMPAIGN
GUNN MEMORIAL LIBRARY 5 WYKEHAM ROAD, P.O. BOX 1272 WASHINGTON, CT 06793	06-0691373	501(C)(3)	18,862.	0.			2024 GIVE LOCAL CAMPAIGN
NORTHWEST CONNECTICUT ARTS COUNCIL, INC. - 40 MAIN STREET STE 1 - TORRINGTON, CT 06790	06-1725017	501(C)(3)	18,706.	0.			BBS2025: NORTHWEST CT ARTS COUNCIL (BACKBONE SUPPORT - YEAR 6)

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SALVATION ARMY, THE (WEST NYACK) 440 WEST NYACK ROAD WEST NYACK, NY 10994	13-5562351	501(C)(3)	18,684.	0.			FOR GENERAL PURPOSES FOR WATERBURY, CT BRANCH
WOODBURY PUBLIC LIBRARY 269 MAIN STREET SOUTH WOODBURY, CT 06798		501(C)(3)	18,441.	0.			FOR WOODBURY PUBLIC LIBRARY'S GENERAL PURPOSES
S.M.A.R.T., INC. 58 HURDS HILL ROAD SOUTHURY, CT 06488	30-0665423	501(C)(3)	18,000.	0.			OUTREACH & EDUCATIONAL PROGRAM INITIATIVES 2024
SAFE HAVEN OF GREATER WATERBURY P.O. BOX 1503 WATERBURY, CT 06721	06-0996479	501(C)(3)	17,623.	0.			SAFER COMMUNITIES - GREATER WATERBURY
NORTH SHORE ANIMAL LEAGUE AMERICA 16 LEWYT STREET PORT WASHINGTON, NY 11050	11-1666852	501(C)(3)	16,868.	0.			FOR GENERAL USE AND PURPOSES
PEOPLE FOR THE ETHICAL TREATMENT OF ANIMALS (PETA) - 501 FRONT STREET - NORFOLK, VA 23510	52-1218336	501(C)(3)	16,868.	0.			FOR GENERAL USES AND PURPOSES
GOD PROVIDES MINISTRIES INTERNATIONAL INC. - 1669 THOMASTON AVENUE - WATERBURY, CT 06704	82-3279961	501(C)(3)	16,401.	0.			2024 GIVE LOCAL CAMPAIGN
CENTER FOR HUMAN DEVELOPMENT 332 BIRNIE AVE SPRINGFIELD, MA 01107	04-2503926	501(C)(3)	15,874.	0.			OLDER ADULT NAVIGATION PROJECT
GOODWILL OF WESTERN AND NORTHERN CONNECTICUT INC - 165 OCEAN TER - BRIDGEPORT, CT 06605	06-0662111	501(C)(3)	15,774.	0.			GOODWILL CAREER SERVICES

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BANTAM CINEMA & ARTS CENTER, INC. 115 BANTAM LAKE ROAD P.O. BBOX 262 BANTAM, CT 06750	85-3849864	501(C)(3)	15,722.	0.			2024 GIVE LOCAL CAMPAIGN
WARREN LAND TRUST 50 CEMETERY ROAD WARREN, CT 06754	22-3018018	501(C)(3)	15,272.	0.			2024 GIVE LOCAL CAMPAIGN
WASHINGTON MONTESSORI SCHOOL 240 LITCHFIELD TURNPIKE NEW PRESTON, CT 06777	23-7100723	501(C)(3)	15,225.	0.			2024 GIVE LOCAL CAMPAIGN
POLICE ACTIVITY LEAGUE OF WATERBURY INC. - 64 DIVISION ST. - WATERBURY, CT 06704	20-8262614	501(C)(3)	15,049.	0.			WATERBURY PAL- ADVANCED CULINARY PROGRAM
CONNECTICUT FARMLAND TRUST 77 BUCKINGHAM STREET HARTFORD, CT 06106	32-0007171	501(C)(3)	15,007.	0.			CULTIVATING A STRONGER CONNECTICUT FOR EVERYONE
50CAN, INC. 80 STATE HOUSE SQUARE #230152 HARTFORD, CT 06103	27-3069592	501(C)(3)	15,000.	0.			PARENTS FOR LINGUISTIC AND EDUCATIONAL EQUITY IN GREATER WATERBURY
ASPIRE LIVING & LEARNING INC. 2096 AIRPORT ROAD BARRE, VT 05641	03-0284103	501(C)(3)	15,000.	0.			ASPIRE LIVING & LEARNING ACADEMY (AFTERSCHOOL CHILDCARE PILOT IN NAUGATUCK)
DANBURY HOSPITAL & NEW MILFORD HOSPITAL FOUNDATION, INC. - P.O. BOX 22539 - NEW YORK, NY 10087-2539	23-7425557	501(C)(3)	15,000.	0.			DAF - RAG FUND
GREATER WATERBURY INTERFAITH MINISTRIES, INC. - 770 EAST MAIN STREET - WATERBURY, CT 06702	06-0658070	501(C)(3)	15,000.	0.			GREATER WATERBURY INTERFAITH MINISTRIES, INC. FEEDING PROGRAMS

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GRIFFIN HOSPITAL 130 DIVISION STREET DERBY, CT 06418	06-0647014	501(C)(3)	15,000.	0.			BBS2024: VALLEY COUNCIL FOR HEALTH & HUMAN SERVICES
HEALING MEALS FOUNDATION CORPORATION - P.O. BOX 7223 - BLOOMFIELD, CT 06002	47-5464291	501(C)(3)	15,000.	0.			HEALTHY MEALS FOR NEIGHBORS IN CRISIS
OPERATION FUEL, INC. 75 CHARTER OAK AVENUE, SUITE 1-300 HARTFORD, CT 06106	06-1253091	501(C)(3)	15,000.	0.			EMERGENCY ENERGY ASSISTANCE FOR GREATER WATERBURY AND THE LITCHFIELD HILLS
TOWN OF WOLCOTT 10 KENEA AVENUE WOLCOTT, CT 06716	06-6002140	GOVERNMENT	15,000.	0.			STAYING ACTIVE THROUGH EXERCISE
UNITED WAY OF CONNECTICUT 1344 SILAS DEANE HIGHWAY ROCKY HILL, CT 06067	06-1084194	501(C)(3)	15,000.	0.			CHILD TAX CREDIT: ADVOCACY
WESTERN CONNECTICUT AREA AGENCY ON AGING, INC. - 84 PROGRESS LANE - WATERBURY, CT 06705	06-1182488	501(C)(3)	15,000.	0.			WESTERN CT AREA AGENCY ON AGING, INC.
WATERBURY BALLET COMPANY 1255 MIDDLEBURY ROAD MIDDLEBURY, CT 06762-2333	06-1228091	501(C)(3)	14,588.	0.			2024 GIVE LOCAL CAMPAIGN
ARTS FOR LEARNING CONNECTICUT 1 EVERGREEN AVE, SUITE 33 HAMDEN, CT 06518	06-1009470	501(C)(3)	14,500.	0.			"EXPRESS YOURSELF": AFTERSCHOOL LEARNING AT KINGSBURY
HOUSATONIC VALLEY ASSOCIATION P.O. BOX 28, 150 KENT ROAD CORNWALL BRIDGE, CT 06754	06-6049295	501(C)(3)	14,132.	0.			2024 GIVE LOCAL CAMPAIGN

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NORTHWEST CONNECTICUT LAND CONSERVANCY - P.O. BOX 821 - KENT, CT 06757	06-6082034	501(C)(3)	14,081.	0.			2024 GIVE LOCAL CAMPAIGN
BRASS CITY GAMERS TOURNAMENT 26 ARON AVE WATERBURY, CT 06708	47-5008696	501(C)(3)	13,940.	0.			WEBSITE DESIGN AND REBRANDING
WHITE MEMORIAL CONSERVATION CENTER P.O. BOX 368 LITCHFIELD, CT 06759-0368	06-6065807	501(C)(3)	13,262.	0.			2024 GIVE LOCAL CAMPAIGN
PRIME TIME HOUSE 836 MAIN STREET TORRINGTON, CT 06790	22-2719755	501(C)(3)	13,250.	0.			2024 GIVE LOCAL CAMPAIGN
THE HEALTH COLLECTIVE P.O. BOX 2094 HARTFORD, CT 06145	06-1172441	501(C)(3)	12,960.	0.			TRUE COLORS SEXUAL ORIENTATION AND GENDER IDENTITY AND EXPRESSION CONFERENCE (SOGIECON)
MIDDLEBURY LAND TRUST, INC. P.O. BOX 139 MIDDLEBURY, CT 06762	23-7050688	501(C)(3)	12,705.	0.			DAF - SALEM FOUNDATION FUND
SOUTHBURY LAND TRUST P.O. BOX 600, 69 1/2 BENNETT SQUARE SOUTHBURY, CT 06488	06-0977326	501(C)(3)	12,534.	0.			2024 GIVE LOCAL CAMPAIGN
KIDSPLAY CHILDREN'S MUSEUM 61 MAIN STREET TORRINGTON, CT 06790	45-4928276	501(C)(3)	12,331.	0.			2024 GIVE LOCAL CAMPAIGN
CAMELLA'S CUPBOARD P.O. BOX 1771 NEW MILFORD, CT 06776	83-2491257	501(C)(3)	12,017.	0.			2024 GIVE LOCAL CAMPAIGN

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CAREER RESOURCES, INC. 1000 LAFAYETTE BLVD, SUITE 303 BRIDGEPORT, CT 06604	06-1427945	501(C)(3)	12,000.	0.			STRIVE WATERBURY PROGRAM
CITY OF WATERBURY 235 GRANT STREET WATERBURY, CT 06702	06-6001900	501(C)(3)	12,000.	0.			THE WATERBURY SENIOR CENTER - AGELESS ESCAPES AND FITNESS PROGRAM
CHILDREN'S CENTER OF NEW MILFORD, INC. - 11A ASPETUCK AVENUE - NEW MILFORD, CT 06776	23-7137832	501(C)(3)	11,846.	0.			2024 GIVE LOCAL CAMPAIGN
GRACE BAPTIST CHURCH OF WATERBURY 65 KINGSBURY STREET WATERBURY, CT 06702	06-6063268	501(C)(3)	11,790.	0.			BRASS SITE GRANT (2024-2025)
GAYLORD HOSPITAL, INC. 50 GAYLORD FARM ROAD, P.O. BOX 400 WALLINGFORD, CT 06492-7048	06-0646649	501(C)(3)	11,655.	0.			FOR GENERAL SUPPORT
JANE DOE NO MORE 203 CHURCH STREET REAR NAUGATUCK, CT 06770	61-1525250	501(C)(3)	11,331.	0.			2024 GIVE LOCAL CAMPAIGN
WINNING WAYS 279 N. MAIN ST BRANFORD, CT 06405	81-4056668	501(C)(3)	11,000.	0.			THE WINNING CIRCLE SERIES
BRIDGEWATER LIBRARY ASSOCIATION 62 MAIN STREET SOUTH BRIDGEWATER, CT 06752	06-6044812	501(C)(3)	10,707.	0.			2024 GIVE LOCAL CAMPAIGN
LITCHFIELD LAND TRUST P.O. BOX 712 LITCHFIELD, CT 06759-3509	23-7002462	501(C)(3)	10,623.	0.			2024 GIVE LOCAL CAMPAIGN

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LITERACY VOLUNTEERS ON THE GREEN, INC. - 7 WHITTLESEY AVENUE, P.O. BOX 366 - NEW MILFORD, CT 06776	26-2018636	501(C)(3)	10,618.	0.			2024 GIVE LOCAL CAMPAIGN
PHOENIX STAGE COMPANY 133 MAIN STREET OAKVILLE, CT 06779	27-4966816	501(C)(3)	10,587.	0.			2024 GIVE LOCAL CAMPAIGN
LITCHFIELD PERFORMING ARTS P.O. BOX 69 LITCHFIELD, CT 06759	06-1083202	501(C)(3)	10,527.	0.			2024 GIVE LOCAL CAMPAIGN
FRIENDS OF THE RIVERSIDE CEMETERY, INC. - P.O. BOX 826 - WATERBURY, CT 06720	84-1989959	501(C)(3)	10,333.	0.			2024 GIVE LOCAL CAMPAIGN
WARNER THEATRE P.O. BOX 1012 TORRINGTON, CT 06790	06-1048713	501(C)(3)	10,062.	0.			2024 GIVE LOCAL CAMPAIGN
ADVANCING CONNECTICUT TOGETHER INC 110 BARTHOLOMEW AVE STE 4020, SUITE HARTFORD, CT 03050	22-3014883	501(C)(3)	10,000.	0.			EXPANDING THE RETURNING CITIZENS PROGRAM IN GREATER WATERBURY
BUILT 4 SUCCESS INC. 131 BEECH STREET WATERBURY, CT 06704	84-4833605	501(C)(3)	10,000.	0.			KIDS RISE UP COMMUNITY ENHANCEMENT
CATHOLIC ACADEMY OF WATERBURY 386 ROBINWOOD ROAD WATERBURY, CT 06708	82-4025322	501(C)(3)	10,000.	0.			IMMACULATE FROM SMITH FUND
CHILDREN'S LAW CENTER OF CONNECTICUT - 30 ARBOR STREET, 4TH FL. NORTH - HARTFORD, CT 06106	06-1381700	501(C)(3)	10,000.	0.			LEGAL REPRESENTATION PROGRAM

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CHORE SERVICE INC P.O. BOX 522 LAKEVILLE, CT 06039	51-0416899	501(C)(3)	10,000.	0.			CHORE SERVICE/LITCHFIELD HILLS MERGER
CHRYSALIS CENTER, INC. 255 HOMESTEAD AVENUE HARTFORD, CT 06112	06-0986069	501(C)(3)	10,000.	0.			ADVANCING COMMUNITY SUPPORTIVE HOUSING IN WATERBURY AREA
CITY YOUTH THEATER 42 MOUNTAIN LAUREL DRIVE WATERBURY, CT 06704	85-0778640	501(C)(3)	10,000.	0.			SUMMER MUSIC AND THEATER CAMP & FALL PROGRAMMING
CLEAN WATER FUND P.O. BOX 92 CROMWELL, CT 06416	52-1043444	501(C)(3)	10,000.	0.			WATERBURY HOME ENERGY ACTION CAMPAIGN
COMMUNITY PARTNERS IN ACTION INC. 110 BARTHOLOMEW AVE, SUITE 3010 HARTFORD, CT 06106	06-0646592	501(C)(3)	10,000.	0.			GREATER WATERBURY REENTRY WELCOME CENTER
CONNECTICUT FAIR HOUSING CENTER 60 POPIELUSZKO COURT HARTFORD, CT 06106	06-1453727	501(C)(3)	10,000.	0.			GREATER WATERBURY HOUSING EDUCATION & OUTREACH
CONNECTICUT FOODSHARE 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	06-1063025	501(C)(3)	10,000.	0.			EQUITABLE HUNGER SOLUTIONS
CONNECTICUT FOUNDATION FOR DENTAL OUTREACH - 835 WEST QUEEN STREET - SOUTHTONINGTON, CT 06489	26-1437861	501(C)(3)	10,000.	0.			CONNECTICUT MISSION OF MERCY FREE DENTAL CLINIC (CTMOM)
CONNECTICUT VOICES FOR CHILDREN 33 WHITNEY AVE STE 1 NEW HAVEN, CT 06510-1295	06-1435280	501(C)(3)	10,000.	0.			AFFORDABLE HOUSING & EVICTION MITIGATION ADVOCACY

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FRIENDS OF THE THOMASTON OPERA HOUSE - P.O. BOX 455 - THOMASTON, CT 06787	37-1608158	501(C)(3)	10,000.	0.			DAF - CARLSON FUND
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
HOUSATONIC HABITAT FOR HUMANITY 51 AUSTIN STREET DANBURY, CT 06810	06-1326389	501(C)(3)	10,000.	0.			AGING IN PLACE 2025
MOSAIC COALITION INC 358 MAIN STREET DANBURY, CT 06810	99-4444097	501(C)(3)	10,000.	0.			MOSAIC SENIOR EMPOWERMENT PROGRAM: PROMOTING HEALTHY AND ENGAGED AGING IN CONNECTICUT
PRO BONO PARTNERSHIP 237 MAMARONECK AVENUE, SUITE 300 WHITE PLAINS, NY 10605	06-1264823	501(C)(3)	10,000.	0.			PRO BONO LEGAL SERVICES TO NONPROFITS WITHIN THE CCF SERVICE AREA
REACH OUT AND READ INC. 89 SOUTH STREET, SUITE 201 BOSTON, MA 02111	04-3481253	501(C)(3)	10,000.	0.			REACH OUT AND READ GREATER WATERBURY
SAINT MARY'S HOSPITAL FOUNDATION P.O. BOX 320635 HARTFORD, CT 06132-9901	22-2528400	501(C)(3)	10,000.	0.			DAF - SMITH FUND 11.25.24
SIMPLY SMILES INC. 1771 POST ROAD EAST WESTPORT, CT 06880	56-2332922	501(C)(3)	10,000.	0.			DAF - SMITH FUND 2024
THE MCDAVID GROUP CHARITIES INC. 1 MAIN STREET, STE 202 TEQUESTA, FL 33469	81-3958709	501(C)(3)	10,000.	0.			DAF - SMITH FUND

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THE PEOPLE'S PLACE P.O. BOX 3022 WATERBURY, CT 06705	93-3978870	501(C)(3)	10,000.	0.			TECHNOLOGY SUPPORT
UNIVERSITY OF BRIDGEPORT INC 126 PARK AVENUE BRIDGEPORT, CT 06604	86-1274088	501(C)(3)	10,000.	0.			STEM ON WHEELS BUS
LITTLE BRITCHES THERAPEUTIC RIDING P.O. BOX 120 WOODBURY, CT 06798	06-1342553	501(C)(3)	9,967.	0.			2024 GIVE LOCAL CAMPAIGN
BETHLEHEM LAND TRUST P.O. BOX 322 BETHLEHEM, CT 06751-0322	06-1026586	501(C)(3)	9,890.	0.			FOR BETHLEHEM LAND TRUST FROM SHERLOCK FUND
WATERTOWN LAND TRUST P.O. BOX 382 WATERTOWN, CT 06795-0382	23-7383726	501(C)(3)	9,890.	0.			FOR WATERTOWN LAND TRUST FROM SHERLOCK FUND
CONNECTICUT LEAGUE OF MUSEUMS 1615 STANLEY STREET NEW BRITAIN, CT 06050	06-6108671	501(C)(3)	9,724.	0.			2024 GIVE LOCAL CAMPAIGN
WASHINGTON FRIENDS OF MUSIC P.O. BOX 1284 WASHINGTON, CT 06793	47-5034272	501(C)(3)	9,388.	0.			2024 GIVE LOCAL CAMPAIGN
SOUTHBURY FOOD BANK P.O. BOX 68 SOUTHBURY, CT 06488	22-3018164	501(C)(3)	9,171.	0.			2024 GIVE LOCAL CAMPAIGN
COMMUNITY HEALTH AND WELLNESS CENTER - 469 MIGEON AVENUE - TORRINGTON, CT 06790	56-2286940	501(C)(3)	9,000.	0.			COMMUNITY FOOD CLOSET

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LOVE146 85 WILLOW ST, BLDG 7 #1B NEW HAVEN, CT 06511	20-1168284	501(C)(3)	9,000.	0.			CONNECTICUT SURVIVOR CARE PROGRAM
NORTHWESTERN COMMUNITY COLLEGE FOUNDATION (GRANTS) - PARK PLACE EAST - WINSTED, CT 06098	06-1044425	501(C)(3)	9,000.	0.			WEB AND BRAND DEVELOPMENT
INSTITUTE FOR AMERICAN INDIAN STUDIES - 38 CURTIS ROAD - WASHINGTON, CT 06793	23-7124597	501(C)(3)	8,977.	0.			2024 GIVE LOCAL CAMPAIGN
BANTAM LAKE PROTECTIVE ASSOCIATION P.O. BOX 37 MORRIS, CT 06763	06-1312754	501(C)(3)	8,806.	0.			2024 GIVE LOCAL CAMPAIGN
RIPLEY WATERFOWL CONSERVANCY 55 DUCK POND ROAD LITCHFIELD, CT 06759	51-0280202	501(C)(3)	8,797.	0.			2024 GIVE LOCAL CAMPAIGN
CENTER FOR CHILDREN'S ADVOCACY INC. - 65 ELIZABETH STREET - HARTFORD, CT 06105	06-1489575	501(C)(3)	8,389.	0.			WATERBURY CHILDREN AND YOUTH ADVOCACY PROJECT
ACTS 4 MINISTRY 1713 THOMASTON AVENUE WATERBURY, CT 06704	20-3676244	501(C)(3)	8,268.	0.			2024 GIVE LOCAL CAMPAIGN
PRATT NATURE CENTER 163 PAPER MILL ROAD NEW MILFORD, CT 06776	06-0873675	501(C)(3)	8,188.	0.			2024 GIVE LOCAL CAMPAIGN
THE CENTER FOR EMPOWERMENT AND EDUCATION - 2 WEST STREET - DANBURY, CT 06810	06-0983819	501(C)(3)	8,075.	0.			DOMESTIC VIOLENCE AND SEXUAL ASSAULT DIRECT SERVICES

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ANN'S PLACE 80 SAW MILL ROAD DANBURY, CT 06877	22-3181832	501(C)(3)	8,000.	0.			(HB) EXPANDING SERVICES FOR HEALTH EQUITY INITIATIVE CANCER CLIENTS
NAUGATUCK VALLEY SOUP KITCHEN P.O. BOX 1866 NAUGATUCK, CT 06770	85-0713013	501(C)(3)	8,000.	0.			MEAL DELIVERY PROGRAM - ONGOING
WESTOVER SCHOOL 1237 WHITTEMORE ROAD MIDDLEBURY, CT 06762	06-0646961	501(C)(3)	8,000.	0.			WORLD LEADERSHIP SCHOOL - PUERTO RICO
HARTFORD HEALTHCARE AT HOME (WATERTOWN OFFICE) - 680 MAIN STREET, SUITE 300 - WATERTOWN, CT 06795		501(C)(3)	7,983.	0.			TO BE USED TOWARD A VISITING NURSE'S SALARY IN WATERBURY
CHRIST CHURCH, EPISCOPAL P.O. BOX 4 ROXBURY, CT 06783		RELIGIOUS	7,908.	0.			TO SUPPORT THE PARISH CHURCH, RECTORY AND OTHER FACILITIES; THE COLUMBARIUM; AND THE
LITCHFIELD MONTESSORI SCHOOL 5 KNIFE SHOP ROAD NORTHFIELD, CT 06778	23-7320463	501(C)(3)	7,814.	0.			2024 GIVE LOCAL CAMPAIGN
COMMUNITY SERVICES COUNCIL OF WOODBURY - P.O. BOX 585 - WOODBURY, CT 06798	22-3186254	501(C)(3)	7,778.	0.			2024 GIVE LOCAL CAMPAIGN
GOSHEN LAND TRUST 16 MILL STREET, P.O. BOX 501 GOSHEN, CT 06756	06-1030299	501(C)(3)	7,633.	0.			2024 GIVE LOCAL CAMPAIGN
ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC. - 200 EXECUTIVE BLVD, STE 4-B - SOUTHINGTON, CT 06489	13-3039601	501(C)(3)	7,500.	0.			DEMENTIA CAREGIVER EDUCATION AND SUPPORT

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ARTS & CULTURE COLLABORATIVE OF THE WATERBURY REGION - 83 BANK STREET, 4TH FLOOR - WATERBURY, CT 06702	06-1074917	501(C)(3)	7,500.	0.			BBS2025: ACC BACKBONE SUPPORT IN SERVING THE ARTS COMMUNITY
COMMUNITY SOLUTIONS, INC. 175 ADDISON ROAD, SUITE 3 WINDSOR, CT 06095	06-1580562	501(C)(3)	7,500.	0.			COMING HOME - COMMUNITY REINTEGRATION ASSISTANCE FOR RETURNING CITIZENS
HEALTH EQUITY SOLUTIONS 53 OAK STREET HARTFORD, CT 06106	46-5011055	501(C)(3)	7,500.	0.			HEALING THROUGH POLICIES
WATERBURY YOUTH SERVICES, INC. (MERGED W/ YMCA) - 136 W MAIN STREET - WATERBURY, CT 06702	06-1219372	501(C)(3)	7,500.	0.			CHILD ADVOCACY CENTER (CAC) BRIDGING COMPONENT
RIVERS ALLIANCE OF CONNECTICUT, INC. - 7 WEST ST., 2ND FLOOR, P.O. BOX 1797 - LITCHFIELD, CT 06759	06-1361719	501(C)(3)	7,414.	0.			2024 GIVE LOCAL CAMPAIGN
OLIVER WOLCOTT LIBRARY, INC. P.O. BOX 187 LITCHFIELD, CT 06759	06-0709304	501(C)(3)	7,356.	0.			2024 GIVE LOCAL CAMPAIGN
MENTAL HEALTH CONNECTICUT 76 BATTERSON PARK RD #303 FARMINGTON, CT 06032	06-0646593	501(C)(3)	7,273.	0.			2025 WATERBURY NUTRITION EDUCATION & FOOD PROGRAM
COVENANT TO CARE FOR CHILDREN 1477 PARK STREET, SUITE 2A HARTFORD, CT 06106	06-1241044	501(C)(3)	7,000.	0.			BASIC ESSENTIAL GOODS FOR CHILDREN
FAMILY & CHILDREN'S AID, INC. 75 WEST STREET DANBURY, CT 06810	06-0888719	501(C)(3)	7,000.	0.			PROVIDING ACCESS TO QUALITY BEHAVIORAL HEALTH CARE FOR CHILDREN AND FAMILIES IN GREATER

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MAKE OVER 2710 INC 80 SPRUCEDALE DRIVE WATERBURY, CT 06706	86-1900426	501(C)(3)	7,000.	0.			DREAM WARRIORS
SOUTHBURY PUBLIC LIBRARY 100 POVERTY ROAD SOUTHBURY, CT 06488	06-6002089	501(C)(3)	6,920.	0.			TO SUPPORT THE OPERATIONS OF THE LIBRARY
PARTNERS FOR SUSTAINABLE HEALTHY COMMUNITIES - P.O. BOX 607 - LITCHFIELD, CT 06759	30-0401605	501(C)(3)	6,752.	0.			2024 GIVE LOCAL CAMPAIGN
LOAVES & FISHES HOSPITALITY HOUSE 40 MAIN STREET NEW MILFORD, CT 06776	22-2544673	501(C)(3)	6,618.	0.			2024 GIVE LOCAL CAMPAIGN
NAUGATUCK RIVER REVIVAL GROUP 132 RADNOR AVENUE NAUGATUCK, CT 06770	35-2334025	501(C)(3)	6,599.	0.			2024 GIVE LOCAL CAMPAIGN
MCCALL BEHAVIORAL HEALTH NETWORK 58 HIGH STREET TORRINGTON, CT 06790	06-0961756	501(C)(3)	6,545.	0.			2024 GIVE LOCAL CAMPAIGN
COMMUNITY SYSTEMS, INC. 295 ALVORD PARK ROAD TORRINGTON, CT 06790	06-1209941	501(C)(3)	6,291.	0.			2024 GIVE LOCAL CAMPAIGN
FISH/FRIENDS IN SERVICE TO HUMANITY OF NW CT - 332 SOUTH MAIN STREET - TORRINGTON, CT 06790	06-0878637	501(C)(3)	6,237.	0.			2024 GIVE LOCAL CAMPAIGN
ARCHDIOCESE OF HARTFORD 467 BLOOMFIELD AVE BLOOMFIELD, CT 06002	06-0646669	501(C)(3)	6,200.	0.			DAF - BOULIER FUND

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WOODBURY-BETHLEHEM COMMUNITY MUSIC FOUNDATION INC. - P.O. BOX 820 - WOODBURY, CT 06798	83-0427784	501(C)(3)	6,113.	0.			2024 GIVE LOCAL CAMPAIGN
NEW MILFORD REFUGEE RESETTLEMENT 321 LONG MOUNTAIN RD NEW MILFORD, CT 06776	87-1767376	501(C)(3)	6,045.	0.			2024 GIVE LOCAL CAMPAIGN
SAINT MARY'S HOSPITAL 56 FRANKLIN STREET WATERBURY, CT 06706	06-0646844	501(C)(3)	6,044.	0.			FOR RESEARCH FELLOWSHIPS THROUGH THE YALE RESIDENCY PROGRAM
GOSHEN COMMUNITY CARE, INC. 5 OLD MIDDLE STREET, P.O. BOX 202 GOSHEN, CT 06756	06-1198075	501(C)(3)	6,000.	0.			SENIOR PROGRAMS
MOUNT OLIVE A.M.E. ZION SENIOR CITIZENS CENTER, INC - 82-100 PEARL STREET - WATERBURY, CT 06704	22-3092504	501(C)(3)	6,000.	0.			BRASS SITE GRANT (2024-2025)
ST. MARGARET WILLOW PLAZA NRZ 60 ELMWOOD AVENUE WATERBURY, CT 06710	30-0196431	501(C)(3)	6,000.	0.			BRASS SITE GRANT (2024-2025)
WATERBURY SENIOR CENTER 1985 EAST MAIN STREET, BLDG 2 WATERBURY, CT 06705	06-6001900	GOVERNMENT	6,000.	0.			BRASS SITE GRANT (2024 - 2025)
CAROLYN'S PLACE 137 GRANDVIEW AVENUE WATERBURY, CT 06708	06-1346029	501(C)(3)	5,935.	0.			2024 GIVE LOCAL CAMPAIGN
GOSHEN PLAYERS P.O. BOX 63 GOSHEN, CT 06756-0063	22-2775679	501(C)(3)	5,823.	0.			2024 GIVE LOCAL CAMPAIGN

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BRASS CITY CHARTER SCHOOL 212 CHESTNUT AVENUE WATERBURY, CT 06710	46-2366321	501(C)(3)	5,787.	0.			2024 GIVE LOCAL CAMPAIGN
TORRINGTON HISTORICAL SOCIETY 192 MAIN STREET TORRINGTON, CT 06790	06-0725798	501(C)(3)	5,721.	0.			2024 GIVE LOCAL CAMPAIGN
REGIONAL PLAN ASSOCIATION, INC ONE WHITEHALL ST, 16TH FLOOR NEW YORK, NY 10004	13-1624154	501(C)(3)	5,500.	0.			BUILDING TRANSIT-ORIENTED COMMUNITIES (NAUGATUCK & BEACON FALLS)
WHEELS PROGRAM OF GREATER NEW MILFORD - 40 MAIN STREET - NEW MILDORF, CT 06776	47-5673921	501(C)(3)	5,500.	0.			TECHNOLOGY AND COMMUNICATIONS REQUEST SUPPORTING RIDERSHIP
NUTMEG CONSERVATORY FOR THE ARTS 58 MAIN ST. TORRINGTON, CT 06790	23-7396180	501(C)(3)	5,431.	0.			2024 GIVE LOCAL CAMPAIGN
WASHINGTON SCHOLARSHIP FUND P.O. BOX 243 WASHINGTON DEPOT, CT 06794	46-2433377	501(C)(3)	5,373.	0.			2024 GIVE LOCAL CAMPAIGN
FRIENDS OF THE LITCHFIELD COMMUNITY GREENWAY - P.O. BOX 778 - LITCHFIELD, CT 06759	46-3352284	501(C)(3)	5,365.	0.			2024 GIVE LOCAL CAMPAIGN
THEATREWORKS NEW MILFORD 5 BROOKSIDE AVENUE, P.O. BOX 836 NEW MILFORD, CT 06776	06-6103835	501(C)(3)	5,251.	0.			2024 GIVE LOCAL CAMPAIGN
TYLER LAKE PROTECTIVE ASSOCIATION P.O. BOX 507 GOSHEN, CT 06756	81-4036933	501(C)(3)	5,125.	0.			2024 GIVE LOCAL CAMPAIGN

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MORRIS LAND TRUST P.O. BOX 31 MORRIS, CT 06763	35-2286224	501(C)(3)	5,109.	0.			2024 GIVE LOCAL CAMPAIGN
SOCIAL CHASE INC P.O. BOX 4441 WATERBURY, CT 06704	92-2350519	501(C)(3)	5,100.	0.			4TH FREE EDUCATION AND AWARENESS FORUM
WHISKERS PET RESCUE INC. 134 MAIN ST S SOUTHBURY, CT 06488-2269	47-4357003	501(C)(3)	5,012.	0.			2024 GIVE LOCAL CAMPAIGN

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	129	1,095,556.	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: 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

NAME OF ORGANIZATION OR GOVERNMENT:

WATERBURY BRIDGE TO SUCCESS COMMUNITY PARTNERSHIP, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PRENATAL SPARKLER - A PREVENTATIVE APPROACH TO IMPROVING THE DEVELOPMENT AND HEALTH OF BABIES AND BIRTHERS.

NAME OF ORGANIZATION OR GOVERNMENT: SILAS BRONSON LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ACQUIRE BOOKS AND OTHER RESOURCES

Part IV	Supplemental Information
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TO BE USED BY THE PUBLIC. NOT FOR ADMINISTRATIVE EXPENSES OF THE LIBRARY.

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.

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY & CHILDREN'S AID, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDING ACCESS TO QUALITY BEHAVIORAL HEALTH CARE FOR CHILDREN AND FAMILIES IN GREATER WATERBURY

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

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

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</div></div>		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the 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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	<input checked="" type="checkbox"/>
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>
c Participate in or receive payment from an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	<input checked="" type="checkbox"/>
b Any related organization?	5b	<input checked="" type="checkbox"/>
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	<input checked="" type="checkbox"/>
b Any related organization?	6b	<input checked="" type="checkbox"/>
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2024

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Complete if the organizations answered "Yes" on Form 990, Part IV, line 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	Employer identification number
THE CONNECTICUT COMMUNITY FOUNDATION	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	8	2,442,329. 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	0
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30a	During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	Yes	No
30a			X
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

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Name of the organization THE CONNECTICUT COMMUNITY FOUNDATION	Employer identification number 06-6038074
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CULTIVATING EFFECTIVE LEADERS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
LOCAL RESIDENTS, SUPPORTS EFFORTS TO IMPROVE SYSTEMS TO FOSTER MORE
EQUITABLE OUTCOMES FOR RESIDENTS, STRENGTHENS LOCAL ORGANIZATIONS
THROUGH LEARNING AND OUTREACH, AND WORKS WITH INDIVIDUALS, FAMILIES AND
CORPORATIONS TO STEWARD CHARITABLE AND SCHOLARSHIP FUNDS.

FORM 990, PART VI, SECTION A, LINE 1A:
THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE OFFICERS OF THE CORPORATION
AND AT LEAST ONE ADDITIONAL TRUSTEE DESIGNATED BY THE BOARD OF TRUSTEES.
THE CHAIR OF THE BOARD SERVES AS CHAIR OF THE COMMITTEE. THE EXECUTIVE
COMMITTEE SHALL ACT AS THE EXECUTIVE COMPENSATION COMMITTEE AND THE FINANCE
COMMITTEE. DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF TRUSTEES,
THE EXECUTIVE COMMITTEE SHALL EXERCISE ALL THE POWERS OF THE BOARD OF
TRUSTEES IN THE MANAGEMENT OF THE PROPERTY AND REGULATION OF THE AFFAIRS OF
THE CORPORATION TO THE EXTENT PROVIDED BY THE ACT, AND PROVIDED THAT THE
EXECUTIVE COMMITTEE SHOULD NOT HAVE THE POWER TO ACT ON FUNDAMENTAL TRUSTEE
MATTERS, REVERSE ACTIONS OF THE BOARD OF TRUSTEES OR EXPEND ANY FUNDS NOT
IN ACCORDANCE WITH THE CORPORATION'S APPROVED BUDGET. ALL ACTIONS TAKEN BY
THE EXECUTIVE COMMITTEE SHALL BE REPORTED TO THE BOARD AT ITS NEXT MEETING
SUCCEEDING SUCH ACTION AND SHALL BE SUBJECT TO CONTROL, REVISION AND
ALTERATION BY THE BOARD, PROVIDED THAT NO RIGHTS OF THIRD PERSONS SHALL BE
PREJUDICIALLY AFFECTED THEREBY; AND SHALL CARRY OUT ADDITIONAL DUTIES IN
ACCORDANCE WITH THE BOARD APPROVED COMMITTEE CHARTER.

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

FORM 990, PART VI, SECTION A, LINE 7A:
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, THE BY-LAWS, AND THE ACT. IN ORDER
TO QUALIFY AS A MEMBER, A MEMBER OF THE CORPORATION SHALL MEET ANY OF THE
FOLLOWING REQUIREMENTS:

(A) AN INDIVIDUAL, WHO IS A FUND FOUNDER AND MAINTAINS A CERTAIN MINIMUM IN
HIS OR HER FUND AS OF THE BEGINNING OF THE FOUNDATION'S FISCAL YEAR, AND
SUCH INDIVIDUAL'S SPOUSE;

(B) AN INDIVIDUAL, WHO HAS INCLUDED THE FOUNDATION AS A BENEFICIARY IN A
PLANNED GIFT OR WILL AND HAS AGREED TO BE A LEGACY SOCIETY MEMBER WITH THE
FOUNDATION;

(C) AN INDIVIDUAL HOLDING A POSITION DESCRIBED IN THE FUND AGREEMENT OR
OTHER DOCUMENT AS THE REPRESENTATIVE FOR FUNDS ESTABLISHED BY CORPORATIONS
OR ORGANIZATIONS THAT MAINTAIN A MINIMUM IN THEIR FUNDS AS OF THE BEGINNING
OF THE FOUNDATION'S FISCAL YEAR;

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

(D) AN INDIVIDUAL WHO CONTRIBUTES, IN A GIVEN YEAR, AN AMOUNT EQUAL TO THAT REQUIRED FOR THE ESTABLISHMENT OF A PERMANENT FUND TO ONE OR MORE PERMANENT FUNDS IN A GIVEN YEAR ,AND SUCH INDIVIDUAL'S SPOUSE; OR

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

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

FORM 990, PART VI, SECTION A, LINE 7B:
SECTION 8, ARTICLE 2: VOTING RIGHTS AND REQUIREMENTS-

EACH MEMBER OF THE CORPORATION SHALL BE ENTITLED TO ONE (1) VOTE ON EACH MATTER SUBMITTED TO MEMBERS FOR ACTION. MEMBER ACTION ON ANY MATTER WHATSOEVER SHALL REQUIRE THE AFFIRMATIVE VOTE OF A MAJORITY OF THE MEMBERS OF THE CORPORATION PRESENT AT A MEETING AT WHICH THERE IS A QUORUM, EXCEPT THAT THE FOLLOWING MATTERS (REFERRED TO HEREIN AS THE "FUNDAMENTAL MEMBER MATTERS") SHALL REQUIRE THE AFFIRMATIVE VOTE OF TWO-THIRDS (2/3) OF THE MEMBERS PRESENT AT A MEETING AT WHICH THERE IS A QUORUM:

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

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

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

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

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

SECTION 10 - CONSENTS. MEMBERS SHALL NOT BE PERMITTED TO VOTE BY WRITTEN CONSENT.

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

FORM 990, PART VI, SECTION B, LINE 12C:
EACH STAFF MEMBER AND VOLUNTEER SHALL COMPLETE A CONFLICT OF INTEREST/DUALITY OF INTEREST DISCLOSURE STATEMENT WHEN BEGINNING SERVICE WITH THE FOUNDATION AND ANNUALLY THEREAFTER. THE STATEMENT WILL BE FILED WITH THE PRESIDENT & CEO OF THE FOUNDATION. THE STATEMENT INCLUDES A LIST OF PRINCIPAL BUSINESS ACTIVITIES, AS WELL AS, INVOLVEMENT WITH OTHER CHARITABLE AND BUSINESS ORGANIZATIONS, VENDORS, OR BUSINESS INTERESTS, OR WITH ANY OTHER ASSOCIATIONS THAT MIGHT PRODUCE A CONFLICT OF INTEREST. WHEN A VOLUNTEER OR STAFF IS TO DECIDE UPON AN ISSUE ABOUT WHICH A VOLUNTEER OR STAFF MEMBER HAS AN UNAVOIDABLE CONFLICT OF INTEREST, THAT

SCHEDULE R
(Form 990)

(Rev. January 2025)

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

Open to Public
Inspection

Name of the organization	THE CONNECTICUT COMMUNITY FOUNDATION	Employer identification number	06-6038074
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

[illegible]

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

[illegible]

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) WATERBURY HOSPITAL FOUNDATION	L	239,639.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII	Supplemental Information
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Provide additional information for responses to questions on Schedule R. See instructions.