

# TAX RETURN FILING INSTRUCTIONS

\*\* FORM 990 PUBLIC DISCLOSURE COPY \*\*

FOR THE YEAR ENDING

JUNE 30, 2013

<b>Prepared for</b>	THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC. 383 MAIN STREET NORWALK, CT 06851
<b>Prepared by</b>	O'CONNOR DAVIES, LLP 500 MAMARONECK AVENUE HARRISON, NY 10528-1633
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

Form 990

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

Header section containing organization name (THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.), EIN (06-1083893), address (383 MAIN STREET, NORWALK, CT 06851), principal officer (JUANITA T. JAMES), website (WWW.FCCFOUNDATION.ORG), and form of organization (Corporation).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, member counts, revenue breakdown, and expense breakdown.

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.

Signature block containing signature of officer (JOSEPH BAKER, VP, FINANCE AND ADMINISTRATION), preparer name (GARRETT M. HIGGINS), and firm information (O'CONNOR DAVIES, LLP).

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission: THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, IN PARTNERSHIP WITH FUNDHOLDERS AND DONORS, PROMOTES SMART PHILANTHROPY TO MAKE OUR COMMUNITIES HEALTHY, VIBRANT AND SUPPORTIVE TO ALL. WE SERVE AS A LEADER, ADVISOR AND CATALYST FOR EFFECTIVE PHILANTHROPY, CREATE AND

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

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

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

4a (Code: ) (Expenses \$ 18,688,826. including grants of \$ 18,587,793. ) (Revenue \$ ) GRANTS - THE ORGANIZATION AWARDED AND MADE GRANTS TO 501(C)(3) ORGANIZATIONS TO PROMOTE EDUCATION AND YOUTH DEVELOPMENT, COMMUNITY & ECONOMIC DEVELOPMENT, THE ARTS, HEALTH AND HUMAN SERVICES, THE ENVIRONMENT, AND NONPROFIT CAPACITY BUILDING.

IN FISCAL YEAR 2013, THE ORGANIZATION AWARDED: 607 GRANTS FOR EDUCATION AND YOUTH DEVELOPMENT TOTALING \$7,116,994, 349 GRANTS FOR HEALTH AND HUMAN SERVICES TOTALING \$2,429,243 AND 144 GRANTS FOR THE ARTS TOTALING \$975,063.

4b (Code: ) (Expenses \$ 1,171,932. including grants of \$ ) (Revenue \$ 18,502. ) COMMUNITY LEADERSHIP - FCCF PROMOTES AND SUPPORTS COLLABORATIONS, PARTNERSHIPS AND INITIATIVES TO INCREASE FAMILY ECONOMIC SECURITY, HELP URBAN STUDENTS SUCCEED, EMPOWER GIRLS, AND PROTECT THE LOCAL ENVIRONMENT. FCCF STRENGTHENS FAIRFIELD COUNTY NONPROFITS BY PROVIDING WORKSHOPS, TRAININGS AND TECHNICAL ASSISTANCE TO AGENCIES AND THEIR STAFF & VOLUNTEERS THROUGH THE FOUNDATION'S CENTER FOR NONPROFIT EXCELLENCE. FCCF PROVIDES GRANTS SERVICES, RESEARCH AND EVALUATION - INCLUDING BACKGROUND RESEARCH ON ALL GRANT APPLICATIONS, IDENTIFICATION OF REGIONAL TRENDS IN THE NON-PROFIT SECTOR, CONDUCTING POST-GRANT MONITORING AND EVALUATION, AND RESEARCHING INTEREST AREAS FOR OUR DONOR-ADVISED FUNDHOLDERS. IN ADDITION, THE ORGANIZATION PRODUCES RESEARCH PAPERS ON TOPICS OF INTEREST TO DONORS, COMMUNITY LEADERS AND

4c (Code: ) (Expenses \$ 581,148. including grants of \$ ) (Revenue \$ ) FINANCIAL RESOURCE DEVELOPMENT - THE ORGANIZATION INCREASES LOCAL PHILANTHROPY TO PROVIDE A STRONG BASE OF SUPPORT FOR FAIRFIELD COUNTY NON-PROFIT ORGANIZATIONS NOW AND IN THE FUTURE.

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

4e Total program service expenses 20,441,906.

THE FAIRFIELD COUNTY COMMUNITY  
FOUNDATION, INC.

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**Part IV Checklist of Required Schedules**

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

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Form **990** (2012)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response to any question in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 32		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	<b>1c</b>		
<b>2a</b>	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		
	<b>2a</b> 25		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
<b>4a</b>	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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	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?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

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

Check if Schedule O contains a response to any question in this Part VI  **X**

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 21 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent ..... <b>1b</b> 21		
<b>2</b>	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? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		<input checked="" type="checkbox"/> <b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		<input checked="" type="checkbox"/> <b>X</b>
<b>6</b>	Did the organization have members or stockholders? .....		<input checked="" type="checkbox"/> <b>X</b>
<b>7a</b>	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? .....		<input checked="" type="checkbox"/> <b>X</b>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		<input checked="" type="checkbox"/> <b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		<input checked="" type="checkbox"/> <b>X</b>

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		<input checked="" type="checkbox"/> <b>X</b>
<b>b</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? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>13</b>	Did the organization have a written whistleblower policy? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official .....	<input checked="" type="checkbox"/> <b>X</b>	
<b>b</b>	Other officers or key employees of the organization .....	<input checked="" type="checkbox"/> <b>X</b>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		<input checked="" type="checkbox"/> <b>X</b>
<b>b</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? .....		

**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 (or 1024 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 in Schedule O)
- 19** Describe in 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, physical address, and telephone number of the person who possesses the books and records of the organization: **▶** \_\_\_\_\_  
**JOSEPH BAKER, VP OF FINANCE & ADMIN - 203-750-3200**  
**C/O 383 MAIN AVENUE, NORWALK, CT 06851-1543**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) SHEILA PERRIN BOARD CHAIR	7.00	X		X				0.	0.	0.
(2) VICKI CRAVER BOARD VICE CHAIR	3.00	X		X				0.	0.	0.
(3) RONALD NOREN BOARD TREASURER	2.00	X		X				0.	0.	0.
(4) JOHN CHIOTA BOARD SECRETARY	2.00	X		X				0.	0.	0.
(5) BERNICESTINE BAILEY BOARD MEMBER	1.00	X						0.	0.	0.
(6) EDGAR BARKSDALE BOARD MEMBER	3.00	X						0.	0.	0.
(7) ABELARDO S. CURDUMI BOARD MEMBER	2.00	X						0.	0.	0.
(8) AMY DOWNER BOARD MEMBER	2.00	X						0.	0.	0.
(9) MARY-JANE FOSTER BOARD MEMBER	1.00	X						0.	0.	0.
(10) JOHN FREEMAN BOARD MEMBER	1.00	X						0.	0.	0.
(11) W. MICHAEL FUNCK BOARD MEMBER	2.00	X						0.	0.	0.
(12) ROBERT GRAHAM BOARD MEMBER	0.50	X						0.	0.	0.
(13) BRUCE HUBLER BOARD MEMBER	4.00	X						0.	0.	0.
(14) JAMES HIMES BOARD MEMBER	1.00	X						0.	0.	0.
(15) ALLAN JAY BOARD MEMBER	1.00	X						0.	0.	0.
(16) GARY KRAUT BOARD MEMBER	2.00	X						0.	0.	0.
(17) LA TANYA LANGLEY BOARD MEMBER	0.30	X						0.	0.	0.



THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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) JANET LEBOVITZ BOARD MEMBER	2.00	X						0.	0.	0.
(19) MAUREEN LINDER BOARD MEMBER	1.00	X						0.	0.	0.
(20) MARTIN MCCANN BOARD MEMBER	1.00	X						0.	0.	0.
(21) LIZANNE MEGRUE BOARD MEMBER	4.00	X						0.	0.	0.
(22) JACQUELINE MILLAN BOARD MEMBER	3.00	X						0.	0.	0.
(23) JONATHAN MOFFLY BOARD MEMBER	1.00	X						0.	0.	0.
(24) PETER MOTT BOARD MEMBER	3.00	X						0.	0.	0.
(25) M. SUZETTE RECINOS BOARD MEMBER	1.00	X						0.	0.	0.
(26) JANET STEINMAYER BOARD MEMBER	2.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								700,078.	0.	69,245.
<b>d Total (add lines 1b and 1c)</b>								700,078.	0.	69,245.

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 **5**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
NEUBERGER BERMAN 605 THIRD AVENUE, NEW YORK, NY 10158	INVESTMENT MANAGEMENT SERVICES	234,014.
COLONIAL CONSULTING, 750 THIRD AVENUE, 20TH FLOOR, NEW YORK, NY 10017	INVESTMENT ADVISOR	131,869.
SILCHESTER INTERNATIONAL INVESTORS, 780 THIRD AVENUE, 42ND FLOOR, NEW YORK, NY	INVESTMENT MANAGEMENT SERVICES	131,650.
STEINBERG ASSET MANAGEMENT, 12 EAST 49 STREET, SUITE 1202, NEW YORK, NY 10017	INVESTMENT MANAGEMENT SERVICES	102,976.

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 **4**

SEE PART VII, SECTION A CONTINUATION SHEETS



THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.

Form 990 (2012)

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Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	821,623.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,087,908.			
	g Noncash contributions included in lines 1a-1f: \$		869,073.			
	h Total. Add lines 1a-1f		11,909,531.			
	Program Service Revenue	2 a WORKSHOP INCOME AND SYMPOSIUM FEE	Business Code 900099	17,156.	17,156.	
b FOUNDATION MANAGEMENT		900099	1,346.	1,346.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			18,502.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,544,253.		2,548,089.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	7,682.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	7,682.			
	d Net rental income or (loss)		7,682.		7,682.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	44,731,130.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	40,809,437.			
		c Gain or (loss)	3,921,693.			
	d Net gain or (loss)		3,921,693.	23,038.	3,898,655.	
	8 a Gross income from fundraising events (not including \$ 821,623. of contributions reported on line 1c). See Part IV, line 18	a	69,990.			
		b Less: direct expenses	223,977.			
c Net income or (loss) from fundraising events			-153,987.		-153,987.	
9 a Gross income from gaming activities. See Part IV, line 19	a	12,149.				
	b Less: direct expenses	20.				
	c Net income or (loss) from gaming activities		12,129.		12,129.	
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME	900099	20,151.			20,151.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		20,151.				
12 Total revenue. See instructions.		18,279,954.	18,502.	19,202.	6,332,719.	

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Form 990 (2012)

**THE FAIRFIELD COUNTY COMMUNITY  
FOUNDATION, INC.**

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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 to any question 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 governments and organizations in the United States. See Part IV, line 21	18,104,849.	18,104,849.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	482,944.	482,944.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	393,555.	145,120.	115,618.	132,817.
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	1,315,671.	853,777.	261,374.	200,520.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	65,486.	42,496.	13,010.	9,980.
9 Other employee benefits	89,749.	58,241.	17,830.	13,678.
10 Payroll taxes	126,059.	81,803.	25,043.	19,213.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	35,500.		35,500.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	12,308.			12,308.
f Investment management fees	904,452.		904,452.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	258,073.	202,894.	36,107.	19,072.
12 Advertising and promotion	19,075.	11,960.		7,115.
13 Office expenses	112,575.	71,996.	13,764.	26,815.
14 Information technology	63,582.	41,765.	11,367.	10,450.
15 Royalties				
16 Occupancy	383,441.	227,584.	83,386.	72,471.
17 Travel	11,090.	6,580.	2,410.	2,100.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	112,966.	104,093.	6,115.	2,758.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,779.	5,804.	2,127.	1,848.
23 Insurance	6,145.		6,145.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	22,507,299.	20,441,906.	1,534,248.	531,145.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

THE FAIRFIELD COUNTY COMMUNITY  
FOUNDATION, INC.

Form 990 (2012)

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**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	548,698.	<b>1</b>	249,459.	
	<b>2</b> Savings and temporary cash investments .....	9,618,143.	<b>2</b>	8,585,202.	
	<b>3</b> Pledges and grants receivable, net .....	1,869,697.	<b>3</b>	2,222,624.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	102,825.	<b>9</b>	119,523.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 116,170.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 97,747.	15,352.	<b>10c</b> 18,423.	
	<b>11</b> Investments - publicly traded securities .....	71,280,535.	<b>11</b>	65,958,606.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	66,594,658.	<b>12</b>	82,462,877.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	410,488.	<b>15</b>	354,303.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	150,440,396.	<b>16</b>	159,971,017.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	105,986.	<b>17</b>	231,356.	
	<b>18</b> Grants payable .....	2,244,306.	<b>18</b>	2,280,022.	
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> 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 .....	201,445.	<b>25</b>	146,860.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,551,737.	<b>26</b>	2,658,238.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	3,509,657.	<b>27</b>	4,659,350.	
	<b>28</b> Temporarily restricted net assets .....	144,379,002.	<b>28</b>	152,653,429.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
<b>33</b> Total net assets or fund balances .....	147,888,659.	<b>33</b>	157,312,779.		
<b>34</b> Total liabilities and net assets/fund balances .....	150,440,396.	<b>34</b>	159,971,017.		

Form 990 (2012)

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,279,954.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,507,299.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,227,345.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	147,888,659.
5	Net unrealized gains (losses) on investments	5	13,574,564.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	76,901.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	157,312,779.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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 in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

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. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

Name of the organization **THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.** Employer identification number **06-1083893**

**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 11, 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.)
- 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 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.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

THE FAIRFIELD COUNTY COMMUNITY

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9,327,583.	9,263,692.	18,871,183.	17,403,480.	11,909,531.	66,775,469.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	9,327,583.	9,263,692.	18,871,183.	17,403,480.	11,909,531.	66,775,469.
<b>5</b> 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) .....						24,153,256.
<b>6 Public support.</b> Subtract line 5 from line 4.						42,622,213.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 .....	9,327,583.	9,263,692.	18,871,183.	17,403,480.	11,909,531.	66,775,469.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	2,755,098.	2,209,152.	2,471,080.	2,298,897.	2,555,771.	12,289,998.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....			435.		4,091.	4,526.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....		19,305.	18,915.	40,315.	20,151.	98,686.
<b>11 Total support.</b> Add lines 7 through 10						79,168,679.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	409,572.
<b>13 First five years.</b> 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 <b>stop here</b> .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	53.84	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 .....	<b>15</b>	53.20	%
<b>16a 33 1/3% support test - 2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		



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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2011 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2012. 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 - 2011. 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** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

2008 AMOUNT: \$ 0.

2009 AMOUNT: \$ 19,305.

2010 AMOUNT: \$ 18,915.

2011 AMOUNT: \$ 40,315.

2012 AMOUNT: \$ 20,151.

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

**2012**

Name of the organization

THE FAIRFIELD COUNTY COMMUNITY  
FOUNDATION, INC.

Employer identification number

06-1083893

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization <b>THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.</b>	Employer identification number 06-1083893
--	--

**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		\$ 1,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 540,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 1,191,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 262,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.</b>	Employer identification number 06-1083893
--	--

**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		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 301,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 273,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization <b>THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.</b>	Employer identification number 06-1083893
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	DONATED SECURITIES <hr/> <hr/> <hr/> <hr/>	\$ 84,840.	12/14/12
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____
<hr/>	<hr/> <hr/> <hr/> <hr/>	\$ _____	_____

<b>Name of organization</b> THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.	<b>Employer identification number</b> 06-1083893
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**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. 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 information 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
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

**2012**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

▶ **See separate instructions.**

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

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

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

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

Name of organization <b>THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>06-1083893</b>
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**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 expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours ..... \_\_\_\_\_

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012



THE FAIRFIELD COUNTY COMMUNITY

**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												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	0.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	0.													
c	Total lobbying expenditures (add lines 1a and 1b) .....	0.													
d	Other exempt purpose expenditures .....	21,976,154.													
e	Total exempt purpose expenditures (add lines 1c and 1d) .....	21,976,154.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total	
2a	Lobbying nontaxable amount	880,977.	929,231.	1,000,000.	1,000,000.	3,810,208.
b	Lobbying ceiling amount (150% of line 2a, column(e))					5,715,312.
c	Total lobbying expenditures					
d	Grassroots nontaxable amount	220,244.	232,308.	250,000.	250,000.	952,552.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,428,828.
f	Grassroots lobbying expenditures					

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

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

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

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

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

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

**Part IV Supplemental Information**

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

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

**Name of the organization** THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.

**Employer identification number**  
06-1083893

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	228	332
2 Aggregate contributions to (during year) .....	6,131,082.	5,790,598.
3 Aggregate grants from (during year) .....	14,667,452.	3,895,066.
4 Aggregate value at end of year .....	66,718,614.	90,594,165.
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" to 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 (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, 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, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

Yes  No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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) Revenues included in 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 SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

THE FAIRFIELD COUNTY COMMUNITY  
FOUNDATION, INC.

**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 are a 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 programs
  - 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" to 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?  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" to 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	146,321,147.	151,341,376.	122,905,844.	113,474,113.	136,662,446.
b Contributions	10,890,596.	17,326,533.	18,705,289.	9,043,752.	9,215,776.
c Net investment earnings, gains, and losses	19,137,911.	-3,188,253.	24,479,831.	14,109,704.	-20,768,423.
d Grants or scholarships	18,562,518.	16,652,521.	12,257,546.	11,499,978.	9,101,646.
e Other expenditures for facilities and programs					
f Administrative expenses	2,063,982.	2,505,988.	2,492,042.	2,221,747.	2,534,040.
g End of year balance	155,723,154.	146,321,147.	151,341,376.	122,905,844.	113,474,113.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  2.00 %
  - b Permanent endowment  %
  - c Temporarily restricted endowment  98.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) unrelated organizations   |     | X  |
| (ii) related organizations  |     | X  |
| b If "Yes" to 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.** 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				0.
c Leasehold improvements				0.
d Equipment		116,170.	97,747.	18,423.
e Other				0.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				18,423.

**THE FAIRFIELD COUNTY COMMUNITY  
FOUNDATION, INC.**

Schedule D (Form 990) 2012

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**Part VII Investments - Other Securities.** 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) LIMITED TRUST		
(B) PARTNERSHIPS	41,484,935.	END-OF-YEAR MARKET VALUE
(C) AURORA OFFSHORE FUND	7,682,233.	END-OF-YEAR MARKET VALUE
(D) SILCHESTER INTERNATIONAL		
(E) VALUE	16,688,291.	END-OF-YEAR MARKET VALUE
(F) GRYPHON INTERNATIONAL	8,254,280.	END-OF-YEAR MARKET VALUE
(G) DISCOVERY GLOBAL		
(H) OPPORTUNITIES	8,293,138.	END-OF-YEAR MARKET VALUE
(I) MOORE PRODUCTO	60,000.	END-OF-YEAR MARKET VALUE
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>82,462,877.</b>	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER SPLIT-INTEREST	
(3) AGREEMENTS	24,226.
(4) DEFERRED RENT PAYABLE	122,634.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>146,860.</b>

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

THE FAIRFIELD COUNTY COMMUNITY  
FOUNDATION, INC.

Schedule D (Form 990) 2012

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

1	Total revenue, gains, and other support per audited financial statements	1	30,153,976.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	13,574,564.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	355,553.
e	Add lines 2a through 2d	2e	13,930,117.
3	Subtract line 2e from line 1	3	16,223,859.
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	904,452.
b	Other (Describe in Part XIII.)	4b	1,151,643.
c	Add lines 4a and 4b	4c	2,056,095.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,279,954.

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

1	Total expenses and losses per audited financial statements	1	21,525,659.
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	198,722.
e	Add lines 2a through 2d	2e	198,722.
3	Subtract line 2e from line 1	3	21,326,937.
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	904,452.
b	Other (Describe in Part XIII.)	4b	275,910.
c	Add lines 4a and 4b	4c	1,180,362.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	22,507,299.

**Part XIII Supplemental Information**

Complete this part to 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: THE COMMUNITY FOUNDATION'S ENDOWMENT CONSISTS OF 560**

**INDIVIDUAL FUNDS ESTABLISHED BY HUNDREDS OF DONORS TO PROVIDE GRANTS,  
SCHOLARSHIPS AND OTHER SERVICES TO IMPROVE THE QUALITY OF LIFE IN  
FAIRFIELD COUNTY AND BEYOND. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED  
FUNDS AND BOARD-DESIGNATED FUNDS THAT FUNCTION AS ENDOWMENTS. THE  
COMMUNITY FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR  
ENDOWMENT ASSETS THAT SEEK TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO  
ORGANIZATIONS AND PROGRAMS SUPPORTED BY ITS ENDOWMENT, WHILE MAINTAINING**

Schedule D (Form 990) 2012

**Part XIII** Supplemental Information (continued)

THE PURCHASING POWER OF THE ENDOWMENT ASSETS. TO SATISFY ITS LONG-TERM RATE-OF-RETURN OBJECTIVES, THE COMMUNITY FOUNDATION RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED) AND CURRENT YIELD (INTEREST & DIVIDENDS). THE COMMUNITY FOUNDATION TARGETS A DIVERSIFIED ASSET ALLOCATION THAT PLACES A GREATER EMPHASIS ON EQUITY-BASED INVESTMENTS TO ACHIEVE ITS LONG-TERM RETURN OBJECTIVES WITHIN PRUDENT RISK CONSTRAINTS.

THE INVESTMENT COMMITTEE FOCUSES ON ASSET ALLOCATION AMONG EQUITY, DEBT, AND OTHER INVESTMENT OPPORTUNITIES THAT BALANCE GROWTH, INCOME AND LIQUIDITY. THE INVESTMENT COMMITTEE SEEKS A RETURN IN LINE WITH THE COMMUNITY FOUNDATION'S SPENDING POLICY AS IT RELATES TO LONG-TERM GRANTMAKING GOALS THAT ARE BASED UPON CURRENT AND CHANGING CHARITABLE NEEDS IN THE COMMUNITY. THE SPENDING POLICY SEEKS TO PRESERVE AND BUILD THE FUNDS ENTRUSTED TO THE COMMUNITY FOUNDATION ON A REAL DOLLAR BASIS AND TO MAINTAIN GRANT LEVELS IN PERIODS OF DOWN MARKETS. THE SPENDING POLICY APPLIES TO ALL DISCRETIONARY, DONOR DESIGNATED, FIELD OF INTEREST, SCHOLARSHIP AND OTHER FUNDS, UNLESS THE DONOR HAS CLEARLY EXPRESSED A DIFFERENT INTENT. ADHERENCE TO THE SPENDING POLICY IS OPTIONAL FOR CERTAIN DONOR ADVISED FUNDS.

PART X, LINE 2: THE COMMUNITY FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS WHEN THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE COMMUNITY FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE COMMUNITY FOUNDATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO FISCAL 2010.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	223,997.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	51,626.
AGENCY FUNDS-OTHER EXPENSES	79,930.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	355,553.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUNDS-CONTRIBUTIONS	123,635.
AGENCY FUNDS-EARNINGS	1,028,008.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,151,643.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES	223,997.
RETURNED GRANTS	-25,275.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	198,722.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUNDS-GRANTS MADE	275,910.
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**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization  
**THE FAIRFIELD COUNTY COMMUNITY  
FOUNDATION, INC.**

Employer identification number  
**06-1083893**

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN -			INVESTMENTS		33,347,619.
NORTH AMERICA			INVESTMENTS		8,254,280.
<b>3 a</b> Sub-total .....	0	0			41,601,899.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			41,601,899.





THE FAIRFIELD COUNTY COMMUNITY  
FOUNDATION, INC.

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 2012

**Part V Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

Multiple horizontal lines for supplemental information.



THE FAIRFIELD COUNTY COMMUNITY

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		LUNCHEON (event type)	GOLF EVENT (event type)	NONE (total number)		
Revenue	1	Gross receipts	515,216.	376,397.		891,613.
	2	Less: Contributions	467,536.	354,087.		821,623.
	3	Gross income (line 1 minus line 2)	47,680.	22,310.		69,990.
Direct Expenses	4	Cash prizes	0.	0.		
	5	Noncash prizes	0.	0.		
	6	Rent/facility costs	0.	623.		623.
	7	Food and beverages	96,526.	15,437.		111,963.
	8	Entertainment	20,660.	6,817.		27,477.
	9	Other direct expenses	53,854.	30,060.		83,914.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				( 223,977 )
	11	Net income summary. Combine line 3, column (d), and line 10				-153,987.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				( _____ )
8	Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization **THE FAIRFIELD COUNTY COMMUNITY  
FOUNDATION, INC.**

Employer identification number  
**06-1083893**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to 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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
100 WOMEN IN HEDGE FUNDS FOUNDATION - 331 W. 57TH STREET, #239 - NEW YORK, NY 10019	57-1174548	501(C)3	25,000.	0.			TO SUPPORT THE 2012 NY GALA TO BENEFIT DONORSCHOOSE.ORG.
ABILITY BEYOND DISABILITY 4 BERKSHIRE BOULEVARD BETHEL, CT 06801	06-0776594	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT.
ABILITY BEYOND DISABILITY 4 BERKSHIRE BOULEVARD BETHEL, CT 06801	06-0776594	501(C)3	2,530.	0.			AS THE FY12 ANNUAL DISTRIBUTION FOR GENERAL SUPPORT.
ACHIEVE HARTFORD 221 MAIN STREET, THIRD FLOOR HARTFORD, CT 06106	45-0499390	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
ACHIEVEMENT FIRST 403 JAMES STREET NEW HAVEN, CT 06513	65-1203744	501(C)3	1,970.	0.			LEO NEVAS MEMORIAL STUDENT ACHIEVEMENT AWARDS AND BOOKS FOR THE SCHOOL.
ACHIEVEMENT FIRST 403 JAMES STREET NEW HAVEN, CT 06513	65-1203744	501(C)3	1,500.	0.			TO SUPPORT BRIDGEPORT ACADEMY.

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **834.**

**3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) (2012)

THE FAIRFIELD COUNTY COMMUNITY  
FOUNDATION, INC.

Schedule I (Form 990)

06-1083893

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACHIEVEMENT FIRST 403 JAMES STREET NEW HAVEN, CT 06513	65-1203744	501(C)3	30,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT TO BRIDGEPORT ACADEMY.
ACHIEVEMENT FIRST 403 JAMES STREET NEW HAVEN, CT 06513	65-1203744	501(C)3	25,000.	0.			TO SUPPORT ACHIEVEMENT FIRST BRIDGEPORT ACADEMY ELEMENTARY SCHOOL.
ACHIEVEMENT FIRST 403 JAMES STREET NEW HAVEN, CT 06513	65-1203744	501(C)3	50,000.	0.			FOR THE ANNUAL APPEAL.
AGING IN PLACE + GALLIVANT P.O. BOX 1242 DARIEN, CT 06820	27-2250386	501(C)3	5,000.	0.			FOR GENERAL SUPPORT IN HONOR OF ANN S. MANDEL.
AGING IN PLACE + GALLIVANT P.O. BOX 1242 DARIEN, CT 06820	27-2250386	501(C)3	25,000.	0.			FOR GENERAL SUPPORT.
AGING SERVICES FOUNDATION OF BOULDER COUNTY - P.O. BOX 471, C/O BOULDER COUNTY AREA AGENCY ON AGING - BOULDER, CO 80306	84-1518506	501(C)3	10,000.	0.			TO SUPPORT BOULDER COUNTY AREA AGENCY ON AGING'S LGBT PROGRAMS.
ALL OUR KIN, INC. PO BOX 8477 NEW HAVEN, CT 06530	06-1539280	501(C)3	20,000.	0.			TO SUPPORT THE FUND FOR WOMEN & GIRLS.
ALUMNI FUND OF SMITH COLLEGE 33 ELM STREET, ALUMNAE HOUSE NORTHAMPTON, MA 01061	04-2103649	501(C)3	50,000.	0.			FOR THE CLASS OF 1953'S 60TH REUNION GIFT FOR GENERAL SUPPORT.
ALZHEIMER'S ASSOCIATION, INC.-CT CHAPTER - 2075 SILAS DEANE HIGHWAY, SUITE 100 - ROCKY HILL, CT 06067	42-1540769	501(C)3	35,576.	0.			TO SUPPORT THE ALZHEIMER'S ASSOCIATION OF CONNECTICUT RESPITE GRANT PROGRAM.

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AMERICAN CANCER SOCIETY SOUTHERN NEW ENGLAND REGION - 38 RICHARDS AVENUE - NORWALK, CT 06854	05-0271570	501(C)3	1,480.	0.			FOR RESEARCH.
AMERICAN CANCER SOCIETY SOUTHERN NEW ENGLAND REGION - 38 RICHARDS AVENUE - NORWALK, CT 06854	05-0271570	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
AMERICAN MONTESSORI SOCIETY, INC. 116 EAST STREET NEW YORK, NY 10003	06-0766308	501(C)3	15,000.	0.			TO SUPPORT A PLANNING GRANT FOR THE DEVELOPMENT OF A NEW MONTESSORI SCHOOL IN BRIDGEPORT.
AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST AT 79TH STREET NEW YORK, NY 10024-5192	13-6162659	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST AT 79TH STREET NEW YORK, NY 10024-5192	13-6162659	501(C)3	3,000.	0.			FOR GENERAL SUPPORT.
AMERICAN RED CROSS DISASTER RELIEF FUND - P.O. BOX 97089 - WASHINGTON, DC 20090-7089	53-0196605	501(C)3	2,500.	0.			FOR THE HURRICANE SANDY RELIEF EFFORT.
AMERICAN RED CROSS DISASTER RELIEF FUND - P.O. BOX 97089 - WASHINGTON, DC 20090-7089	53-0196605	501(C)3	10,000.	0.			TO PROVIDE HURRICANE SANDY DISASTER RELIEF.
AMERICAN RED CROSS, CONNECTICUT & RHODE ISLAND REGION - 209 FARMINGTON AVENUE - FARMINGTON, CT 06032	53-0196605	501(C)3	1,000.	0.			TO SUPPORT HURRICANE SANDY DISASTER RELIEF.
AMERICAN RED CROSS, CONNECTICUT & RHODE ISLAND REGION - 209 FARMINGTON AVENUE - FARMINGTON, CT 06032	53-0196605	501(C)3	11,949.	0.			FOR THE HURRICANE SANDY RELIEF EFFORT.

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AMERICAN RED CROSS, CONNECTICUT & RHODE ISLAND REGION - 209 FARMINGTON AVENUE - FARMINGTON, CT 06032	53-0196605	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
AMERICAN RED CROSS, CONNECTICUT & RHODE ISLAND REGION - 209 FARMINGTON AVENUE - FARMINGTON, CT 06032	53-0196605	501(C)3	2,750.	0.			TO SUPPORT FAIRFIELD COUNTY PROGRAMS.
AMERICANS FOR PEACE NOW 2100 M STREET NW, SUITE, 619 NATIONAL HEADQUARTERS - WASHINGTON, DC 20037	13-3509867	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
AMERICARES FOUNDATION, INC. 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)3	10,000.	0.			TO BE USED FOR HURRICANE SANDY RELIEF EFFORTS.
AMERICARES FOUNDATION, INC. 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)3	5,000.	0.			FOR OKLAHOMA TORNADO RELIEF.
AMERICARES FOUNDATION, INC. 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
AMERICARES FOUNDATION, INC. 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)3	5,000.	0.			TO PROVIDE IMMEDIATE HURRICANE SANDY RELIEF IN THE TRI-STATE AREA.
AMERICARES FREE CLINICS, INC. 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1422741	501(C)3	30,000.	0.			GENERAL OPERATING SUPPORT.
AMERICARES FREE CLINICS, INC. 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1422741	501(C)3	5,000.	0.			TO SUPPORT EYE CLINICS

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AMERICARES FREE CLINICS, INC. 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1422741	501(C)3	3,000.	0.			FOR JAMAICA EYE SURGERY MISSION EXPENSES.
ANN'S PLACE, THE HOME OF I CAN 80 SAW MILL ROAD DANBURY, CT 06810	22-3181832	501(C)3	9,410.	0.			FOR GENERAL SUPPORT.
ATLANTIC SALMON FEDERATION PO BOX 807 CALAIS, ME 04619	13-2618801	501(C)3	6,000.	0.			FOR GENERAL SUPPORT.
AVAILABLE POTENTIAL ENTERPRISES LIMITED - 126 MAIN STREET - NORTHAMPTON, MA 01060	04-2685501	501(C)3	50,000.	0.			TO SUPPORT A.P.E. CONTINUED WORK WITH THE SCHUMACHER CENTER FOR A NEW ECONOMICS.
BALLET NOUVEAU COLORADO 3001 INDUSTRIAL LANE, #12 BROOMFIELD, CO 80020	84-1223229	501(C)3	5,000.	0.			TO SUPPORT WONDERBOUND.
BALLET SCHOOL OF STAMFORD INC. 175 ATLANTIC STREET STAMFORD, CT 06901	06-1517402	501(C)3	10,000.	0.			DANCE FOR ALL SCHOLARSHIP PROGRAM.
BEGINNING WITH CHILDREN FOUNDATION, INC. - 575 LEXINGTON AVENUE, 33RD FLOOR - NEW YORK, NY 10022	13-3593810	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
BIG PICTURE LEARNING 325 PUBLIC STREET PROVIDENCE, RI 02905	05-0485883	501(C)3	6,000.	0.			FOR GENERAL SUPPORT.
BOYS & GIRLS CLUB OF GREENWICH 4 HORSENECK LANE GREENWICH, CT 06830-6399	06-0646655	501(C)3	25,000.	0.			FOR GENERAL SUPPORT.

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BOYS & GIRLS CLUB OF GREENWICH 4 HORSENECK LANE GREENWICH, CT 06830-6399	06-0646655	501(C)3	4,000.	0.			FOR GENERAL SUPPORT.
BOYS & GIRLS CLUB OF STAMFORD 347 STILLWATER AVENUE STAMFORD, CT 06902	06-0646911	501(C)3	15,000.	0.			SUMMER PROGRAM.
BREAST CANCER ALLIANCE 48 MAPLE AVENUE GREENWICH, CT 06830	06-1453500	501(C)3	25,000.	0.			FOR GENERAL SUPPORT.
BREAST CANCER ALLIANCE 48 MAPLE AVENUE GREENWICH, CT 06830	06-1453500	501(C)3	2,500.	0.			FOR THE ANNUAL APPEAL.
BREAST CANCER ALLIANCE 48 MAPLE AVENUE GREENWICH, CT 06830	06-1453500	501(C)3	2,500.	0.			TO SUPPORT THE POWER OF PINK.
BRIDGEPORT CHILD ADVOCACY COALITION - 2470 FAIRFIELD AVENUE, C/O BURROUGHS CC - BRIDGEPORT, CT 06605	55-0823238	501(C)3	300.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT CHILD ADVOCACY COALITION - 2470 FAIRFIELD AVENUE, C/O BURROUGHS CC - BRIDGEPORT, CT 06605	55-0823238	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT CHILD ADVOCACY COALITION - 2470 FAIRFIELD AVENUE, C/O BURROUGHS CC - BRIDGEPORT, CT 06605	55-0823238	501(C)3	10,000.	0.			GRANT TO ADDRESS GUN VIOLENCE AMONG 16-24 YEAR OLDS IN BRIDGEPORT.
BRIDGEPORT CHILD ADVOCACY COALITION - 2470 FAIRFIELD AVENUE, C/O BURROUGHS CC - BRIDGEPORT, CT 06605	55-0823238	501(C)3	20,000.	0.			FOR GENERAL OPERATING SUPPORT.

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BRIDGEPORT CHILD ADVOCACY COALITION - 2470 FAIRFIELD AVENUE, C/O BURROUGHS CC - BRIDGEPORT, CT 06605	55-0823238	501(C)3	10,000.	0.			FOR GENERAL OPERATING SUPPORT.
BRIDGEPORT COMMUNITY LAND TRUST 881 LAFAYETTE BOULEVARD BRIDGEPORT, CT 06604	20-5413867	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT HOSPITAL FOUNDATION 267 GRANT STREET, P.O. BOX 5000 BRIDGEPORT, CT 06610	22-2908698	501(C)3	900.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT HOSPITAL FOUNDATION 267 GRANT STREET, P.O. BOX 5000 BRIDGEPORT, CT 06610	22-2908698	501(C)3	2,500.	0.			FOR ANNUAL SUPPORT.
BRIDGEPORT HOSPITAL FOUNDATION 267 GRANT STREET, P.O. BOX 5000 BRIDGEPORT, CT 06610	22-2908698	501(C)3	1,060.	0.			FOR ONCOLOGY NURSING SCHOLARSHIP AT BRIDGEPORT HOSPITAL.
BRIDGEPORT HOSPITAL FOUNDATION 267 GRANT STREET, P.O. BOX 5000 BRIDGEPORT, CT 06610	22-2908698	501(C)3	6,630.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT PUBLIC EDUCATION FUND 446 UNIVERSITY AVENUE BRIDGEPORT, CT 06604	06-1379383	501(C)3	300.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT PUBLIC EDUCATION FUND 446 UNIVERSITY AVENUE BRIDGEPORT, CT 06604	06-1379383	501(C)3	4,230.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT PUBLIC EDUCATION FUND 446 UNIVERSITY AVENUE BRIDGEPORT, CT 06604	06-1379383	501(C)3	2,500.	0.			TO FUND BPEF'S PROGRAMS.

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BRIDGEPORT PUBLIC EDUCATION FUND 446 UNIVERSITY AVENUE BRIDGEPORT, CT 06604	06-1379383	501(C)3	2,540.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT PUBLIC EDUCATION FUND 446 UNIVERSITY AVENUE BRIDGEPORT, CT 06604	06-1379383	501(C)3	25,000.	0.			MAACS PROGRAM.
BRIDGEPORT PUBLIC SCHOOLS 45 LYON TERRACE BRIDGEPORT, CT 06604	06-6001865	501(C)3	126,000.	0.			TO SUPPORT EDUCATIONAL REFORMS FOR THE BRIDGEPORT SCHOOL DISTRICT.
BRIDGEPORT PUBLIC SCHOOLS 45 LYON TERRACE BRIDGEPORT, CT 06604	06-6001865	501(C)3	400,000.	0.			TO SUPPORT EDUCATIONAL REFORMS FOR THE BRIDGEPORT SCHOOL DISTRICT.
BRIDGEPORT PUBLIC SCHOOLS 45 LYON TERRACE BRIDGEPORT, CT 06604	06-6001865	501(C)3	-25,000.	0.			CULTURAL ENRICHMENT FUNDING.
BRIDGEPORT PUBLIC SCHOOLS 45 LYON TERRACE BRIDGEPORT, CT 06604	06-6001865	501(C)3	200,000.	0.			TO FUND THE NEW HIGH SCHOOLS AND MILITARY ACADEMY.
BRIDGEPORT REGIONAL BUSINESS COUNCIL - 10 MIDDLE STREET - BRIDGEPORT, CT 06601-0999	06-0271980	501(C)3	15,000.	0.			DOWNTOWN SPECIAL SERVICES DISTRICT -DOWNTOWN THURSDAYS SUMMER CONCERT SERIES.
BRIDGEPORT RESCUE MISSION 1088 FAIRFIELD AVENUE BRIDGEPORT, CT 06605	06-1362705	501(C)3	500.	0.			FOR THE ANNUAL APPEAL.
BRIDGEPORT RESCUE MISSION 1088 FAIRFIELD AVENUE BRIDGEPORT, CT 06605	06-1362705	501(C)3	1,500.	0.			FOR GENERAL SUPPORT.

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BRIDGEPORT RESCUE MISSION 1088 FAIRFIELD AVENUE BRIDGEPORT, CT 06605	06-1362705	501(C)3	5,000.	0.			TO SUPPORT THE FEEDING PROGRAMS.
BRIDGEPORT YOUTH MINISTRY P.O. BOX 1134, 506 LOGAN STREET BRIDGEPORT, CT 06601	06-1447769	501(C)3	5,000.	0.			TO PROVIDE GENERAL SUPPORT FOR THE BRIDGEPORT LOCATION.
BRIDGEPORT YOUTH MINISTRY P.O. BOX 1134, 506 LOGAN STREET BRIDGEPORT, CT 06601	06-1447769	501(C)3	750.	0.			TO SUPPORT THE COMPUTER GENESIS PROGRAM.
BROOKLYN BUREAU OF COMMUNITY SERVICE - 285 SCHERMERHORN STREET - BROOKLYN, NY 11217	11-1630780	501(C)3	20,000.	0.			TO SUPPORT THE GARY KLINSKY CHILDREN'S CENTER.
BURROUGHS COMMUNITY CENTER 2470 FAIRFIELD AVENUE BRIDGEPORT, CT 06605	06-1418097	501(C)3	10,000.	0.			NONPROFIT CAPACITY BUILDING.
BUSINESS ALLIANCE FOR LOCAL LIVING ECONOMIES (BALLE) - 305 FLORA STREET, SUITE E - BELLINGHAM, WA 98225	20-1544255	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
CAMP TLC/JOEY DIPAOLO AIDS FOUNDATION - 1 GARRETT PLACE, 1I - BRONXVILLE, NY 10708	22-3453810	501(C)3	20,000.	0.			TO SUPPORT THE 2013 CAMP TLC PROGRAM.
CARDINAL SHEHAN CENTER 1494 MAIN STREET BRIDGEPORT, CT 06604	06-1101081	501(C)3	10,000.	0.			SUMMER PROGRAM.
CARDINAL SHEHAN CENTER 1494 MAIN STREET BRIDGEPORT, CT 06604	06-1101081	501(C)3	2,370.	0.			FOR GENERAL SUPPORT.

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CAROLINE HOUSE 574 STILLMAN STREET BRIDGEPORT, CT 06608	06-1455101	501(C)3	1,500.	0.			FOR GENERAL SUPPORT.
CAROLINE HOUSE 574 STILLMAN STREET BRIDGEPORT, CT 06608	06-1455101	501(C)3	8,000.	0.			TO SUPPORT THE MOTHER-CHILD LITERACY PROGRAM.
CAROLINE HOUSE 574 STILLMAN STREET BRIDGEPORT, CT 06608	06-1455101	501(C)3	15,000.	0.			TO SUPPORT ESL AND LIFE SKILLS CLASSES FOR WOMEN, AND THE ON-SITE CHILD CARE PROGRAM.
CAROLINE HOUSE 574 STILLMAN STREET BRIDGEPORT, CT 06608	06-1455101	501(C)3	2,500.	0.			TO SUPPORT LITERACY AND LIFE SKILLS FOR DISADVANTAGED WOMEN.
CARVER FOUNDATION 7 ACADEMY STREET NORWALK, CT 06850	06-0862072	501(C)3	19,200.	0.			TO SUPPORT FACULTY POSITIONS IN ROBOTICS, SCIENCE, MATH AND LITERACY.
CATHOLIC CHARITIES OF DANBURY 30 MAIN STREET, SUITE 503 DANBURY, CT 06810-3004	06-0653053	501(C)3	20,000.	0.			FAMILY LOAN PROGRAM.
CATSKILL MOUNTAINKEEPER, INC. P.O. BOX 381 YOUNGSVILLE, NY 12791	51-0583769	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
CENTER FOR WOMEN AND FAMILIES OF EASTERN FAIRFIELD - 753 FAIRFIELD AVENUE - BRIDGEPORT, CT 06604	06-0646991	501(C)3	500.	0.			FOR GENERAL SUPPORT.
CENTER FOR WOMEN AND FAMILIES OF EASTERN FAIRFIELD - 753 FAIRFIELD AVENUE - BRIDGEPORT, CT 06604	06-0646991	501(C)3	5,000.	0.			FOR GIRL TALK PROGRAM.

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CENTER FOR WOMEN AND FAMILIES OF EASTERN FAIRFIELD - 753 FAIRFIELD AVENUE - BRIDGEPORT, CT 06604	06-0646991	501(C)3	20,000.	0.			FOR GENERAL OPERATING SUPPORT.
CF LEADS 1055 BROADWAY SUITE 130 KANSAS CITY, MO 64105	43-1645180	501(C)3	5,000.	0.			GENERAL OPERATING SUPPORT.
CHELSEA PIERS SCHOLARSHIP FUND PIER 62, 3RD FLOOR NEW YORK, NY 10011	13-399-8842	501(C)3	5,000.	0.			CHELSEA PIERS SUMMER GIRLS LEADERSHIP CAMP.
CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CT - 270 FARMINGTON AVENUE, SUITE 367 - FARMINGTON, CT 06032-1909	06-1504725	501(C)3	10,000.	0.			TO SUPPORT THE EARLY CHILDHOOD HEALTH DATA INSTITUTE.
CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CT - 270 FARMINGTON AVENUE, SUITE 367 - FARMINGTON, CT 06032-1909	06-1504725	501(C)3	175,000.	0.			TO REPLICATE CHILD FIRST IN FOUR CONNECTICUT COMMUNITIES.
CHILDCARE LEARNING CENTERS, INC. 64 PALMER'S HILL ROAD STAMFORD, CT 06902	06-0665191	501(C)3	1,060.	0.			FOR GENERAL SUPPORT.
CHILDCARE LEARNING CENTERS, INC. 64 PALMER'S HILL ROAD STAMFORD, CT 06902	06-0665191	501(C)3	2,000.	0.			FOR GENERAL SUPPORT.
CHILDCARE LEARNING CENTERS, INC. 64 PALMER'S HILL ROAD STAMFORD, CT 06902	06-0665191	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.
CHILDCARE LEARNING CENTERS, INC. 64 PALMER'S HILL ROAD STAMFORD, CT 06902	06-0665191	501(C)3	7,000.	0.			FOR GENERAL SUPPORT.

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CHILDCARE LEARNING CENTERS, INC. 64 PALMER'S HILL ROAD STAMFORD, CT 06902	06-0665191	501(C)3	12,090.	0.			TO SUPPORT EARLY CHILDHOOD EDUCATION PROGRAMS .
CHILDCARE LEARNING CENTERS, INC. 64 PALMER'S HILL ROAD STAMFORD, CT 06902	06-0665191	501(C)3	7,000.	0.			FOR GENERAL SUPPORT AND A MEMORIAL GIFT TO THE HEAD START PROGRAM.
CHILDREN'S RESCUE MISSION 3 PAPP STREET NORWALK, CT 06854	06-1532209	501(C)3	6,000.	0.			FOR GENERAL SUPPORT.
CHILDREN'S VILLAGE ONE ECHO HILLS DOBBS FERRY, NY 10522	13-1739945	501(C)3	13,000.	0.			FOR GENERAL SUPPORT, THE ASSISTANCE DOG TRAINING PROGRAM, AND THE CHAPEL CAMP FUND.
CITY LAX, INC. 65 WEST 89TH STREET NEW YORK, NY 10024	20-4531166	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
CITY LIGHTS AND COMPANY 37 MARKLE COURT BRIDGEPORT, CT 06604	20-5462244	501(C)3	10,000.	0.			STRENGTHENING THE ARTS PROGRAM.
CITY OF NORWALK 125 EAST AVENUE NORWALK, CT 06851	06-6011881	501(C)3	10,000.	0.			TO SUPPORT THE SUMMER 2013 MAYOR'S SUMMER YOUTH EMPLOYMENT PROGRAM.
CITY OF NORWALK 125 EAST AVENUE NORWALK, CT 06851	06-6011881	501(C)3	18,000.	0.			TO SUPPORT THE SUMMER 2013 SUMMER YOUTH EMPLOYEMENT PROGRAM.
CITY SQUASH, INC. PO BOX 619, FORDHAM STATION BRONX, NY 10458	42-1535583	501(C)3	25,005.	0.			TO SUPPORT CITY SQUASH BASH.

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CITY SQUASH, INC. PO BOX 619, FORDHAM STATION BRONX, NY 10458	42-1535583	501(C)3	50,000.	0.			FOR GENERAL SUPPORT.
CITYCENTER, DANBURY 186 MAIN STREET DANBURY, CT 06810	06-1033623	501(C)4	20,000.	0.			TO SUPPORT THE DANBURY FARMERS' MARKET COMMUNITY COLLABORATIVE - SUMMER 2013.
COLGATE UNIVERSITY 13 OAK DRIVE, ATTN: FINANCIAL AID O HAMILTON, NY 13346-1383	15-0532078	501(C)3	7,500.	0.			FOR THE ANNUAL FUND, NEUMANN SCHOLARSHIP, ATHLETIC SEAT NAMING PROGRAM, AND SILVER PUCK.
COLLEGE SUMMIT, INC. 1763 COLUMBIA ROAD NW 2ND FL WASHINGTON, DC 20009	52-2007028	501(C)3	125,000.	0.			TO SUPPORT NEW HAVEN PROMISE.
COMMON GROUND 358 SPRINGSIDE AVENUE NEW HAVEN, CT 06515	22-3171185	501(C)3	50,000.	0.			FOR GENERAL SUPPORT.
COMMON GROUND 358 SPRINGSIDE AVENUE NEW HAVEN, CT 06515	22-3171185	501(C)3	50,000.	0.			FOR GENERAL SUPPORT.
COMMUNITY CENTERS, INC. 61 EAST PUTNAM AVENUE GREENWICH, CT 06830	06-0703570	501(C)3	18,250.	0.			SUMMER PROGRAM.
COMMUNITY FUND OF DARIEN P.O. BOX 926, 701 POST ROAD DARIEN, CT 06820	06-0737286	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
COMMUNITY FUND OF DARIEN P.O. BOX 926, 701 POST ROAD DARIEN, CT 06820	06-0737286	501(C)3	25,000.	0.			FOR GENERAL SUPPORT.

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COMMUNITY FUND OF DARIEN P.O. BOX 926, 701 POST ROAD DARIEN, CT 06820	06-0737286	501(C)3	20,000.	0.			FOR THE ANNUAL APPEAL.
COMMUNITY FUND OF DARIEN P.O. BOX 926, 701 POST ROAD DARIEN, CT 06820	06-0737286	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
COMMUNITY FUND OF DARIEN P.O. BOX 926, 701 POST ROAD DARIEN, CT 06820	06-0737286	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.
COMMUNITY FUND OF DARIEN P.O. BOX 926, 701 POST ROAD DARIEN, CT 06820	06-0737286	501(C)3	5,000.	0.			FOR THE ANNUAL CAMPAIGN.
COMMUNITY FUND OF DARIEN P.O. BOX 926, 701 POST ROAD DARIEN, CT 06820	06-0737286	501(C)3	7,000.	0.			FOR 2013 COMMUNITY SUPPORT.
COMMUNITY PLATES INC. 165 NEW CANAAN AVENUE NORWALK, CT 06850	27-4486556	501(C)3	20,000.	0.			TO SUPPORT GORESCUE WEB BASED APPLICATION FOR VOLUNTEER DRIVEN FOOD.
COMMUNITY PLATES INC. 165 NEW CANAAN AVENUE NORWALK, CT 06850	27-4486556	501(C)3	500.	0.			FOR THE ANNUAL APPEAL.
COMMUNITY PLATES INC. 165 NEW CANAAN AVENUE NORWALK, CT 06850	27-4486556	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.
COMPREHENSIVE DEVELOPMENT, INC. 240 SECOND AVENUE NEW YORK, NY 10003	13-3861648	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.

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CONGREGATION B'NAI ISRAEL 2710 PARK AVENUE BRIDGEPORT, CT 06604	06-0653159	501(C)3	6,670.	0.			TO SUPPORT YOUTH PROGRAMS AND FAMILY EDUCATION.
CONNECTICUT ASSOCIATION FOR HUMAN SERVICES - 110 BARTHOLOMEW AVENUE, SUITE 4030 - HARTFORD, CT 06105	06-0653158	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
CONNECTICUT ASSOCIATION FOR HUMAN SERVICES - 110 BARTHOLOMEW AVENUE, SUITE 4030 - HARTFORD, CT 06105	06-0653158	501(C)3	25,000.	0.			EARNED BENEFITS ONLINE
CONNECTICUT BEARDSLEY ZOO 1875 NOBLE AVENUE BRIDGEPORT, CT 06610	23-7068821	501(C)3	25,000.	0.			GENERAL OPERATING SUPPORT
CONNECTICUT BEARDSLEY ZOO 1875 NOBLE AVENUE BRIDGEPORT, CT 06610	23-7068821	501(C)3	157.	0.			FOR GENERAL SUPPORT.
CONNECTICUT COALITION FOR ACHIEVEMENT NOW (CONNCAN) - 85 WILLOW STREET, SUITE 4 - NEW HAVEN, CT 06511	20-1612161	501(C)3	50,000.	0.			FOR THE ANNUAL APPEAL.
CONNECTICUT COALITION FOR ACHIEVEMENT NOW (CONNCAN) - 85 WILLOW STREET, SUITE 4 - NEW HAVEN, CT 06511	20-1612161	501(C)3	1,500.	0.			FOR GENERAL SUPPORT.
CONNECTICUT COALITION FOR ACHIEVEMENT NOW (CONNCAN) - 85 WILLOW STREET, SUITE 4 - NEW HAVEN, CT 06511	20-1612161	501(C)3	1,500.	0.			FOR GENERAL SUPPORT.
CONNECTICUT COUNCIL FOR PHILANTHROPY - 221 MAIN STREET - HARTFORD, CT 06106	23-7024016	501(C)3	6,991.	0.			FOR GENERAL SUPPORT.

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CONNECTICUT COUNCIL FOR PHILANTHROPY - 221 MAIN STREET - HARTFORD, CT 06106	23-7024016	501(C)3	8,575.	0.			FOR GENERAL SUPPORT.
CONNECTICUT EARLY CHILDHOOD ALLIANCE - 110 BARTHOLOMEW AVENUE, SUITE 4030 - HARTFORD, CT 06106	06-0653158	501(C)3	25,000.	0.			OUTREACH, COMMUNICATION, EDUCATION AND CIVIC ENGAGEMENT.
CONNECTICUT FOOD BANK, INC. P.O. BOX 8686 NEW HAVEN, CT 06531	06-1063025	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.
CONNECTICUT FOOD BANK, INC. P.O. BOX 8686 NEW HAVEN, CT 06531	06-1063025	501(C)3	500.	0.			TO SUPPORT THE CONNECTICUT FOOD BANK KIDS BACKPACK PROGRAM.
CONNECTICUT FOOD BANK, INC. P.O. BOX 8686 NEW HAVEN, CT 06531	06-1063025	501(C)3	22,527.	0.			TO SUPPORT THE CONNECTICUT FOOD BANK KIDS BACKPACK PROGRAM.
CONNECTICUT FOOD BANK, INC. P.O. BOX 8686 NEW HAVEN, CT 06531	06-1063025	501(C)3	500.	0.			TO SUPPORT THE CONNECTICUT FOOD BANK KIDS BACKPACK PROGRAM.
CONNECTICUT FOOD BANK, INC. P.O. BOX 8686 NEW HAVEN, CT 06531	06-1063025	501(C)3	5,000.	0.			TO PROVIDE IMMEDIATE HURRICANE SANDY RELIEF.
CONNECTICUT FOOD BANK, INC. P.O. BOX 8686 NEW HAVEN, CT 06531	06-1063025	501(C)3	500.	0.			TO SUPPORT THE CONNECTICUT FOOD BANK KIDS BACKPACK PROGRAM.
CONNECTICUT FOOD BANK, INC. P.O. BOX 8686 NEW HAVEN, CT 06531	06-1063025	501(C)3	5,000.	0.			TO PROVIDE HURRICANE SANDY RELIEF ASSISTANCE FOR FAIRFIELD COUNTY.

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CONNECTICUT FOOD BANK, INC. P.O. BOX 8686 NEW HAVEN, CT 06531	06-1063025	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
CONNECTICUT FOOD BANK, INC. P.O. BOX 8686 NEW HAVEN, CT 06531	06-1063025	501(C)3	750.	0.			FOR GENERAL SUPPORT.
CONNECTICUT FOOD BANK, INC. P.O. BOX 8686 NEW HAVEN, CT 06531	06-1063025	501(C)3	10,000.	0.			TO SUPPORT THE CONNECTICUT FOOD BANK KIDS BACKPACK PROGRAM.
CONNECTICUT FOOD BANK, INC. P.O. BOX 8686 NEW HAVEN, CT 06531	06-1063025	501(C)3	2,500.	0.			99-1 FOOD DRIVE PROGRAM.
CONNECTICUT FOOD BANK, INC. P.O. BOX 8686 NEW HAVEN, CT 06531	06-1063025	501(C)3	25,000.	0.			TO SUPPORT THE CONNECTICUT FOOD BANK KIDS BACKPACK PROGRAM.
CONNECTICUT FUND FOR THE ENVIRONMENT - 142 TEMPLE STREET, 3RD FLOOR - NEW HAVEN, CT 06510	06-0990195	501(C)3	1,750.	0.			TO SUPPORT THE SAVE THE SOUND PROGRAM.
CONNECTICUT FUND FOR THE ENVIRONMENT - 142 TEMPLE STREET, 3RD FLOOR - NEW HAVEN, CT 06510	06-0990195	501(C)3	15,000.	0.			FOR GENERAL SUPPORT.
CONNECTICUT FUND FOR THE ENVIRONMENT - 142 TEMPLE STREET, 3RD FLOOR - NEW HAVEN, CT 06510	06-0990195	501(C)3	500.	0.			FOR GENERAL SUPPORT.
CONNECTICUT FUND FOR THE ENVIRONMENT - 142 TEMPLE STREET, 3RD FLOOR - NEW HAVEN, CT 06510	06-0990195	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.

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CONNECTICUT FUND FOR THE ENVIRONMENT - 142 TEMPLE STREET, 3RD FLOOR - NEW HAVEN, CT 06510	06-0990195	501(C)3	50,000.	0.			BRIDGEPORT STORMWATER PROJECT PLANNING.
CONNECTICUT MENTAL HEALTH CENTER FOUNDATION - 34 PARK STREET, SUITE 144 - NEW HAVEN, CT 06519	06-1397905	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
CONNECTICUT NEWS PROJECT 1049 ASYLUM AVENUE, 2ND FLOOR HARTFORD, CT 06105	27-0583046	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
CONNECTICUT NEWS PROJECT 1049 ASYLUM AVENUE, 2ND FLOOR HARTFORD, CT 06105	27-0583046	501(C)3	30,000.	0.			NEW FREELANCE EDUCATION REPORTER FOR FAIRFIELD COUNTY.
CONNECTICUT OFFICE OF HIGHER EDUCATION - 61 WOODLAND STREET - HARTFORD, CT 06105	06-6000798	501(C)3	25,000.	0.			TO SUPPORT THE WEISMAN SCHOLARSHIP PROGRAM.
CONNECTICUT VETERANS LEGAL CENTER 114 ORANGE AVENUE, 2ND FLOOR NEW HAVEN, CT 06516	27-0963659	501(C)3	15,000.	0.			FOR GENERAL SUPPORT.
CONNECTICUT VOICES FOR CHILDREN 33 WHITNEY AVENUE NEW HAVEN, CT 06510	06-1435280	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT.
CONNECTICUT YANKEE COUNCIL, INC., BOY SCOUTS OF AMERICA - 60 WELLINGTON ROAD, P.O. BOX 32 - MILFORD, CT 06460-0032	06-0646793	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.
CONNECTICUT YANKEE COUNCIL, INC., BOY SCOUTS OF AMERICA - 60 WELLINGTON ROAD, P.O. BOX 32 - MILFORD, CT 06460-0032	06-0646793	501(C)3	2,500.	0.			TO SUPPORT THE 2012 GOOD SCOUT TRIBUTE DINNER.

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CONSCIOUS CAPITALISM, INC. P.O. BOX 13221 PORTLAND, OR 97213-0221	20-2238653	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
CORNELL UNIVERSITY P.O. BOX 752, SCHOLARSHIP/FINANCIAL AID OFFICE - ITHACA, NY 14851	15-0532082	501(C)3	2,000.	0.			TO SUPPORT THE COLLEGE OF ARTS AND SCIENCES ANNUAL FUND.
COS COB VOLUNTEER FIRE DEPARTMENT 200 POST ROAD COS COB, CT 06807	06-6064017	501(C)3	24,760.	0.			FOR GENERAL SUPPORT.
COUNCIL OF CHURCHES OF GREATER BRIDGEPORT - 1100 BOSTON AVENUE, BUILDING 5A - BRIDGEPORT, CT 06610-2654	06-0647008	501(C)3	5,000.	0.			TO SUPPORT THE LOCAL FEEDING PROGRAMS.
COUNCIL OF CHURCHES OF GREATER BRIDGEPORT - 1100 BOSTON AVENUE, BUILDING 5A - BRIDGEPORT, CT 06610-2654	06-0647008	501(C)3	1,130.	0.			FOR GENERAL SUPPORT.
COUNCIL OF CHURCHES OF GREATER BRIDGEPORT - 1100 BOSTON AVENUE, BUILDING 5A - BRIDGEPORT, CT 06610-2654	06-0647008	501(C)3	230.	0.			FOR GENERAL SUPPORT.
COUNCIL ON FOUNDATIONS P. O. BOX 75661 BALTIMORE, MD 21275-5661	13-6068327	501(C)3	11,250.	0.			FOR GENERAL SUPPORT.
CRITICAL EXPLORERS, INC. P.O. BOX 962 BROOKLINE, MA 02446	11-3794120	501(C)3	25,000.	0.			TO SUPPORT PROJECTS OUTLINED IN THE CE SUSTAINABILITY PLAN.
CULTURAL ALLIANCE OF FAIRFIELD COUNTY - 301 WEST AVENUE, MATHEWS PARK - NORWALK, CT 06850	94-3434503	501(C)3	25,000.	0.			GENERAL OPERATING SUPPORT.

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DANBURY CHILDREN FIRST 83 WEST STREET DANBURY, CT 06810	41-2132256	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
DANBURY CHILDREN FIRST 83 WEST STREET DANBURY, CT 06810	41-2132256	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
DANBURY GRASSROOTS TENNIS & ENRICHMENT PROGRAM - P.O. BOX 2912 - DANBURY, CT 06813	20-4929313	501(C)3	5,000.	0.			FOR GENERAL OPERATING SUPPORT.
DANBURY GRASSROOTS TENNIS & ENRICHMENT PROGRAM - P.O. BOX 2912 - DANBURY, CT 06813	20-4929313	501(C)3	10,000.	0.			TO SUPPORT HEALTHY SNACKS AND WATER, TABLES, IPADS, AND BEAN BAGS.
DANBURY YOUTH SERVICES 91 WEST STREET DANBURY, CT 06810	06-0878252	501(C)3	10,000.	0.			TO SUPPORT AFTER SCHOOL PROGRAMS FOR DANBURY YOUTH.
DANBURY YOUTH SERVICES 91 WEST STREET DANBURY, CT 06810	06-0878252	501(C)3	15,000.	0.			DANBURY YOUTH SERVICES SUMMER PROGRAMS.
DARIEN EMS-POST 53 P.O. BOX 2066 DARIEN, CT 06820	06-1625224	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
DARIEN EMS-POST 53 P.O. BOX 2066 DARIEN, CT 06820	06-1625224	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
DARIEN EMS-POST 53 P.O. BOX 2066 DARIEN, CT 06820	06-1625224	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.

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DARIEN EMS-POST 53 P.O. BOX 2066 DARIEN, CT 06820	06-1625224	501(C)3	1,500.	0.			FOR GENERAL SUPPORT.
DARIEN EMS-POST 53 P.O. BOX 2066 DARIEN, CT 06820	06-1625224	501(C)3	500.	0.			FOR GENERAL SUPPORT.
DARIEN LIBRARY 1441 POST ROAD DARIEN, CT 06820-4497	06-0647010	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
DARIEN LIBRARY 1441 POST ROAD DARIEN, CT 06820-4497	06-0647010	501(C)3	2,000.	0.			FOR GENERAL SUPPORT.
DARIEN LIBRARY 1441 POST ROAD DARIEN, CT 06820-4497	06-0647010	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
DARIEN LIBRARY 1441 POST ROAD DARIEN, CT 06820-4497	06-0647010	501(C)3	10,000.	0.			FOR THE ANNUAL APPEAL.
DARIEN LIBRARY 1441 POST ROAD DARIEN, CT 06820-4497	06-0647010	501(C)3	5,000.	0.			TO SUPPORT THE STEVE AND ANN MANDEL BOOK FUND.
DARIEN YMCA 2420 POST ROAD DARIEN, CT 06820	06-0859795	501(C)3	40,000.	0.			TO SUPPORT THE CAPITAL CAMPAIGN.
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE, C/O GIFT RECORDING OFFICE - HANOVER, NH 03755-3555	02-0222111	501(C)3	500.	0.			TO SUPPORT THE FRIENDS OF TUCKER FOUNDATION.

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DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE, C/O GIFT RECORDING OFFICE - HANOVER, NH 03755-3555	02-0222111	501(C)3	750.	0.			TO SUPPORT THAYER SCHOOL, TUCK ALUMNI GIVING, AND THE DARTMOUTH ALUMNI FUND.
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE, C/O GIFT RECORDING OFFICE - HANOVER, NH 03755-3555	02-0222111	501(C)3	200,000.	0.			FOR GENERAL SUPPORT.
DOMESTIC VIOLENCE CRISIS CENTER 777 SUMMER STREET, SUITE 400 STAMFORD, CT 06901	06-1057356	501(C)3	10,000.	0.			PEACEWORKS.
DOMESTIC VIOLENCE CRISIS CENTER 777 SUMMER STREET, SUITE 400 STAMFORD, CT 06901	06-1057356	501(C)3	25,000.	0.			GENERAL OPERATING SUPPORT.
DOMUS KIDS, INC. 83 LOCKWOOD AVENUE STAMFORD, CT 06902	06-0891998	501(C)3	25,000.	0.			FOR READING TEACHING SUPPORT.
DOMUS KIDS, INC. 83 LOCKWOOD AVENUE STAMFORD, CT 06902	06-0891998	501(C)3	150,000.	0.			TO SUPPORT THE FAMILY ADVOCATE PROGRAM IN THE STAMFORD PUBLIC SCHOOLS.
DOMUS KIDS, INC. 83 LOCKWOOD AVENUE STAMFORD, CT 06902	06-0891998	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
DOMUS KIDS, INC. 83 LOCKWOOD AVENUE STAMFORD, CT 06902	06-0891998	501(C)3	29,300.	0.			FOR GENERAL SUPPORT.
DOMUS KIDS, INC. 83 LOCKWOOD AVENUE STAMFORD, CT 06902	06-0891998	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.

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DOMUS KIDS, INC. 83 LOCKWOOD AVENUE STAMFORD, CT 06902	06-0891998	501(C)3	2,500.	0.			FOR THE ANNUAL APPEAL.
DOMUS KIDS, INC. 83 LOCKWOOD AVENUE STAMFORD, CT 06902	06-0891998	501(C)3	150,000.	0.			TO SUPPORT TO THE FAMILY ADVOCATE PROGRAM IN THE STAMFORD PUBLIC SCHOOLS.
DOMUS KIDS, INC. 83 LOCKWOOD AVENUE STAMFORD, CT 06902	06-0891998	501(C)3	15,000.	0.			FOR GENERAL SUPPORT.
DOMUS KIDS, INC. 83 LOCKWOOD AVENUE STAMFORD, CT 06902	06-0891998	501(C)3	19,000.	0.			TO SUPPORT EDUCATIONAL/VOCATIONAL SPECIALISTS WORKING AT TWO RESIDENTIAL GROUP
DOMUS KIDS, INC. 83 LOCKWOOD AVENUE STAMFORD, CT 06902	06-0891998	501(C)3	29,920.	0.			FOR GENERAL SUPPORT.
DOMUS KIDS, INC. 83 LOCKWOOD AVENUE STAMFORD, CT 06902	06-0891998	501(C)3	2,000.	0.			FOR GENERAL SUPPORT.
DOMUS KIDS, INC. 83 LOCKWOOD AVENUE STAMFORD, CT 06902	06-0891998	501(C)3	20,000.	0.			TO SUPPORT THREE TEACHERS FOR THE SUMMER PROGRAM AT CHESTER ADDISON COMMUNITY CENTER.
DOMUS KIDS, INC. 83 LOCKWOOD AVENUE STAMFORD, CT 06902	06-0891998	501(C)3	10,000.	0.			GIRLS CIRCLE SESSIONS FOR STAMFORD BASED GIRLS.
DOMUS KIDS, INC. 83 LOCKWOOD AVENUE STAMFORD, CT 06902	06-0891998	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOMUS KIDS, INC. 83 LOCKWOOD AVENUE STAMFORD, CT 06902	06-0891998	501(C)3	20,000.	0.			FOR GENERAL SUPPORT.
DUKE UNIVERSITY ANNUAL FUND ALUMNI & DEVELOPMENT RECORDS BOX 90 DURHAM, NC 27708	56-0532129	501(C)3	10,000.	0.			FOR THE ANNUAL FUND.
DUKE UNIVERSITY ANNUAL FUND ALUMNI & DEVELOPMENT RECORDS BOX 90 DURHAM, NC 27708	56-0532129	501(C)3	53,329.	0.			FOR REBOLD FAMILY SCHOLARSHIP FUND.
DUKE UNIVERSITY ANNUAL FUND ALUMNI & DEVELOPMENT RECORDS BOX 90 DURHAM, NC 27708	56-0532129	501(C)3	25,000.	0.			FOR THE ALUMNI UNDERGRADUATE SCHOLARSHIP PROGRAM.
EARTHPLACE, INC. 10 WOODSIDE LANE WESTPORT, CT 06881	06-0740523	501(C)3	5,000.	0.			EDUCATION INTERNSHIPS FOR NORWALK STUDENTS.
EARTHPLACE, INC. 10 WOODSIDE LANE WESTPORT, CT 06881	06-0740523	501(C)3	5,000.	0.			TO SUPPORT HARBOR WATCH/RIVER WATCH.
EARTHPLACE, INC. 10 WOODSIDE LANE WESTPORT, CT 06881	06-0740523	501(C)3	2,750.	0.			FOR GENERAL SUPPORT.
ECOLOGICAL FARMING ASSOCIATION 2901 PARK AVENUE, SUITE D-2 SOQUEL, CA 95073	68-0003547	501(C)3	20,000.	0.			TO SUPPORT THE WATER STEWARDSHIP PROJECT (WSP).
EDUCATION CONNECTION 345 MAIN STREET, DANBURY SCHOOL READINESS COUNCIL - DANBURY, CT 06810	06-0842189	501(C)3	5,000.	0.			TO SUPPORT THE SANDY HOOK ELEMENTARY SCHOOL AFTERSCHOOL PROGRAMS.

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EDUCATION CONNECTION 345 MAIN STREET, DANBURY SCHOOL READINESS COUNC - DANBURY, CT 06810	06-0842189	501(C)3	500.	0.			TO SUPPORT THE SANDY HOOK ELEMENTARY SCHOOL AFTERSCHOOL PROGRAMS.
EDUCATORS 4 EXCELLENCE 333 WEST 39TH STREET, SUITE 703 NEW YORK, NY 10018	27-3382030	501(C)3	100,000.	0.			TO SUPPORT THE CONNECTICUT INITIATIVE.
ELDERHOUSE 7 LEWIS STREET NORWALK, CT 06851	06-0963343	501(C)3	20,000.	0.			ELDERHOUSE ADULT DAY CARE PROGRAM.
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH, 17TH FLOOR NEW YORK, NY 10010	11-6107128	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
EPILEPSY THERAPY PROJECT P.O. BOX 742 MIDDLEBURG, VA 20118	20-8640700	501(C)3	10,007.	0.			TO SUPPORT THE NY FUNDRAISER AT JAZZ STANDARD.
EPILEPSY THERAPY PROJECT P.O. BOX 742 MIDDLEBURG, VA 20118	20-8640700	501(C)3	70,000.	0.			TO SUPPORT THE GENERAL FUND.
EQUINE VOICES RESCUE & SANCTUARY P.O. BOX 1685 GREEN VALLEY, AZ 85622	74-3127794	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
EXCEL BRIDGEPORT 1057 BROAD STREET, SUITE 302 BRIDGEPORT, CT 06604	45-0824113	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.
EXCEL BRIDGEPORT 1057 BROAD STREET, SUITE 302 BRIDGEPORT, CT 06604	45-0824113	501(C)3	7,500.	0.			FOR GENERAL SUPPORT.

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EXCEL BRIDGEPORT 1057 BROAD STREET, SUITE 302 BRIDGEPORT, CT 06604	45-0824113	501(C)3	7,500.	0.			FOR GENERAL SUPPORT.
FACE FORWARD, INC. 8670 WILSHIRE BOULEVARD, SUITE 200 BEVERLY HILLS, CA 90211	35-2343525	501(C)3	8,000.	0.			TO SUPPORT SURGERIES FOR VICTIMS.
FACING HISTORY AND OURSELVES 16 HURD ROAD BROOKLINE, MA 02445	04-2761636	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
FAIRFIELD MUSEUM & HISTORY CENTER 370 BEACH ROAD FAIRFIELD, CT 06824	06-0646622	501(C)3	316.	0.			FOR GENERAL SUPPORT.
FAIRFIELD MUSEUM & HISTORY CENTER 370 BEACH ROAD FAIRFIELD, CT 06824	06-0646622	501(C)3	300.	0.			FOR GENERAL SUPPORT.
FAIRFIELD MUSEUM & HISTORY CENTER 370 BEACH ROAD FAIRFIELD, CT 06824	06-0646622	501(C)3	20,000.	0.			GENERAL OPERATING SUPPORT.
FAIRFIELD THEATRE COMPANY, INC. 70 SANFORD STREET FAIRFIELD, CT 06824	06-1594125	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
FAIRFIELD UNIVERSITY 1073 NORTH BENSON ROAD, OFFICE OF D FAIRFIELD, CT 06824	06-0646623	501(C)3	1,075.	0.			FOR GENERAL SUPPORT.
FAIRFIELD UNIVERSITY 1073 NORTH BENSON ROAD, OFFICE OF D FAIRFIELD, CT 06824	06-0646623	501(C)3	500.	0.			TO SUPPORT THE JOSHUA GREENBERG MEMORIAL AWARD.

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FAIRFIELD UNIVERSITY 1073 NORTH BENSON ROAD, OFFICE OF D FAIRFIELD, CT 06824	06-0646623	501(C)3	6,544.	0.			FOR ARTS PROGRAMMING AND SCHOLARSHIPS.
FAIRFIELD UNIVERSITY 1073 NORTH BENSON ROAD, OFFICE OF D FAIRFIELD, CT 06824	06-0646623	501(C)3	3,651.	0.			FOR GENERAL SUPPORT.
FAMILY AND CHILDREN'S AGENCY 9 MOTT AVENUE NORWALK, CT 06850	06-0970985	501(C)3	5,000.	0.			TO BE USED FOR REPARATIONS RELATED TO DAMAGE FROM HURRICANE SANDY.
FAMILY AND CHILDREN'S AGENCY 9 MOTT AVENUE NORWALK, CT 06850	06-0970985	501(C)3	35,000.	0.			SUMMER PROGRAM.
FAMILY AND CHILDREN'S AGENCY 9 MOTT AVENUE NORWALK, CT 06850	06-0970985	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
FAMILY AND CHILDREN'S AGENCY 9 MOTT AVENUE NORWALK, CT 06850	06-0970985	501(C)3	10,000.	0.			GIRLS CHALLENGE.
FAMILY AND CHILDREN'S AGENCY 9 MOTT AVENUE NORWALK, CT 06850	06-0970985	501(C)3	500.	0.			FOR GENERAL SUPPORT.
FAMILY CENTERS, INC. 40 ARCH STREET, PO BOX 7550 GREENWICH, CT 06830	06-0646656	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
FAMILY CENTERS, INC. 40 ARCH STREET, PO BOX 7550 GREENWICH, CT 06830	06-0646656	501(C)3	22,000.	0.			YOUNG PARENTS PROGRAM.

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FAMILY CENTERS, INC. 40 ARCH STREET, PO BOX 7550 GREENWICH, CT 06830	06-0646656	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.
FAMILY CENTERS, INC. 40 ARCH STREET, PO BOX 7550 GREENWICH, CT 06830	06-0646656	501(C)3	4,000.	0.			FOR GENERAL SUPPORT.
FAMILY CENTERS, INC. 40 ARCH STREET, PO BOX 7550 GREENWICH, CT 06830	06-0646656	501(C)3	25,000.	0.			FOR THE ANNUAL APPEAL.
FAMILY CENTERS, INC. 40 ARCH STREET, PO BOX 7550 GREENWICH, CT 06830	06-0646656	501(C)3	3,460.	0.			FOR GENERAL SUPPORT.
FAMILY REENTRY 9 MOTT AVENUE, SUITE 104 NORWALK, CT 06850	06-1196124	501(C)3	1,000.	0.			FOR THE ANNUAL APPEAL.
FAMILY REENTRY 9 MOTT AVENUE, SUITE 104 NORWALK, CT 06850	06-1196124	501(C)3	2,000.	0.			FOR GENERAL SUPPORT.
FAMILY REENTRY 9 MOTT AVENUE, SUITE 104 NORWALK, CT 06850	06-1196124	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
FAMILY REENTRY 9 MOTT AVENUE, SUITE 104 NORWALK, CT 06850	06-1196124	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
FELLOWSHIP FOUNDATION, INC. DBA INTERNATIONAL FOUNDATION - P.O. BOX 23813 - WASHINGTON, DC 20026-3813	53-0204604	501(C)3	6,440.	0.			TO SUPPORT THE 2013 INTERNSHIP PROGRAM RUN BY CORNERSTONE DEVELOPMENT AFRICA.

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FELLOWSHIP FOUNDATION, INC. DBA INTERNATIONAL FOUNDATION - P.O. BOX 23813 - WASHINGTON, DC 20026-3813	53-0204604	501(C)3	100,000.	0.			TO SUPPORT THE MAKERERE HOSTEL PROJECT RUN BY ERIC KREUTTER.
FILM FORUM, INC. 209 WEST HOUSTON STREET NEW YORK, NY 10014	51-0175953	501(C)3	35,000.	0.			TO SUPPORT THE SHEPARD BLACK PROJECT.
FILM FORUM, INC. 209 WEST HOUSTON STREET NEW YORK, NY 10014	51-0175953	501(C)3	10,000.	0.			TO SUPPORT THE SHEPARD BLACK DOCUMENTARY.
FIRST PRESBYTERIAN CHURCH 1101 BEDFORD STREET STAMFORD, CT 06905	06-0658082	501(C)3	6,000.	0.			TO SUPPORT THE NURSERY SCHOOL.
FJC-FOUNDATION OF PHILANTHROPIC FUNDS - 520 EIGHTH AVENUE, 20TH FLOOR - NEW YORK, NY 10018	13-3848582	501(C)3	5,000.	0.			TO PROVIDE GENERAL SUPPORT TO PINK AID, WITH FJC SERVING AS ITS FISCAL SPONSOR.
FOOD BANK OF LOWER FAIRFIELD COUNTY - 461 GLENBROOK ROAD - STAMFORD, CT 06906-1820	02-0684220	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
FOOD BANK OF LOWER FAIRFIELD COUNTY - 461 GLENBROOK ROAD - STAMFORD, CT 06906-1820	02-0684220	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.
FOOD BANK OF LOWER FAIRFIELD COUNTY - 461 GLENBROOK ROAD - STAMFORD, CT 06906-1820	02-0684220	501(C)3	5,000.	0.			TO PROVIDE HURRICANE SANDY RELIEF ASSISTANCE.
FRIENDS OF NATHANIEL WITHERELL, INC. - 70 PARSONAGE ROAD - GREENWICH, CT 06830-3944	22-3934788	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.

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FRIENDS OF NATHANIEL WITHERELL, INC. - 70 PARSONAGE ROAD - GREENWICH, CT 06830-3944	22-3934788	501(C)3	500.	0.			FOR THE ANNUAL APPEAL.
FRIENDS OF THE FERGUSON LIBRARY ONE PUBLIC LIBRARY PLAZA STAMFORD, CT 06904	06-1027077	501(C)3	40,000.	0.			FOR GENERAL SUPPORT OF FERGUSON LIBRARY.
FRIENDSHIP AMBASSADORS FOUNDATION, INC. - 299 GREENWICH AVENUE - GREENWICH, CT 06830	20-0204258	501(C)3	50,000.	0.			TO SUPPORT THE PILATES EDUCATION CONFERENCE.
FSW 475 CLINTON AVENUE BRIDGEPORT, CT 06605	06-0646974	501(C)3	1,000.	0.			TO SUPPORT COMMUNITY PROGRAMS.
FSW 475 CLINTON AVENUE BRIDGEPORT, CT 06605	06-0646974	501(C)3	20,000.	0.			PROJECT WIN.
FSW 475 CLINTON AVENUE BRIDGEPORT, CT 06605	06-0646974	501(C)3	1,000.	0.			TO SUPPORT ELDERLY HOUSING.
FSW 475 CLINTON AVENUE BRIDGEPORT, CT 06605	06-0646974	501(C)3	5,000.	0.			TO SUPPORT OPERATING EXPENSES OF THE COMMUNITY CLOSET, NOW A PROGRAM OF FSW, INC.
GARRISON INSTITUTE P.O. BOX 532, OFFICE OF DEVELOPMENT GARRISON, NY 10524	01-0597067	501(C)3	5,000.	0.			FOR GENERAL SUPPORT IN HONOR OF THE 10TH ANNIVERSARY.
GIRL SCOUTS OF CONNECTICUT 340 WASHINGTON STREET HARTFORD, CT 06106	06-0662134	501(C)3	20,000.	0.			LIVE HEALTHY - LEAD HEALTHY.

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GLOBAL HEALTH MINISTRIES 7831 HICKORY STREET NE MINNEAPOLIS, MN 55432-2500	36-3532234	501(C)3	10,000.	0.			TO SUPPORT ALMC CHILDREN'S SURGERY AND A SURGICAL REHAB PROGRAM FOR DISABLED CHILDREN.
GREATER BRIDGEPORT COMMUNITY ENTERPRISES - 570 BARNUM AVENUE, 2ND FLOOR - BRIDGEPORT, CT 06608	20-5759623	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
GREATER BRIDGEPORT COMMUNITY ENTERPRISES - 570 BARNUM AVENUE, 2ND FLOOR - BRIDGEPORT, CT 06608	20-5759623	501(C)3	25,000.	0.			TO PROVIDE GENERAL SUPPORT TO THE GREEN TEAM.
GREATER BRIDGEPORT COMMUNITY ENTERPRISES - 570 BARNUM AVENUE, 2ND FLOOR - BRIDGEPORT, CT 06608	20-5759623	501(C)3	20,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT FOR PARK CITY GREEN.
GREATER BRIDGEPORT ORCHESTRAS P.O. BOX 645 FAIRFIELD, CT 06824	06-1325895	501(C)3	5,200.	0.			GBYO PILOT PROGRAM WITH KEYS.
GREATER BRIDGEPORT SYMPHONY SOCIETY - 446 UNIVERSITY AVENUE - BRIDGEPORT, CT 06604	06-6012460	501(C)3	3,000.	0.			FOR GENERAL SUPPORT.
GREATER BRIDGEPORT SYMPHONY SOCIETY - 446 UNIVERSITY AVENUE - BRIDGEPORT, CT 06604	06-6012460	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT.
GREATER BRIDGEPORT SYMPHONY SOCIETY - 446 UNIVERSITY AVENUE - BRIDGEPORT, CT 06604	06-6012460	501(C)3	300.	0.			FOR GENERAL SUPPORT.
GREATER BRIDGEPORT SYMPHONY SOCIETY - 446 UNIVERSITY AVENUE - BRIDGEPORT, CT 06604	06-6012460	501(C)3	4,110.	0.			FOR GENERAL SUPPORT.

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GREATER BRIDGEPORT SYMPHONY SOCIETY - 446 UNIVERSITY AVENUE - BRIDGEPORT, CT 06604	06-6012460	501(C)3	540.	0.			FOR GENERAL SUPPORT.
GREEN VILLAGE INITIATIVE 1 MORNINGSIDE DRIVE NORTH, BUILDING B, 2ND FLOOR - WESTPORT, CT 06880	27-1439954	501(C)3	25,000.	0.			FOR GENERAL SUPPORT.
GREEN VILLAGE INITIATIVE 1 MORNINGSIDE DRIVE NORTH, BUILDING B, 2ND FLOOR - WESTPORT, CT 06880	27-1439954	501(C)3	20,000.	0.			FOR GENERAL SUPPORT.
GREEN VILLAGE INITIATIVE 1 MORNINGSIDE DRIVE NORTH, BUILDING B, 2ND FLOOR - WESTPORT, CT 06880	27-1439954	501(C)3	40,000.	0.			FOR GENERAL SUPPORT.
GREEN VILLAGE INITIATIVE 1 MORNINGSIDE DRIVE NORTH, BUILDING B, 2ND FLOOR - WESTPORT, CT 06880	27-1439954	501(C)3	25,000.	0.			FOR GENERAL SUPPORT.
GREENS FARMS ACADEMY 35 BEACHSIDE AVENUE P.O. BOX 998 GREENS FARMS, CT 06438	06-0733693	501(C)3	25,000.	0.			FOR THE CAPITAL CAMPAIGN.
GREENS FARMS ACADEMY 35 BEACHSIDE AVENUE P.O. BOX 998 GREENS FARMS, CT 06438	06-0733693	501(C)3	15,000.	0.			FOR THE ANNUAL CAMPAIGN.
GREENS FARMS ACADEMY 35 BEACHSIDE AVENUE P.O. BOX 998 GREENS FARMS, CT 06438	06-0733693	501(C)3	2,500.	0.			FOR THE ANNUAL FUND.
GREENS FARMS ACADEMY 35 BEACHSIDE AVENUE P.O. BOX 998 GREENS FARMS, CT 06438	06-0733693	501(C)3	2,500.	0.			TO SUPPORT THE ANNUAL CAMPAIGN.

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GREENWICH ADULT DAY CARE 125 RIVER ROAD EXTENSION COS COB, CT 06807	06-1066787	501(C)3	1,000.	0.			TO SUPPORT THE RIVER HOUSE PROGRAM.
GREENWICH ADULT DAY CARE 125 RIVER ROAD EXTENSION COS COB, CT 06807	06-1066787	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
GREENWICH ADULT DAY CARE 125 RIVER ROAD EXTENSION COS COB, CT 06807	06-1066787	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
GREENWICH ADULT DAY CARE 125 RIVER ROAD EXTENSION COS COB, CT 06807	06-1066787	501(C)3	1,500.	0.			TO SUPPORT THE GREENWICH ADULT DAY CARE 2013 GARDEN PARTY.
GREENWICH ALLIANCE FOR EDUCATION 48 MAPLE AVENUE GREENWICH, CT 06830	20-4356460	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
GREENWICH COUNTRY DAY SCHOOL P.O. BOX 623 GREENWICH, CT 06836-9891	06-0646657	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
GREENWICH COUNTRY DAY SCHOOL P.O. BOX 623 GREENWICH, CT 06836-9891	06-0646657	501(C)3	225,000.	0.			FOR GENERAL SUPPORT.
GREENWICH HOSPITAL C/O GREENWICH HOSPITAL FOUNDATION 5 PERRYRIDGE ROAD - GREENWICH, CT 06830-46	06-0646659	501(C)3	5,000.	0.			TO SUPPORT THE THOMAS WATSON JR. SOCIETY.
GREENWICH HOSPITAL C/O GREENWICH HOSPITAL FOUNDATION 5 PERRYRIDGE ROAD - GREENWICH, CT 06830-46	06-0646659	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.

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GREENWICH HOSPITAL C/O GREENWICH HOSPITAL FOUNDATION 5 PERRYRIDGE ROAD - GREENWICH, CT 06830-46	06-0646659	501(C)3	8,000.	0.			FOR GENERAL SUPPORT.
GREENWICH LIBRARY 101 WEST PUTNAM AVENUE TRUSTEES OFF GREENWICH, CT 06830-5387	06-6002281	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
GREENWICH LIBRARY 101 WEST PUTNAM AVENUE TRUSTEES OFF GREENWICH, CT 06830-5387	06-6002281	501(C)3	3,000.	0.			FOR GENERAL SUPPORT.
GREENWICH LIBRARY 101 WEST PUTNAM AVENUE TRUSTEES OFF GREENWICH, CT 06830-5387	06-6002281	501(C)3	1,000.	0.			TO SUPPORT THE ANNUAL CAMPAIGN.
GREENWICH LIBRARY 101 WEST PUTNAM AVENUE TRUSTEES OFF GREENWICH, CT 06830-5387	06-6002281	501(C)3	500.	0.			FOR GENERAL OPERATING SUPPORT.
GREENWICH SCHOLARSHIP ASSOCIATION C/O UNITED WAY OF GREENWICH 1 LAFAYETTE COURT - GREENWICH, CT 06830	06-1467698	501(C)3	122,590.	0.			FOR THE SCHOLARSHIP PROGRAM.
GREENWICH SCHOLARSHIP ASSOCIATION C/O UNITED WAY OF GREENWICH 1 LAFAYETTE COURT - GREENWICH, CT 06830	06-1467698	501(C)3	9,630.	0.			FOR THE SCHOLARSHIP PROGRAM.
GREENWICH SCHOLARSHIP ASSOCIATION C/O UNITED WAY OF GREENWICH 1 LAFAYETTE COURT - GREENWICH, CT 06830	06-1467698	501(C)3	2,420.	0.			FOR THE SCHOLARSHIP PROGRAM.
GREENWICH SCHOLARSHIP ASSOCIATION C/O UNITED WAY OF GREENWICH 1 LAFAYETTE COURT - GREENWICH, CT 06830	06-1467698	501(C)3	28,450.	0.			FOR THE SCHOLARSHIP PROGRAM.

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENWICH SCHOLARSHIP ASSOCIATION C/O UNITED WAY OF GREENWICH 1 LAFAYETTE COURT - GREENWICH, CT 06830	06-1467698	501(C)3	1,000.	0.			FOR THE SCHOLARSHIP PROGRAM.
GREENWICH SCHOLARSHIP ASSOCIATION C/O UNITED WAY OF GREENWICH 1 LAFAYETTE COURT - GREENWICH, CT 06830	06-1467698	501(C)3	2,360.	0.			FOR THE SCHOLARSHIP PROGRAM.
GREENWICH SCHOLARSHIP ASSOCIATION C/O UNITED WAY OF GREENWICH 1 LAFAYETTE COURT - GREENWICH, CT 06830	06-1467698	501(C)3	1,280.	0.			FOR THE SCHOLARSHIP PROGRAM.
GREENWICH SCHOLARSHIP ASSOCIATION C/O UNITED WAY OF GREENWICH 1 LAFAYETTE COURT - GREENWICH, CT 06830	06-1467698	501(C)3	1,000.	0.			FOR THE SCHOLARSHIP PROGRAM.
GREENWICH SCHOLARSHIP ASSOCIATION C/O UNITED WAY OF GREENWICH 1 LAFAYETTE COURT - GREENWICH, CT 06830	06-1467698	501(C)3	1,500.	0.			FOR THE SCHOLARSHIP PROGRAM.
GREENWICH SCHOLARSHIP ASSOCIATION C/O UNITED WAY OF GREENWICH 1 LAFAYETTE COURT - GREENWICH, CT 06830	06-1467698	501(C)3	3,000.	0.			FOR THE SCHOLARSHIP PROGRAM.
GREENWICH SCHOLARSHIP ASSOCIATION C/O UNITED WAY OF GREENWICH 1 LAFAYETTE COURT - GREENWICH, CT 06830	06-1467698	501(C)3	4,000.	0.			FOR THE SCHOLARSHIP PROGRAM.
GREENWICH SCHOLARSHIP ASSOCIATION C/O UNITED WAY OF GREENWICH 1 LAFAYETTE COURT - GREENWICH, CT 06830	06-1467698	501(C)3	3,000.	0.			FOR THE SCHOLARSHIP PROGRAM.
GREENWICH SCHOLARSHIP ASSOCIATION C/O UNITED WAY OF GREENWICH 1 LAFAYETTE COURT - GREENWICH, CT 06830	06-1467698	501(C)3	2,990.	0.			FOR THE SCHOLARSHIP PROGRAM.

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GREENWICH SCHOLARSHIP ASSOCIATION C/O UNITED WAY OF GREENWICH 1 LAFAYETTE COURT - GREENWICH, CT 06830	06-1467698	501(C)3	1,970.	0.			FOR THE SCHOLARSHIP PROGRAM.
GREENWICH SCHOLARSHIP ASSOCIATION C/O UNITED WAY OF GREENWICH 1 LAFAYETTE COURT - GREENWICH, CT 06830	06-1467698	501(C)3	1,000.	0.			FOR THE SCHOLARSHIP PROGRAM.
GREENWICH SCHOLARSHIP ASSOCIATION C/O UNITED WAY OF GREENWICH 1 LAFAYETTE COURT - GREENWICH, CT 06830	06-1467698	501(C)3	4,720.	0.			FOR THE SCHOLARSHIP PROGRAM.
GREENWICH SCHOLARSHIP ASSOCIATION C/O UNITED WAY OF GREENWICH 1 LAFAYETTE COURT - GREENWICH, CT 06830	06-1467698	501(C)3	2,170.	0.			FOR THE SCHOLARSHIP PROGRAM.
GREENWICH SCHOLARSHIP ASSOCIATION C/O UNITED WAY OF GREENWICH 1 LAFAYETTE COURT - GREENWICH, CT 06830	06-1467698	501(C)3	2,280.	0.			FOR THE SCHOLARSHIP PROGRAM.
GROUNDWORK BRIDGEPORT 510 BARNUM AVENUE SUITE 304 BRIDGEPORT, CT 06608	06-1556949	501(C)3	15,000.	0.			AS A CHALLENGE GRANT TO PROVIDE GENERAL OPERATING SUPPORT.
GROUNDWORK BRIDGEPORT 510 BARNUM AVENUE SUITE 304 BRIDGEPORT, CT 06608	06-1556949	501(C)3	5,000.	0.			FOR GENERAL OPERATING SUPPORT.
HALL NEIGHBORHOOD HOUSE 52 GEORGE E. PIPKIN'S WAY BRIDGEPORT, CT 06608	06-0676851	501(C)3	15,000.	0.			HALL ARTS ACADEMY ARTS EDUCATION PROGRAM.
HARLEM ACADEMY 1330 FIFTH AVENUE NEW YORK, NY 10026	56-2454573	501(C)3	25,000.	0.			FOR GENERAL SUPPORT.

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HARLEM CHILDREN'S ZONE 35 EAST 125TH STREET NEW YORK, NY 10035	23-7112974	501(C)3	50,000.	0.			FOR GENERAL SUPPORT.
HARLEM EDUCATIONAL ACTIVITIES FUND, INC. (HEAF) - 2090 7TH AVENUE, 10TH FLOOR - NEW YORK, NY 10027	13-3568672	501(C)3	25,000.	0.			TO SUPPORT THE GENERAL FUND.
HARVARD BUSINESS SCHOOL SOLDIERS FIELD TEELE HALL 429 BOSTON, MA 02163	04-2103580	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
HARVARD BUSINESS SCHOOL SOLDIERS FIELD TEELE HALL 429 BOSTON, MA 02163	04-2103580	501(C)3	50,000.	0.			TO SUPPORT THE LINDMOR SCHOLARS FUND.
HARVARD BUSINESS SCHOOL SOLDIERS FIELD TEELE HALL 429 BOSTON, MA 02163	04-2103580	501(C)3	5,000.	0.			CLASS OF 1973 REUNION GIFT FOR GENERAL SUPPORT.
HARVARD GLEE CLUB FOUNDATION, INC. 1753 MASSACHUSETTS AVENUE, 3RD FLOOR CAMBRIDGE, MA 02140	04-2313930	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
HEIFER INTERNATIONAL 1 WORLD AVENUE NATIONAL HEADQUARTERS - LITTLE ROCK, AR 72202	35-1019477	501(C)3	500.	0.			FOR GENERAL SUPPORT.
HEIFER INTERNATIONAL 1 WORLD AVENUE NATIONAL HEADQUARTERS - LITTLE ROCK, AR 72202	35-1019477	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
HIGH SCHOOL SCHOLARSHIP FOUNDATION OF FAIRFIELD - 272 CANTERBURY LANE - FAIRFIELD, CT 06825	06-1273415	501(C)3	8,830.	0.			FOR GENERAL SCHOLARSHIP SUPPORT.

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HIGH SCHOOL SCHOLARSHIP FOUNDATION OF FAIRFIELD - 272 CANTERBURY LANE - FAIRFIELD, CT 06825	06-1273415	501(C)3	780.	0.			FOR GENERAL SCHOLARSHIP SUPPORT.
HISTORIC NEW ENGLAND 141 CAMBRIDGE STREET BOSTON, MA 02114	04-2104937	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
HISTORIC NEW ENGLAND 141 CAMBRIDGE STREET BOSTON, MA 02114	04-2104937	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
HISTORICAL SOCIETY OF THE TOWN OF GREENWICH - 39 STRICKLAND ROAD - COS COB, CT 06807	06-6036049	501(C)3	5,000.	0.			FOR THE ANNUAL APPEAL.
HOMEFRONT, INC. 88 HAMILTON AVENUE STAMFORD, CT 06902	30-0281085	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
HOMES WITH HOPE 49 RICHMONDVILLE AVENUE SUITE 112 WESTPORT, CT 06880	22-2534326	501(C)3	2,000.	0.			FOR GENERAL SUPPORT.
HOMES WITH HOPE 49 RICHMONDVILLE AVENUE SUITE 112 WESTPORT, CT 06880	22-2534326	501(C)3	2,750.	0.			FOR GENERAL SUPPORT.
HOMES WITH HOPE 49 RICHMONDVILLE AVENUE SUITE 112 WESTPORT, CT 06880	22-2534326	501(C)3	48,000.	0.			TO SUPPORT THE HOUSING STABILITY FUND PILOT IN FAIRFIELD COUNTY.
HORIZONS AT SACRED HEART UNIVERSITY - 5151 PARK AVENUE - FAIRFIELD, CT 06825	06-0776644	501(C)3	22,000.	0.			SUMMER PROGRAM.

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HORIZONS NATIONAL 1 PARK STREET NORWALK, CT 06851	06-1468129	501(C)3	25,000.	0.			FOR THE ANNUAL APPEAL.
HORIZONS STUDENT ENRICHMENT PROGRAM, GREENS FARMS ACADEMY - 35 BEACHSIDE AVENUE PO BOX 998 - GREENS FARMS, CT 06838-0998	06-0733693	501(C)3	500.	0.			FOR GENERAL SUPPORT.
HORIZONS STUDENT ENRICHMENT PROGRAM, GREENS FARMS ACADEMY - 35 BEACHSIDE AVENUE PO BOX 998 - GREENS FARMS, CT 06838-0998	06-0733693	501(C)3	1,500.	0.			TO SUPPORT THE NOVEMBER BENEFIT.
HORIZONS STUDENT ENRICHMENT PROGRAM, GREENS FARMS ACADEMY - 35 BEACHSIDE AVENUE PO BOX 998 - GREENS FARMS, CT 06838-0998	06-0733693	501(C)3	22,000.	0.			SUMMER PROGRAM.
HORIZONS STUDENT ENRICHMENT PROGRAM, GREENS FARMS ACADEMY - 35 BEACHSIDE AVENUE PO BOX 998 - GREENS FARMS, CT 06838-0998	06-0733693	501(C)3	500.	0.			FOR GENERAL SUPPORT.
HORIZONS STUDENT ENRICHMENT PROGRAM, GREENS FARMS ACADEMY - 35 BEACHSIDE AVENUE PO BOX 998 - GREENS FARMS, CT 06838-0998	06-0733693	501(C)3	3,000.	0.			FOR SCHOLARSHIP SUPPORT.
HORIZONS STUDENT ENRICHMENT PROGRAM, NEW CANAAN COUNTRY SCHOOL - P.O. BOX 997 - NEW CANAAN, CT 06840	06-0646765	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
HORIZONS STUDENT ENRICHMENT PROGRAM, NEW CANAAN COUNTRY SCHOOL - P.O. BOX 997 - NEW CANAAN, CT 06840	06-0646765	501(C)3	500.	0.			TO SUPPORT THE ANNUAL GALA BENEFIT.
HORIZONS STUDENT ENRICHMENT PROGRAM, NEW CANAAN COUNTRY SCHOOL - P.O. BOX 997 - NEW CANAAN, CT 06840	06-0646765	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.

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HORIZONS STUDENT ENRICHMENT PROGRAM, NEW CANAAN COUNTRY SCHOOL - P.O. BOX 997 - NEW CANAAN, CT 06840	06-0646765	501(C)3	22,000.	0.			SUMMER PROGRAM.
HORIZONS STUDENT ENRICHMENT PROGRAM, NEW CANAAN COUNTRY SCHOOL - P.O. BOX 997 - NEW CANAAN, CT 06840	06-0646765	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.
HOUSATONIC COMMUNITY COLLEGE FOUNDATION - 900 LAFAYETTE BOULEVARD - BRIDGEPORT, CT 06604-4704	06-1291848	501(C)3	3,000.	0.			TO SUPPORT THE HCC ADVANCED MANUFACTURING PROGRAM'S SCHOLARSHIPS.
HOUSATONIC COMMUNITY COLLEGE FOUNDATION - 900 LAFAYETTE BOULEVARD - BRIDGEPORT, CT 06604-4704	06-1291848	501(C)3	15,000.	0.			PEER DOCENT PROGRAM WITH BRIDGEPORT PUBLIC SCHOOLS.
HOUSATONIC COMMUNITY COLLEGE FOUNDATION - 900 LAFAYETTE BOULEVARD - BRIDGEPORT, CT 06604-4704	06-1291848	501(C)3	24,261.	0.			FOR THE ORISTANO SCHOLAR PROGRAM.
HOUSING DEVELOPMENT FUND, INC. 100 PROSPECT STREET, SUITE 100 STAMFORD, CT 06901	06-1276156	501(C)3	25,000.	0.			FIRST TIME HOMEBUYER PROGRAM.
HOUSING DEVELOPMENT FUND, INC. 100 PROSPECT STREET, SUITE 100 STAMFORD, CT 06901	06-1276156	501(C)3	5,000.	0.			TO SUPPORT THE FIRST-TIME HOMEBUYER PROGRAM.
HUMAN SERVICES COUNCIL OF MID-FAIRFIELD - ONE PARK STREET - NORWALK, CT 06851	06-6102160	501(C)3	2,500.	0.			FOR REPRODUCTIVE HEALTH CARE SERVICES AT THE ROBERT APPLEBY SCHOOL BASED HEALTH CENTERS.
HUMAN SERVICES COUNCIL OF MID-FAIRFIELD - ONE PARK STREET - NORWALK, CT 06851	06-6102160	501(C)3	15,000.	0.			ROBERT APPLEBY SCHOOL BASED HEALTH CENTERS.

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INNER-CITY FOUNDATION FOR CHARITY & EDUCATION - 238 JEWETT AVENUE - BRIDGEPORT, CT 06606	06-1318337	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
INSPIRICA (FORMERLY ST. LUKE'S LIFEWORKS) - 141 FRANKLIN STREET - STAMFORD, CT 06901	06-1172535	501(C)3	25,000.	0.			FOR GENERAL SUPPORT.
INSPIRICA (FORMERLY ST. LUKE'S LIFEWORKS) - 141 FRANKLIN STREET - STAMFORD, CT 06901	06-1172535	501(C)3	500.	0.			FOR GENERAL SUPPORT IN HONOR OF KIM HENDERSON AND PATRICIA LYDON.
INSPIRICA (FORMERLY ST. LUKE'S LIFEWORKS) - 141 FRANKLIN STREET - STAMFORD, CT 06901	06-1172535	501(C)3	100,000.	0.			TO SUPPORT THE HOUSING STABILITY FUND PILOT IN FAIRFIELD COUNTY.
INSPIRICA (FORMERLY ST. LUKE'S LIFEWORKS) - 141 FRANKLIN STREET - STAMFORD, CT 06901	06-1172535	501(C)3	2,000.	0.			FOR GENERAL SUPPORT.
INSPIRICA (FORMERLY ST. LUKE'S LIFEWORKS) - 141 FRANKLIN STREET - STAMFORD, CT 06901	06-1172535	501(C)3	500.	0.			FOR GENERAL SUPPORT.
INSPIRICA (FORMERLY ST. LUKE'S LIFEWORKS) - 141 FRANKLIN STREET - STAMFORD, CT 06901	06-1172535	501(C)3	25,000.	0.			JUMPSTART CAREER PROGRAM FOR CLIENTS WHO ARE HOMELESS.
INSPIRICA (FORMERLY ST. LUKE'S LIFEWORKS) - 141 FRANKLIN STREET - STAMFORD, CT 06901	06-1172535	501(C)3	2,500.	0.			TO PROVIDE HURRICANE SANDY RELIEF ASSISTANCE.
INSPIRICA (FORMERLY ST. LUKE'S LIFEWORKS) - 141 FRANKLIN STREET - STAMFORD, CT 06901	06-1172535	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.

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INSPIRICA (FORMERLY ST. LUKE'S LIFEWORKS) - 141 FRANKLIN STREET - STAMFORD, CT 06901	06-1172535	501(C)3	4,000.	0.			FOR GENERAL SUPPORT.
INSPIRICA (FORMERLY ST. LUKE'S LIFEWORKS) - 141 FRANKLIN STREET - STAMFORD, CT 06901	06-1172535	501(C)3	500.	0.			FOR GENERAL SUPPORT.
INSTITUTE FOR HUMANE STUDIES 3301 FAIRFAX DRIVE SUITE 440 ARLINGTON, VA 22201	94-1623852	501(C)3	10,007.	0.			FOR GENERAL SUPPORT.
INTERNATIONAL INSTITUTE OF CONNECTICUT - 670 CLINTON AVENUE - BRIDGEPORT, CT 06605	06-0669118	501(C)3	8,500.	0.			LANGUAGE ACCESS PROGRAM.
INTERNATIONAL INSTITUTE OF CONNECTICUT - 670 CLINTON AVENUE - BRIDGEPORT, CT 06605	06-0669118	501(C)3	10,000.	0.			FOR GENERAL OPERATING SUPPORT.
INTERNATIONAL INSTITUTE OF CONNECTICUT - 670 CLINTON AVENUE - BRIDGEPORT, CT 06605	06-0669118	501(C)3	12,500.	0.			FOR ACCOUNTING ASSISTANCE.
INTERNATIONAL SENIOR LAWYERS PROJECT - 31 W 52ND STREET 4RD FLOOR - NEW YORK, NY 10019	52-2241212	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
ITN COASTAL CONNECTICUT 303 LINWOOD AVENUE FAIRFIELD, CT 06824	27-0205865	501(C)3	12,500.	0.			SCHOLARSHIP ASSISTANCE SENIOR CITIZENS AND DISABLED RESIDENTS.
JACOB BURNS FILM CENTER 364 MANVILLE ROAD PLEASANTVILLE, NY 10570	13-4038441	501(C)3	5,000.	0.			FOR ANNUAL APPEAL / SILVER SCREEN CIRCLE.

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JACOB BURNS FILM CENTER 364 MANVILLE ROAD PLEASANTVILLE, NY 10570	13-4038441	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.
JACOB'S PILLOW DANCE FESTIVAL 358 GEORGE CARTER ROAD BECKET, MA 01223	04-6002993	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
JACOB'S PILLOW DANCE FESTIVAL 358 GEORGE CARTER ROAD BECKET, MA 01223	04-6002993	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
JEWISH CENTER FOR COMMUNITY SERVICES - 4200 PARK AVENUE - BRIDGEPORT, CT 06604	06-0655499	501(C)3	2,220.	0.			TO SUPPORT YOUTH ACTIVITIES.
JEWISH CENTER FOR COMMUNITY SERVICES - 4200 PARK AVENUE - BRIDGEPORT, CT 06604	06-0655499	501(C)3	3,250.	0.			FOR GENERAL SUPPORT.
JEWISH CENTER FOR COMMUNITY SERVICES - 4200 PARK AVENUE - BRIDGEPORT, CT 06604	06-0655499	501(C)3	4,450.	0.			FOR GENERAL SUPPORT. - TO BE USED FOR COMMUNITY PROGRAMS.
JEWISH CENTER FOR COMMUNITY SERVICES - 4200 PARK AVENUE - BRIDGEPORT, CT 06604	06-0655499	501(C)3	4,319.	0.			FOR GENERAL SUPPORT FOR ARTS PROGRAMMING.
JEWISH CENTER FOR COMMUNITY SERVICES - 4200 PARK AVENUE - BRIDGEPORT, CT 06604	06-0655499	501(C)3	1,480.	0.			FOR GENERAL SUPPORT. - TO BE USED SOLELY FOR LOCAL AND ISRAELI YOUTH PROGRAMS.
JEWISH COMMUNITY FOUNDATION 4200 PARK AVENUE BRIDGEPORT, CT 06604	06-0646689	501(C)3	25,307.	0.			FOR THE JEWISH COMMUNITY FOUNDATION.

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JEWISH FOUNDATION OF GREATER NEW HAVEN - 360 AMITY ROAD - WOODBRIDGE, CT 06525	06-0647025	501(C)3	19,968.	0.			FOR THE JEWISH COMMUNITY FOUNDATION.
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - GIFT PROCESSING DEPARTMENT P.O. BOX 928 - LAWRENCE, KS 66044-0928	48-0547734	501(C)3	23,000.	0.			FOR THE WILLIAMS EDUCATION FUND AND THE LESTER SUHLER MEMORIAL FUND.
KENNEDY CENTER 2440 RESERVOIR AVENUE TRUMBULL, CT 06611	06-0709295	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
KENNEDY CENTER 2440 RESERVOIR AVENUE TRUMBULL, CT 06611	06-0709295	501(C)3	980.	0.			FOR TRAINING PROGRAMS.
KENNEDY CENTER 2440 RESERVOIR AVENUE TRUMBULL, CT 06611	06-0709295	501(C)3	2,510.	0.			FOR GENERAL SUPPORT.
KENNEDY CENTER 2440 RESERVOIR AVENUE TRUMBULL, CT 06611	06-0709295	501(C)3	10,000.	0.			FOR GENERAL OPERATING SUPPORT.
KIDS IN CRISIS ONE SALEM STREET COS COB, CT 06807	06-1027885	501(C)3	5,000.	0.			TO SUPPORT SANDY HOOK.
KIDS IN CRISIS ONE SALEM STREET COS COB, CT 06807	06-1027885	501(C)3	980.	0.			FOR PROGRAM ACTIVITIES.
KIDS IN CRISIS ONE SALEM STREET COS COB, CT 06807	06-1027885	501(C)3	75,000.	0.			TO SUPPORT THE TLC HEALTH CENTER.

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KIDS IN CRISIS ONE SALEM STREET COS COB, CT 06807	06-1027885	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.
KIDS IN CRISIS ONE SALEM STREET COS COB, CT 06807	06-1027885	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.
KIDS IN CRISIS ONE SALEM STREET COS COB, CT 06807	06-1027885	501(C)3	75,000.	0.			TO SUPPORT THE TLC HEALTH CENTER.
KIDS IN CRISIS ONE SALEM STREET COS COB, CT 06807	06-1027885	501(C)3	25,000.	0.			FOR GENERAL SUPPORT.
KIDS IN CRISIS ONE SALEM STREET COS COB, CT 06807	06-1027885	501(C)3	4,000.	0.			FOR GENERAL SUPPORT.
KIDS IN CRISIS ONE SALEM STREET COS COB, CT 06807	06-1027885	501(C)3	162,500.	0.			TO SUPPORT THE TLC HEALTH CENTER; PROGRAM EVALUATION INITIATIVE; AND COMMUNITY OUTREACH.
LAKE GEORGE ASSOCIATION, INC. P.O. BOX 408 LAKE GEORGE, NY 12845	14-6000565	501(C)3	20,000.	0.			TO SUPPORT THE BOON BAY ASIAN CLAM ERADICATION PROJECT.
LAUREL HOUSE 1616 WASHINGTON BOULEVARD STAMFORD, CT 06902	22-2511467	501(C)3	20,000.	0.			EMPLOYMENT PROGRAM FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS.
LIBERATION PROGRAMS, INC. 129 GLOVER AVENUE NORWALK, CT 06850	06-0950218	501(C)3	500.	0.			FOR GENERAL SUPPORT.

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIBERATION PROGRAMS, INC. 129 GLOVER AVENUE NORWALK, CT 06850	06-0950218	501(C)3	20,000.	0.			FAMILIES IN RECOVERY PROGRAM.
LIBERATION PROGRAMS, INC. 129 GLOVER AVENUE NORWALK, CT 06850	06-0950218	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
LIBERATION PROGRAMS, INC. 129 GLOVER AVENUE NORWALK, CT 06850	06-0950218	501(C)3	1,500.	0.			FOR GENERAL SUPPORT.
LINCOLN CENTER FOR THE PERFORMING ARTS - 70 LINCOLN CENTER PLAZA - NEW YORK, NY 10023-6583	13-1847137	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
LISC-LOCAL INITIATIVES SUPPORT CORP. - 227 LAWRENCE STREET, 2ND FLOOR - HARTFORD, CT 06106-1430	13-3030229	501(C)3	10,000.	0.			FC AFFORDABLE HOUSING NETWORK.
LISC-LOCAL INITIATIVES SUPPORT CORP. - 227 LAWRENCE STREET, 2ND FLOOR - HARTFORD, CT 06106-1430	13-3030229	501(C)3	20,000.	0.			TO SUPPORT THE FAIRFIELD COUNTY COLLABORATIVE FUND FOR AFFORDABLE HOUSING.
LISC-LOCAL INITIATIVES SUPPORT CORP. - 227 LAWRENCE STREET, 2ND FLOOR - HARTFORD, CT 06106-1430	13-3030229	501(C)3	10,000.	0.			TO SUPPORT THE FAIRFIELD COUNTY COLLABORATIVE FUND FOR AFFORDABLE HOUSING.
LISC-LOCAL INITIATIVES SUPPORT CORP. - 227 LAWRENCE STREET, 2ND FLOOR - HARTFORD, CT 06106-1430	13-3030229	501(C)3	200,000.	0.			TO SUPPORT THE FAIRFIELD COUNTY COLLABORATIVE FUND FOR AFFORDABLE HOUSING.
LISC-LOCAL INITIATIVES SUPPORT CORP. - 227 LAWRENCE STREET, 2ND FLOOR - HARTFORD, CT 06106-1430	13-3030229	501(C)3	2,000.	0.			TO SUPPORT THE FAIRFIELD COUNTY COLLABORATIVE FUND FOR AFFORDABLE HOUSING.

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LITERACY VOLUNTEERS OF AMERICA - STAMFORD/GREENWICH - 141 FRANKLIN STREET - STAMFORD, CT 06901-1014	51-0207941	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
LITERACY VOLUNTEERS OF AMERICA - STAMFORD/GREENWICH - 141 FRANKLIN STREET - STAMFORD, CT 06901-1014	51-0207941	501(C)3	1,000.	0.			FOR THE ANNUAL APPEAL.
LOCKWOOD-MATHEWS MANSION MUSEUM 295 WEST AVENUE NORWALK, CT 06850	06-0811776	501(C)3	5,000.	0.			EDUCATION PROGRAM WITH NORWALK PUBLIC SCHOOLS.
LOST TREE CHARITABLE FOUNDATION 11520 LOST TREE WAY NORTH PALM BEACH, FL 33408	59-2104920	501(C)3	2,000.	0.			FOR GENERAL SUPPORT OF HEALTH AND HUMAN SERVICES ORGANIZATIONS.
LOST TREE CHARITABLE FOUNDATION 11520 LOST TREE WAY NORTH PALM BEACH, FL 33408	59-2104920	501(C)3	3,500.	0.			FOR THE 2013 ANNUAL FUND.
MARITIME AQUARIUM 10 N. WATER STREET NORWALK, CT 06854	06-1062912	501(C)3	26,000.	0.			TEMPEST INITIATIVE.
MARITIME AQUARIUM 10 N. WATER STREET NORWALK, CT 06854	06-1062912	501(C)3	20,000.	0.			TO SUPPORT THE NEW RESEARCH VESSEL AND FLOATING CLASSROOM.
MARITIME AQUARIUM 10 N. WATER STREET NORWALK, CT 06854	06-1062912	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
MARRAKECH, INC. 6 LUNAR DRIVE WOODBIDGE, CT 06525	23-7148533	501(C)3	20,000.	0.			TO SUPPORT THE ABI PROGRAM IN FAIRFIELD COUNTY.

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MCGIVNEY COMMUNITY CENTER P.O. BOX 5220 BRIDGEPORT, CT 06610	22-3059815	501(C)3	20,000.	0.			ACADEMIC SUPPORT TEACHERS.
MCGIVNEY COMMUNITY CENTER P.O. BOX 5220 BRIDGEPORT, CT 06610	22-3059815	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
MEMORIAL SLOAN-KETTERING CANCER CENTER - 633 THIRD AVENUE 28TH FLOOR - NEW YORK, NY 10017	91-2154267	501(C)3	2,500.	0.			TO SUPPORT THE STRATEGIC INITIATIVES FUND FOR DEVELOPMENT OF DNA CANCER THERAPIES.
MEMORIAL SLOAN-KETTERING CANCER CENTER - 633 THIRD AVENUE 28TH FLOOR - NEW YORK, NY 10017	91-2154267	501(C)3	1,000.	0.			TO PROVIDE GENERAL SUPPORT FOR CYCLE FOR SURVIVAL/LUCKY CHARMS FOR LAURIE.
MEMORIAL SLOAN-KETTERING CANCER CENTER - 633 THIRD AVENUE 28TH FLOOR - NEW YORK, NY 10017	91-2154267	501(C)3	3,000.	0.			TO SUPPORT THE STRATEGIC INITIATIVES FUND FOR DEVELOPMENT OF DNA CANCER THERAPIES.
MEMORIAL SLOAN-KETTERING CANCER CENTER - 633 THIRD AVENUE 28TH FLOOR - NEW YORK, NY 10017	91-2154267	501(C)3	500.	0.			FOR GENERAL SUPPORT.
MEMORIAL SLOAN-KETTERING CANCER CENTER - 633 THIRD AVENUE 28TH FLOOR - NEW YORK, NY 10017	91-2154267	501(C)3	500.	0.			FOR BREAST CANCER RESEARCH.
MEMORIAL SLOAN-KETTERING CANCER CENTER - 633 THIRD AVENUE 28TH FLOOR - NEW YORK, NY 10017	91-2154267	501(C)3	1,500.	0.			FOR GENERAL SUPPORT.
MEMORIAL SLOAN-KETTERING CANCER CENTER - 633 THIRD AVENUE 28TH FLOOR - NEW YORK, NY 10017	91-2154267	501(C)3	500.	0.			FOR GENERAL SUPPORT.

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MERCY LEARNING CENTER OF BRIDGEPORT, INC. - 637 PARK AVENUE - BRIDGEPORT, CT 06604	22-2859879	501(C)3	1,500.	0.			FOR GENERAL SUPPORT.
MERCY LEARNING CENTER OF BRIDGEPORT, INC. - 637 PARK AVENUE - BRIDGEPORT, CT 06604	22-2859879	501(C)3	500.	0.			FOR GENERAL SUPPORT.
MERCY LEARNING CENTER OF BRIDGEPORT, INC. - 637 PARK AVENUE - BRIDGEPORT, CT 06604	22-2859879	501(C)3	5,000.	0.			TO SUPPORT WOMEN'S LITERACY PROGRAMS.
MERCY LEARNING CENTER OF BRIDGEPORT, INC. - 637 PARK AVENUE - BRIDGEPORT, CT 06604	22-2859879	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
MERCY LEARNING CENTER OF BRIDGEPORT, INC. - 637 PARK AVENUE - BRIDGEPORT, CT 06604	22-2859879	501(C)3	1,040.	0.			FOR GENERAL SUPPORT.
MESERVE-KUNHARDT FOUNDATION 48 WHEELER AVENUE, 3RD FLOOR PLEASANTVILLE, NY 10570	20-2412662	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 10028	13-1624086	501(C)3	3,000.	0.			FOR GENERAL SUPPORT.
METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 10028	13-1624086	501(C)3	1,000.	0.			FOR THE DEPARTMENT OF MODERN AND CONTEMPORARY ART.
METROPOLITAN MUSEUM OF ART 1000 FIFTH AVENUE NEW YORK, NY 10028	13-1624086	501(C)3	5,000.	0.			TO SUPPORT THE ACQUISITIONS FUND BENEFIT.

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METROPOLITAN OPERA 30 LINCOLN CENTER NEW YORK, NY 10023	13-1624087	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
METROPOLITAN OPERA 30 LINCOLN CENTER NEW YORK, NY 10023	13-1624087	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
METROPOLITAN OPERA 30 LINCOLN CENTER NEW YORK, NY 10023	13-1624087	501(C)3	3,500.	0.			FOR GENERAL SUPPORT.
MIAMI UNIVERSITY 725 E. CHESTNUT STREET UNIVERSITY ADVANCEMENT OFFICE - OXFORD, OH 45056-3439	31-6402089	501(C)3	25,000.	0.			TO SUPPORT THE ARMSTRONG STUDENT CENTER.
MICHAEL J. FOX FOUNDATION FOR PARKINSONS RESEARCH - GRAND CENTRAL STATION P.O. BOX 4777 - NEW YORK, NY 10163-4777	13-4141945	501(C)3	5,000.	0.			FOR PARKINSON'S REASEARCH.
MILL RIVER COLLABORATIVE C/O LAND USE BUREAU 888 WASHINGTON BOULEVARD - STAMFORD, CT 06904-2152	06-1507648	501(C)3	500.	0.			FOR GENERAL SUPPORT.
MILL RIVER COLLABORATIVE C/O LAND USE BUREAU 888 WASHINGTON BOULEVARD - STAMFORD, CT 06904-2152	06-1507648	501(C)3	20,000.	0.			FOR GENERAL SUPPORT.
MILL RIVER COLLABORATIVE C/O LAND USE BUREAU 888 WASHINGTON BOULEVARD - STAMFORD, CT 06904-2152	06-1507648	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
MISS HALL'S SCHOOL 492 HOLMES ROAD P.O. BOX 1166 PITTSFIELD, MA 01202	04-2104273	501(C)3	100,000.	0.			TO SUPPORT THE NORRIS CENTER FOR GIRLS' AND WOMEN'S LEADERSHIP AND PHILANTHROPY.

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NARAL FOUNDATION 1156 15TH STREET, NW SUITE 700 WASHINGTON, DC 20005	52-1100361	501(C)3	50,000.	0.			FOR GENERAL SUPPORT.
NATION INSTITUTE 116 EAST 16TH STREET, 8TH FLOOR NEW YORK, NY 10003	13-6216903	501(C)3	100,000.	0.			TO SUPPORT THE VICTOR NAVASKY INTERNSHIP PROGRAM.
NATIONAL CENTER FOR ECONOMIC AND SECURITY ALTERNATIVES - 2317 ASHMEAD PLACE NW - WASHINGTON, DC 20009	52-1104361	501(C)3	7,500.	0.			FOR GENERAL SUPPORT.
NATIONAL FISH AND WILDLIFE FOUNDATION - 40 WEST 4TH STREET #151 - PATCHOGUE, NY 11772	52-1384139	501(C)3	20,000.	0.			PILOT PROJECT FOR LONG ISLAND SOUND.
NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD SUITE 150 JENKINTOWN, PA 19046-3533	23-7825575	501(C)3	5,000,000.	0.			FOR CHILDREN'S EDUCATION GRANTMAKING.
NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVENUE SUITE 300 PORTLAND, OR 97223-7195	93-0571472	501(C)3	5,000.	0.			TO SUPPORT RESEARCH.
NATURE CONSERVANCY-COLORADO OFFICE 2424 SPRUCE STREET BOULDER, CO 80302-4617	53-0242652	501(C)3	50,000.	0.			FOR THE ANNUAL APPEAL.
NEIGHBOR-TO-NEIGHBOR 248 EAST PUTNAM AVENUE GREENWICH, CT 06830	06-6071605	501(C)3	5,000.	0.			FOR THE ANNUAL APPEAL.
NEIGHBOR-TO-NEIGHBOR 248 EAST PUTNAM AVENUE GREENWICH, CT 06830	06-6071605	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.

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NEIGHBORHOOD STUDIOS OF FAIRFIELD COUNTY - 391 EAST WASHINGTON AVENUE - BRIDGEPORT, CT 06608	06-0993269	501(C)3	10,000.	0.			TO SUPPORT AILEY CAMP DURING SUMMER 2013.
NEIGHBORHOOD STUDIOS OF FAIRFIELD COUNTY - 391 EAST WASHINGTON AVENUE - BRIDGEPORT, CT 06608	06-0993269	501(C)3	20,000.	0.			FOR ORGANIZATIONAL ASSESSMENT BY THE SUPPORT CENTER FOR NONPROFIT MANAGEMENT.
NEIGHBORHOOD STUDIOS OF FAIRFIELD COUNTY - 391 EAST WASHINGTON AVENUE - BRIDGEPORT, CT 06608	06-0993269	501(C)3	2,230.	0.			FOR ART SCHOLARSHIPS FOR HANDICAPPED CHILDREN AND ADULTS.
NEIGHBORHOOD STUDIOS OF FAIRFIELD COUNTY - 391 EAST WASHINGTON AVENUE - BRIDGEPORT, CT 06608	06-0993269	501(C)3	25,000.	0.			FOR GENERAL SUPPORT.
NEIGHBORHOOD STUDIOS OF FAIRFIELD COUNTY - 391 EAST WASHINGTON AVENUE - BRIDGEPORT, CT 06608	06-0993269	501(C)3	25,000.	0.			FOR GENERAL SUPPORT.
NEIGHBORHOOD STUDIOS OF FAIRFIELD COUNTY - 391 EAST WASHINGTON AVENUE - BRIDGEPORT, CT 06608	06-0993269	501(C)3	25,000.	0.			TO SUPPORT THE MUSIC ZONE PROGRAM FOR STUDENTS IN BRIDGEPORT SCHOOLS.
NEIGHBORHOOD STUDIOS OF FAIRFIELD COUNTY - 391 EAST WASHINGTON AVENUE - BRIDGEPORT, CT 06608	06-0993269	501(C)3	7,000.	0.			TO SUPPORT THE ALVIN AILEY DANCE CAMP.
NEIGHBORHOOD STUDIOS OF FAIRFIELD COUNTY - 391 EAST WASHINGTON AVENUE - BRIDGEPORT, CT 06608	06-0993269	501(C)3	15,000.	0.			TO SUPPORT AILEY CAMP, SUMMER 2013.
NEIGHBORHOOD STUDIOS OF FAIRFIELD COUNTY - 391 EAST WASHINGTON AVENUE - BRIDGEPORT, CT 06608	06-0993269	501(C)3	750.	0.			TO SUPPORT THE ADOPT-A-CAMPER PROGRAM.

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NEIGHBORHOOD STUDIOS OF FAIRFIELD COUNTY - 391 EAST WASHINGTON AVENUE - BRIDGEPORT, CT 06608	06-0993269	501(C)3	15,000.	0.			SUMMER PROGRAM.
NEIGHBORHOOD STUDIOS OF FAIRFIELD COUNTY - 391 EAST WASHINGTON AVENUE - BRIDGEPORT, CT 06608	06-0993269	501(C)3	1,750.	0.			AILEY CAMP ADOPT A CAMPER SPONSORSHIP.
NEIGHBORHOOD STUDIOS OF FAIRFIELD COUNTY - 391 EAST WASHINGTON AVENUE - BRIDGEPORT, CT 06608	06-0993269	501(C)3	7,500.	0.			TO SUPPORT THE ALVIN AILEY DANCE CAMP.
NEIGHBORS LINK STAMFORD 75 SELLECK STREET STAMFORD, CT 06902	27-5024317	501(C)3	7,500.	0.			FOR GENERAL SUPPORT.
NEIGHBORS LINK STAMFORD 75 SELLECK STREET STAMFORD, CT 06902	27-5024317	501(C)3	10,000.	0.			THE JUMP START PILOT PROJECT.
NEIGHBORS LINK STAMFORD 75 SELLECK STREET STAMFORD, CT 06902	27-5024317	501(C)3	1,000.	0.			FOR GENERAL SUPPORT IN HONOR OF THE 2013 BIRTHDAY APPEAL.
NEW CANAAN HIGH SCHOOL 11 FARM ROAD NEW CANAAN, CT 06840	06-6002043	501(C)3	10,000.	0.			TO PROVIDE SCHOLARSHIP SUPPORT FOR STUDENTS WHO PLAY HOCKEY.
NEW ECONOMICS INSTITUTE 140 JUG END ROAD GREAT BARRINGTON, MA 01230	03-0278626	501(C)3	4,500.	0.			FOR GENERAL SUPPORT.
NEW ECONOMICS INSTITUTE 140 JUG END ROAD GREAT BARRINGTON, MA 01230	03-0278626	501(C)3	643.	0.			FOR GENERAL SUPPORT.

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NEW HAVEN HOME RECOVERY 153 EAST STREET, 3RD FLOOR NEW HAVEN, CT 06511	22-3037451	501(C)3	96,729.	0.			TO SUPPORT THE STABLE FAMILIES PROGRAM.
NEW YORK PHILHARMONIC AVERY FISHER HALL 10 LINCOLN CENTER PLAZA - NEW YORK, NY 10023-6970	13-1664054	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
NEW YORK PHILHARMONIC AVERY FISHER HALL 10 LINCOLN CENTER PLAZA - NEW YORK, NY 10023-6970	13-1664054	501(C)3	50,000.	0.			FOR ANNUAL SUPPORT.
NEWTOWN SCHOLARSHIP ASSOCIATION 18 MAIN STREET NEWTOWN, CT 06470	06-6059483	501(C)3	1,745.	0.			FOR GENERAL SUPPORT.
NEWTOWN SCHOLARSHIP ASSOCIATION 18 MAIN STREET NEWTOWN, CT 06470	06-6059483	501(C)3	8,000.	0.			FOR SCHOLARSHIP SUPPORT.
NEWTOWN YOUTH AND FAMILY SERVICES 15 BERKSHIRE ROAD SANDY HOOK, CT 06470	06-1082115	501(C)3	10,000.	0.			GENERAL OPERATING SUPPORT.
NEWTOWN YOUTH AND FAMILY SERVICES 15 BERKSHIRE ROAD SANDY HOOK, CT 06470	06-1082115	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
NOROTON PRESBYTERIAN CHURCH 2011 POST ROAD PO BOX 3401 DARIEN, CT 06820		501(C)3	35,920.	0.			FOR GENERAL SUPPORT.
NORWALK COMMUNITY COLLEGE FOUNDATION - 188 RICHARDS AVENUE E 311 - NORWALK, CT 06854-1655	06-6080293	501(C)3	11,000.	0.			BRIDGE TO CREDIT PROGRAM.

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NORWALK COMMUNITY COLLEGE FOUNDATION - 188 RICHARDS AVENUE E 311 - NORWALK, CT 06854-1655	06-6080293	501(C)3	250,000.	0.			FESP PROGRAM.
NORWALK COMMUNITY COLLEGE FOUNDATION - 188 RICHARDS AVENUE E 311 - NORWALK, CT 06854-1655	06-6080293	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
NORWALK COMMUNITY COLLEGE FOUNDATION - 188 RICHARDS AVENUE E 311 - NORWALK, CT 06854-1655	06-6080293	501(C)3	20,000.	0.			TO SUPPORT THE CAMPAIGN FOR NCC.
NORWALK COMMUNITY COLLEGE FOUNDATION - 188 RICHARDS AVENUE E 311 - NORWALK, CT 06854-1655	06-6080293	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
NORWALK COMMUNITY COLLEGE FOUNDATION - 188 RICHARDS AVENUE E 311 - NORWALK, CT 06854-1655	06-6080293	501(C)3	5,000.	0.			FOR GENERAL SUPPORT AND TO SUPPORT ESL SCHOLARSHIPS.
NORWALK COMMUNITY COLLEGE FOUNDATION - 188 RICHARDS AVENUE E 311 - NORWALK, CT 06854-1655	06-6080293	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
NORWALK COMMUNITY COLLEGE FOUNDATION - 188 RICHARDS AVENUE E 311 - NORWALK, CT 06854-1655	06-6080293	501(C)3	2,000.	0.			FOR GENERAL SUPPORT.
NORWALK COMMUNITY COLLEGE FOUNDATION - 188 RICHARDS AVENUE E 311 - NORWALK, CT 06854-1655	06-6080293	501(C)3	2,500.	0.			FOR THE ANNUAL FUND.
NORWALK COMMUNITY COLLEGE FOUNDATION - 188 RICHARDS AVENUE E 311 - NORWALK, CT 06854-1655	06-6080293	501(C)3	2,500.	0.			FOR THE ANNUAL APPEAL.

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NORWALK COMMUNITY COLLEGE FOUNDATION - 188 RICHARDS AVENUE E 311 - NORWALK, CT 06854-1655	06-6080293	501(C)3	15,000.	0.			FOR GENERAL SUPPORT.
NORWALK COMMUNITY COLLEGE FOUNDATION - 188 RICHARDS AVENUE E 311 - NORWALK, CT 06854-1655	06-6080293	501(C)3	10,000.	0.			TO SUPPORT THE SCHOLARSHIP FUND.
NORWALK COMMUNITY COLLEGE FOUNDATION - 188 RICHARDS AVENUE E 311 - NORWALK, CT 06854-1655	06-6080293	501(C)3	2,500.	0.			FOR THE ANNUAL OPERATING FUND.
NORWALK COMMUNITY COLLEGE- SCHOLARSHIP PAYMENTS - BUSINESS OFFICE 188 RICHARDS AVENUE - NORWALK, CT 06854-1655	06-1425725	501(C)3	1,000.	0.			FOR SCHOLARSHIP SUPPORT.
NORWALK COMMUNITY COLLEGE- SCHOLARSHIP PAYMENTS - BUSINESS OFFICE 188 RICHARDS AVENUE - NORWALK, CT 06854-1655	06-1425725	501(C)3	1,000.	0.			FOR SCHOLARSHIP SUPPORT.
NORWALK COMMUNITY COLLEGE- SCHOLARSHIP PAYMENTS - BUSINESS OFFICE 188 RICHARDS AVENUE - NORWALK, CT 06854-1655	06-1425725	501(C)3	1,000.	0.			FOR SCHOLARSHIP SUPPORT.
NORWALK COMMUNITY COLLEGE- SCHOLARSHIP PAYMENTS - BUSINESS OFFICE 188 RICHARDS AVENUE - NORWALK, CT 06854-1655	06-1425725	501(C)3	1,000.	0.			FOR SCHOLARSHIP SUPPORT.
NORWALK COMMUNITY COLLEGE- SCHOLARSHIP PAYMENTS - BUSINESS OFFICE 188 RICHARDS AVENUE - NORWALK, CT 06854-1655	06-1425725	501(C)3	1,000.	0.			FOR SCHOLARSHIP SUPPORT.
NORWALK COMMUNITY COLLEGE- SCHOLARSHIP PAYMENTS - BUSINESS OFFICE 188 RICHARDS AVENUE - NORWALK, CT 06854-1655	06-1425725	501(C)3	1,000.	0.			FOR SCHOLARSHIP SUPPORT.

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NORWALK COMMUNITY COLLEGE- SCHOLARSHIP PAYMENTS - BUSINESS OFFICE 188 RICHARDS AVENUE - NORWALK, CT 06854-1655	06-1425725	501(C)3	1,000.	0.			FOR SCHOLARSHIP SUPPORT.
NORWALK COMMUNITY COLLEGE- SCHOLARSHIP PAYMENTS - BUSINESS OFFICE 188 RICHARDS AVENUE - NORWALK, CT 06854-1655	06-1425725	501(C)3	1,000.	0.			FOR SCHOLARSHIP SUPPORT.
NORWALK COMMUNITY COLLEGE- SCHOLARSHIP PAYMENTS - BUSINESS OFFICE 188 RICHARDS AVENUE - NORWALK, CT 06854-1655	06-1425725	501(C)3	1,000.	0.			FOR SCHOLARSHIP SUPPORT.
NORWALK COMMUNITY COLLEGE- SCHOLARSHIP PAYMENTS - BUSINESS OFFICE 188 RICHARDS AVENUE - NORWALK, CT 06854-1655	06-1425725	501(C)3	1,000.	0.			FOR SCHOLARSHIP SUPPORT.
NORWALK COMMUNITY COLLEGE- SCHOLARSHIP PAYMENTS - BUSINESS OFFICE 188 RICHARDS AVENUE - NORWALK, CT 06854-1655	06-1425725	501(C)3	1,000.	0.			FOR SCHOLARSHIP SUPPORT.
NORWALK COMMUNITY COLLEGE- SCHOLARSHIP PAYMENTS - BUSINESS OFFICE 188 RICHARDS AVENUE - NORWALK, CT 06854-1655	06-1425725	501(C)3	1,000.	0.			FOR SCHOLARSHIP SUPPORT.
NORWALK COMMUNITY COLLEGE- SCHOLARSHIP PAYMENTS - BUSINESS OFFICE 188 RICHARDS AVENUE - NORWALK, CT 06854-1655	06-1425725	501(C)3	1,000.	0.			FOR SCHOLARSHIP SUPPORT.
NORWALK GRASSROOTS TENNIS, INC. 394 WEST AVENUE NORWALK, CT 06850	06-1570097	501(C)3	500.	0.			FOR GENERAL SUPPORT.
NORWALK GRASSROOTS TENNIS, INC. 394 WEST AVENUE NORWALK, CT 06850	06-1570097	501(C)3	5,000.	0.			TO SUPPORT JUNIOR TEACHING INSTRUCTOR SALARIES FOR SUMMER 2013.

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NORWALK HOSPITAL FOUNDATION 34 MAPLE STREET NORWALK, CT 06856-9968	22-2577707	501(C)3	7,100.	0.			FOR GENERAL SUPPORT.
NORWALK HOSPITAL FOUNDATION 34 MAPLE STREET NORWALK, CT 06856-9968	22-2577707	501(C)3	500.	0.			FOR GENERAL SUPPORT.
NORWALK HOSPITAL FOUNDATION 34 MAPLE STREET NORWALK, CT 06856-9968	22-2577707	501(C)3	20,000.	0.			NORWALK HOSPITAL DENTAL CLINIC.
NORWALK HOSPITAL FOUNDATION 34 MAPLE STREET NORWALK, CT 06856-9968	22-2577707	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
NORWALK HOUSING FOUNDATION 24 1/2 MONROE STREET PO BOX 508 NORWALK, CT 06856	06-0962362	501(C)3	12,000.	0.			SUMMER PROGRAM.
NORWALK HOUSING FOUNDATION 24 1/2 MONROE STREET PO BOX 508 NORWALK, CT 06856	06-0962362	501(C)3	5,000.	0.			TO SUPPORT COLLEGE SCHOLARSHIPS.
NORWALK PUBLIC SCHOOLS 125 EAST AVENUE NORWALK, CT 06852	06-6011881	501(C)3	5,000.	0.			FOR FLEXIBLE PROGRAM STAFFING.
NORWALK SENIOR CENTER 11 ALLEN ROAD NORWALK, CT 06851	23-7121169	501(C)3	20,000.	0.			FOR TRANSPORTATION AND GENERAL SUPPORT.
NORWALK SENIOR CENTER 11 ALLEN ROAD NORWALK, CT 06851	23-7121169	501(C)3	6,900.	0.			FOR GENERAL SUPPORT OF THE NORWALK SENIOR CENTER LUNCH PROGRAM.

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NORWALK SENIOR CENTER 11 ALLEN ROAD NORWALK, CT 06851	23-7121169	501(C)3	15,750.	0.			OUTREACH PROGRAM AND THE SENIOR HOUSING ASSISTANCE FUND.
OBLATES OF THE VIRGIN MARY MISSION SOCIETY OF ST. MARY'S PARISH - 42 OVERLOOK DRIVE - RIDGEFIELD, CT 06877		501(C)3	3,000.	0.			TO SUPPORT THE MISSIONARY WORK OF THE REVERENDS GREGORY AND PETER SHORT.
OBLATES OF THE VIRGIN MARY MISSION SOCIETY OF ST. MARY'S PARISH - 42 OVERLOOK DRIVE - RIDGEFIELD, CT 06877		501(C)3	2,500.	0.			TO SUPPORT THE MISSIONARY WORK OF THE REVERENDS GREGORY AND PETER SHORT.
ONE REGION FUNDERS' COLLABORATIVE C/O NEW YORK COMMUNITY TRUST 909 THIRD AVENUE 22ND FLOOR - NEW YORK, NY 1002	13-3062214	501(C)3	25,000.	0.			FUNDERS COLLABORATIVE.
OPERATION HOPE 636 OLD POST ROAD FAIRFIELD, CT 06824	06-1193489	501(C)3	750.	0.			FOR GENERAL SUPPORT.
OPERATION HOPE 636 OLD POST ROAD FAIRFIELD, CT 06824	06-1193489	501(C)3	15,000.	0.			FOR REPLACEMENT OF FOOD ITEMS AND THE STORM RELIEF FUND.
OPERATION HOPE 636 OLD POST ROAD FAIRFIELD, CT 06824	06-1193489	501(C)3	20,000.	0.			FOR AFFORDABLE HOUSING PROGRAM.
OUR PIECE OF THE PIE, INC. 20-28 SARGEANT STREET HARTFORD, CT 06105-1400	06-0939659	501(C)3	47,532.	0.			FOR EVALUATION OF THE PATHWAYS TO SUCCESS PROGRAM.
OUR PIECE OF THE PIE, INC. 20-28 SARGEANT STREET HARTFORD, CT 06105-1400	06-0939659	501(C)3	75,000.	0.			FOR EVALUATION OF THE PATHWAYS TO SUCCESS PROGRAM.

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OUR PIECE OF THE PIE, INC. 20-28 SARGEANT STREET HARTFORD, CT 06105-1400	06-0939659	501(C)3	75,000.	0.			FOR EVALUATION OF THE PATHWAYS TO SUCCESS PROGRAM.
PARENT PROJECT MUSCULAR DYSTROPHY (PPMD) - 401 HACKENSACK AVENUE 9TH FLOOR - HACKENSACK, NJ 07601	31-1405490	501(C)3	25,000.	0.			FOR ANNUAL SUPPORT.
PARENT PROJECT MUSCULAR DYSTROPHY (PPMD) - 401 HACKENSACK AVENUE 9TH FLOOR - HACKENSACK, NJ 07601	31-1405490	501(C)3	100,000.	0.			TO SUPPORT CONTINUED RESEARCH FOR A CURE FOR DUCHENNE MUSCULAR DYSTROPHY.
PARTNERS IN HEALTH P.O. BOX 845578 BOSTON, MA 02284-5578	04-3567502	501(C)3	1,250.	0.			AS A 25TH ANNIVERSARY GIFT FOR GENERAL SUPPORT.
PARTNERS IN HEALTH P.O. BOX 845578 BOSTON, MA 02284-5578	04-3567502	501(C)3	500.	0.			TO SUPPORT READY FOR READING.
PARTNERS IN HEALTH P.O. BOX 845578 BOSTON, MA 02284-5578	04-3567502	501(C)3	5,000.	0.			TO FUND 10 MATERNAL HEALTH OUTREACH WORKERS.
PARTNERS IN HEALTH P.O. BOX 845578 BOSTON, MA 02284-5578	04-3567502	501(C)3	500.	0.			FOR GENERAL SUPPORT.
PARTNERSHIP FOR STRONG COMMUNITIES 227 LAWRENCE STREET THE LYCEUM HARTFORD, CT 06106	20-0882009	501(C)3	3,000.	0.			FOR GENERAL SUPPORT.
PARTNERSHIP FOR STRONG COMMUNITIES 227 LAWRENCE STREET THE LYCEUM HARTFORD, CT 06106	20-0882009	501(C)3	20,000.	0.			PSC REACHING HOME CAMPAIGN.

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PARTNERSHIP FOR STRONG COMMUNITIES 227 LAWRENCE STREET THE LYCEUM HARTFORD, CT 06106	20-0882009	501(C)3	12,500.	0.			LEADERSHIP DEVELOPMENT ROUNDTABLE IN 2013.
PARTNERSHIP FOR STRONG COMMUNITIES 227 LAWRENCE STREET THE LYCEUM HARTFORD, CT 06106	20-0882009	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
PEQUOT LIBRARY 720 PEQUOT AVENUE SOUTHPORT, CT 06890	06-0672790	501(C)3	316.	0.			FOR GENERAL SUPPORT.
PEQUOT LIBRARY 720 PEQUOT AVENUE SOUTHPORT, CT 06890	06-0672790	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
PERSON-TO-PERSON 1864 POST ROAD DARIEN, CT 06820-5802	06-1422248	501(C)3	2,000.	0.			TO SUPPORT THE CAMPERSHIP PROGRAM.
PERSON-TO-PERSON 1864 POST ROAD DARIEN, CT 06820-5802	06-1422248	501(C)3	500.	0.			FOR GENERAL SUPPORT.
PERSON-TO-PERSON 1864 POST ROAD DARIEN, CT 06820-5802	06-1422248	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
PERSON-TO-PERSON 1864 POST ROAD DARIEN, CT 06820-5802	06-1422248	501(C)3	1,280.	0.			FOR THE CAMPERSHIP PROGRAM.
PERSON-TO-PERSON 1864 POST ROAD DARIEN, CT 06820-5802	06-1422248	501(C)3	2,500.	0.			FOR THE ANNUAL FUND.

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PERSON-TO-PERSON 1864 POST ROAD DARIEN, CT 06820-5802	06-1422248	501(C)3	2,500.	0.			TO PROVIDE HURRICANE SANDY RELIEF ASSISTANCE.
PERSON-TO-PERSON 1864 POST ROAD DARIEN, CT 06820-5802	06-1422248	501(C)3	5,000.	0.			FOR SCHOLARSHIPS AND THE ANNUAL APPEAL.
PERSON-TO-PERSON 1864 POST ROAD DARIEN, CT 06820-5802	06-1422248	501(C)3	2,000.	0.			FOR THE ANNUAL APPEAL.
PERSON-TO-PERSON 1864 POST ROAD DARIEN, CT 06820-5802	06-1422248	501(C)3	500.	0.			FOR THE ANNUAL FUND.
PERSON-TO-PERSON 1864 POST ROAD DARIEN, CT 06820-5802	06-1422248	501(C)3	640.	0.			TO SUPPORT THE CAMPERSHIP PROGRAM.
PERSON-TO-PERSON 1864 POST ROAD DARIEN, CT 06820-5802	06-1422248	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.
PERSON-TO-PERSON 1864 POST ROAD DARIEN, CT 06820-5802	06-1422248	501(C)3	5,000.	0.			FOR THE CAMPERSHIP PROGRAM.
PERSON-TO-PERSON 1864 POST ROAD DARIEN, CT 06820-5802	06-1422248	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
PERSON-TO-PERSON 1864 POST ROAD DARIEN, CT 06820-5802	06-1422248	501(C)3	15,000.	0.			FOR THE CAMPERSHIP PROGRAM.

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PESTICIDE ACTION NETWORK NORTH AMERICA REGIONAL CENTER - 1611 TELEGRAPH AVENUE SUITE 1200 - OAKLAND, CA 94612	94-2949686	501(C)3	30,000.	0.			TO SUPPORT THE CHILDREN'S HEALTH CAMPAIGN.
PHILLIPS EXETER ACADEMY NATHANIEL GILMAN ALUMNI/AE HOUSE 20 MAIN STREET - EXETER, NH 03833-2460	02-0222174	501(C)3	2,000.	0.			FOR GENERAL SUPPORT.
PHILLIPS EXETER ACADEMY NATHANIEL GILMAN ALUMNI/AE HOUSE 20 MAIN STREET - EXETER, NH 03833-2460	02-0222174	501(C)3	100,000.	0.			FOR GENERAL SUPPORT.
PIVOT MINISTRIES 485 JANE STREET BRIDGEPORT, CT 06608	06-0839030	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
PLAN INTERNATIONAL USA, INC. 155 PLAN WAY WARWICK, RI 02886	13-5661832	501(C)3	6,000.	0.			TO SUPPORT THE "BECAUSE I AM A GIRL" PROJECT IN SIERRA LEONE.
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVENUE - NEW HAVEN, CT 06511-2384	06-0263565	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVENUE - NEW HAVEN, CT 06511-2384	06-0263565	501(C)3	3,000.	0.			FOR GENERAL SUPPORT.
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVENUE - NEW HAVEN, CT 06511-2384	06-0263565	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVENUE - NEW HAVEN, CT 06511-2384	06-0263565	501(C)3	50,000.	0.			FOR GENERAL SUPPORT.

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PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVENUE - NEW HAVEN, CT 06511-2384	06-0263565	501(C)3	20,000.	0.			TO SUPPORT THE BRIDGEPORT FUND FOR ACCESS.
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVENUE - NEW HAVEN, CT 06511-2384	06-0263565	501(C)3	1,000.	0.			TO SUPPORT PROGRAMMING FOR LOW-INCOME WOMEN ACROSS SOUTHERN NEW ENGLAND.
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVENUE - NEW HAVEN, CT 06511-2384	06-0263565	501(C)3	20,000.	0.			TO SUPPORT THE DANBURY HEALTH CENTER RELOCATION PROJECT.
POSITIVE DIRECTIONS THE CENTER FOR PREVENTION & RECOVERY - 420 POST ROAD WEST - WESTPORT, CT 06880	06-0935732	501(C)3	20,000.	0.			TREATMENT AND COUNSELING PROGRAM.
POSITIVE DIRECTIONS THE CENTER FOR PREVENTION & RECOVERY - 420 POST ROAD WEST - WESTPORT, CT 06880	06-0935732	501(C)3	1,750.	0.			FOR GENERAL SUPPORT.
PRINCETON UNIVERSITY P.O. BOX 591, 220 WEST COLLEGE FINANCIAL AID OFFICE - PRINCETON, NJ 08542-05	21-0634501	501(C)3	20,000.	0.			FOR THE LACROSSE AND FIELD HOCKEY CONSTRUCTION PROJECT.
PRINCETON UNIVERSITY P.O. BOX 591, 220 WEST COLLEGE FINANCIAL AID OFFICE - PRINCETON, NJ 08542-05	21-0634501	501(C)3	1,000.	0.			FOR THE ANNUAL GIVING CAMPAIGN.
RALPHOLA TAYLOR CENTER Y.M.C.A. 790 CENTRAL AVENUE BRIDGEPORT, CT 06607	06-0662195	501(C)3	15,000.	0.			TO SUPPORT THE YOUTH ALTERNATIVES TO VIOLENCE PROGRAM, SERVING EAST END TEENS.
REACH PREP ONE DOCK STREET SUITE 100 STAMFORD, CT 06905	06-1438889	501(C)3	500.	0.			FOR THE ANNUAL FUND.

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REACH PREP ONE DOCK STREET SUITE 100 STAMFORD, CT 06905	06-1438889	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
REACH PREP ONE DOCK STREET SUITE 100 STAMFORD, CT 06905	06-1438889	501(C)3	3,500.	0.			FOR THE ANNUAL APPEAL.
REACH PREP ONE DOCK STREET SUITE 100 STAMFORD, CT 06905	06-1438889	501(C)3	1,500.	0.			FOR THE ANNUAL APPEAL.
REACH PREP ONE DOCK STREET SUITE 100 STAMFORD, CT 06905	06-1438889	501(C)3	75,000.	0.			FOR GENERAL SUPPORT.
RECOVERY NETWORK OF PROGRAMS 2 TRAP FALLS ROAD, SUITE 405 SHELTON, CT 06484	06-0910080	501(C)3	20,000.	0.			TO SUPPORT EDUCATIONAL CONSULTATION AND TUTORING FOR RNP CLIENTS.
REGIONAL PLAN ASSOCIATION - CT TWO LANDMARK SQUARE, SUITE 108 STAMFORD, CT 06901	13-1624154	501(C)3	250.	0.			FOR GENERAL SUPPORT.
REGIONAL PLAN ASSOCIATION - CT TWO LANDMARK SQUARE, SUITE 108 STAMFORD, CT 06901	13-1624154	501(C)3	30,000.	0.			GENERAL OPERATING SUPPORT.
REGIONAL YMCA OF WESTERN CONNECTICUT - 246 FEDERAL ROAD UNIT B21 - BROOKFIELD, CT 06804	06-6051610	501(C)3	10,000.	0.			TO SUPPORT THE ESCAPE TO THE ARTS AFTER SCHOOL PROGRAM IN DOWNTOWN DANBURY.
REGIONAL YMCA OF WESTERN CONNECTICUT - 246 FEDERAL ROAD UNIT B21 - BROOKFIELD, CT 06804	06-6051610	501(C)3	20,000.	0.			SUMMER PROGRAM.

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REGIONAL YMCA OF WESTERN CONNECTICUT - 246 FEDERAL ROAD UNIT B21 - BROOKFIELD, CT 06804	06-6051610	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
RINGLING COLLEGE OF ART AND DESIGN 2700 N. TAMIAMI TRAIL SARASOTA, FL 34234-5895	59-0637903	501(C)3	20,000.	0.			FOR GENERAL SUPPORT.
RIPPLES OF HOPE, INC. P.O. BOX 1263 DEDHAM, MA 02026	26-2624459	501(C)3	6,000.	0.			TO SUPPORT THE SOUTH AFRICA PROJECT.
ROTARY CLUB OF BRIDGEPORT 16 CENTERVIEW DRIVE SHELTON, CT 06484	20-5655260	501(C)3	5,100.	0.			FOR GENERAL SUPPORT.
RYASAP(REGIONAL YOUTH AND ADULT SOCIAL ACTION PARTNERSHIP) - C/O BURROUGH'S COMMUNITY CENTER 2470 FAIRFIELD AVENUE - BRIDGEPORT, CT	06-1357699	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
RYASAP(REGIONAL YOUTH AND ADULT SOCIAL ACTION PARTNERSHIP) - C/O BURROUGH'S COMMUNITY CENTER 2470 FAIRFIELD AVENUE - BRIDGEPORT, CT	06-1357699	501(C)3	10,000.	0.			FINDING HER VOICE.
RYASAP(REGIONAL YOUTH AND ADULT SOCIAL ACTION PARTNERSHIP) - C/O BURROUGH'S COMMUNITY CENTER 2470 FAIRFIELD AVENUE - BRIDGEPORT, CT	06-1357699	501(C)3	10,000.	0.			TO PROVIDE GENERAL OPERATING SUPPORT FOR DISPUTE SETTLEMENT CENTER PROGRAMS AT RYASAP.
RYASAP(REGIONAL YOUTH AND ADULT SOCIAL ACTION PARTNERSHIP) - C/O BURROUGH'S COMMUNITY CENTER 2470 FAIRFIELD AVENUE - BRIDGEPORT, CT	06-1357699	501(C)3	2,500.	0.			FOR THE STICKS AND STONES EVENT.
SACRED HEART UNIVERSITY 5151 PARK AVENUE FAIRFIELD, CT 06825	06-0776644	501(C)3	980.	0.			FOR GENERAL SUPPORT.

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SACRED HEART UNIVERSITY 5151 PARK AVENUE FAIRFIELD, CT 06825	06-0776644	501(C)3	1,000.	0.			FOR SCHOLARSHIP SUPPORT.
SACRED HEART UNIVERSITY 5151 PARK AVENUE FAIRFIELD, CT 06825	06-0776644	501(C)3	38,000.	0.			FOR THE JONES-ZIMMERMANN ACADEMIC MENTORING PROGRAM 2012-2013.
SACRED HEART UNIVERSITY 5151 PARK AVENUE FAIRFIELD, CT 06825	06-0776644	501(C)3	1,000.	0.			FOR THE SIX-TO-SIX MAGNET SCHOOL PLAYGROUND FUND.
SALVATION ARMY 30 ELM STREET BRIDGEPORT, CT 06605	13-5562351	501(C)3	10,000.	0.			TO SUPPORT THE SUMMER CAMP PROGRAM.
SALVATION ARMY 30 ELM STREET BRIDGEPORT, CT 06605	13-5562351	501(C)3	157.	0.			FOR GENERAL SUPPORT.
SALVATION ARMY 30 ELM STREET BRIDGEPORT, CT 06605	13-5562351	501(C)3	5,000.	0.			TO SUPPORT THE FEEDING PROGRAMS.
SALVATION ARMY 30 ELM STREET BRIDGEPORT, CT 06605	13-5562351	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.
SALVATION ARMY, SOUTHERN NEW ENGLAND DIVISION - 855 ASYLUM AVENUE - HARTFORD, CT 06105	13-5562351	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.
SALVATION ARMY, SOUTHERN NEW ENGLAND DIVISION - 855 ASYLUM AVENUE - HARTFORD, CT 06105	13-5562351	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.

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SAVE THE CHILDREN 54 WILTON ROAD PO BOX 950 WESTPORT, CT 06881	06-0726487	501(C)3	15,000.	0.			FOR GENERAL SUPPORT.
SAVE THE CHILDREN 54 WILTON ROAD PO BOX 950 WESTPORT, CT 06881	06-0726487	501(C)3	1,000.	0.			TO SUPPORT THE WESTERN UNITED STATES AREA.
SAVE THE CHILDREN 54 WILTON ROAD PO BOX 950 WESTPORT, CT 06881	06-0726487	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
SCHOOL VOLUNTEER ASSOCIATION, INC. 900 BOSTON AVENUE BRIDGEPORT, CT 06610	06-6089700	501(C)3	5,000.	0.			GENERAL OPERATING SUPPORT.
SCHOOL VOLUNTEER ASSOCIATION, INC. 900 BOSTON AVENUE BRIDGEPORT, CT 06610	06-6089700	501(C)3	2,490.	0.			FOR GENERAL SUPPORT.
SEPTIMA CLARK PUBLIC CHARTER SCHOOL - 2501 MARTIN LUTHER KING, JR. AVENUE SE - WASHINGTON, DC 20020-5209	84-1674127	501(C)3	25,000.	0.			FOR GENERAL SUPPORT.
SEPTIMA CLARK PUBLIC CHARTER SCHOOL - 2501 MARTIN LUTHER KING, JR. AVENUE SE - WASHINGTON, DC 20020-5209	84-1674127	501(C)3	25,000.	0.			FOR GENERAL SUPPORT.
SERRV INTERNATIONAL 500 MAIN STREET P.O. BOX 365 NEW WINDSOR, MD 21776	52-2114720	501(C)3	5,000.	0.			FOR HAITI DESIGN SUPPORT.
SEXUAL ASSAULT CRISIS AND EDUCATION CENTER - 700 CANAL STREET SUITE 22B - STAMFORD, CT 06902	06-1037583	501(C)3	8,000.	0.			GIRLS CIRCLE GROUPS IN STAMFORD AND NORWALK.

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SHAKESPEARE ON THE SOUND PO BOX 15 NORWALK, CT 06853	06-1437037	501(C)3	1,000.	0.			FOR THE ANNUAL APPEAL.
SHAKESPEARE ON THE SOUND PO BOX 15 NORWALK, CT 06853	06-1437037	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
SHAKESPEARE ON THE SOUND PO BOX 15 NORWALK, CT 06853	06-1437037	501(C)3	500.	0.			FOR GENERAL SUPPORT.
SHEPHERDS, INC. 299 WASHINGTON AVENUE BRIDGEPORT, CT 06604	31-1724639	501(C)3	30,000.	0.			TO PROVIDE TUITION SUPPORT FOR TWO SHEPHERDS SCHOLARS AT KOLBE CATHEDRAL HIGH SCHOOL.
SOCIAL VENTURE NETWORK P.O. BOX 29221 SAN FRANCISCO, CA 94129-0221	65-0055983	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
SOCIAL VENTURE PARTNERS RHODE ISLAND - 460 HARRIS AVENUE UNIT 303 - PROVIDENCE, RI 02909	26-0163730	501(C)3	5,000.	0.			TO SUPPORT 2013 SOCIAL ENTERPRISE ECOSYSTEM ECONOMIC DEVELOPMENT ACTIVITIES (SEED).
SOCIETY TO ADVANCE THE RETARDED AND HANDICAPPED (STAR) - P.O. BOX 470 182 WOLFPIIT AVENUE - NORWALK, CT 06852-0470	06-0726489	501(C)3	15,000.	0.			GENERAL OPERATING SUPPORT.
SOUNDWATERS COVE ISLAND PARK 1281 COVE ROAD STAMFORD, CT 06902	06-1263947	501(C)3	13,000.	0.			TO SUPPORT THE COASTAL SCIENCE SUMMER ACADEMY IN BRIDGEPORT AND STAMFORD.
SOUNDWATERS COVE ISLAND PARK 1281 COVE ROAD STAMFORD, CT 06902	06-1263947	501(C)3	500.	0.			FOR GENERAL SUPPORT.

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SOUNDWATERS COVE ISLAND PARK 1281 COVE ROAD STAMFORD, CT 06902	06-1263947	501(C)3	12,500.	0.			TO SUPPORT THE SCIENCE STARS PROGRAM FOR GIRLS.
SOUNDWATERS COVE ISLAND PARK 1281 COVE ROAD STAMFORD, CT 06902	06-1263947	501(C)3	10,000.	0.			FOR GENERAL FUNDING.
SOUNDWATERS COVE ISLAND PARK 1281 COVE ROAD STAMFORD, CT 06902	06-1263947	501(C)3	1,500.	0.			FOR GENERAL SUPPORT.
SOUNDWATERS COVE ISLAND PARK 1281 COVE ROAD STAMFORD, CT 06902	06-1263947	501(C)3	1,000.	0.			TO AID HURRICANE SANDY RECOVERY EFFORTS.
SOUNDWATERS COVE ISLAND PARK 1281 COVE ROAD STAMFORD, CT 06902	06-1263947	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.
SOUNDWATERS COVE ISLAND PARK 1281 COVE ROAD STAMFORD, CT 06902	06-1263947	501(C)3	5,000.	0.			TO BE USED FOR REPARATIONS RELATED TO DAMAGE FROM HURRICANE SANDY.
SOUTH END COMMUNITY CENTER/ TOWN OF STRATFORD - 19 BATES STREET - STRATFORD, CT 06615	06-6002103	501(C)3	15,000.	0.			SUMMER PROGRAM.
SOUTHERN CONNECTICUT STATE UNIVERSITY - OFFICE OF FINANCIAL AID AND SCHOLARSHIPS 501 CRESCENT STREET - NEW HAVEN, CT 06515-1355	23-7208882	501(C)3	1,000.	0.			FOR SCHOLARSHIP PROGRAMS.
SOUTHERN CONNECTICUT STATE UNIVERSITY - OFFICE OF FINANCIAL AID AND SCHOLARSHIPS 501 CRESCENT STREET - NEW HAVEN, CT 06515-1355	23-7208882	501(C)3	1,000.	0.			FOR SCHOLARSHIP PROGRAMS.

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SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVENUE MONTGOMERY, AL 36104	63-0598743	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
SOUTHWESTERN CT AREA AGENCY ON AGING, INC. - 10 MIDDLE STREET - BRIDGEPORT, CT 06604	06-0916407	501(C)3	15,000.	0.			SENIOR HOUSING ASSISTANCE FUND.
SPECIAL OPERATIONS FUND 901 NORTH STUART STREET SUITE 200 ARLINGTON, VA 22203	52-1765222	501(C)3	5,007.	0.			FOR GENERAL SUPPORT.
SQUASH HAVEN 70 TOWER PARKWAY NEW HAVEN, CT 06520	20-5500876	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
SQUASHBUSTERS 795 COLUMBUS AVENUE ROXBURY CROSSING, MA 02120-2108	04-3330698	501(C)3	50,000.	0.			FOR GENERAL SUPPORT.
ST. BENEDICT'S PREPARATORY SCHOOL 520 DR. MARTIN LUTHER KING, JR. BLV NEWARK, NJ 07102-1314	22-1861903	501(C)3	250,000.	0.			TO SUPPORT LEAHY HOUSE.
ST. LUKE'S EPISCOPAL CHURCH 1864 POST ROAD DARIEN, CT 06820-8128	06-0662180	501(C)3	2,000.	0.			TO SUPPORT THE MUSIC DEPARTMENT.
ST. LUKE'S EPISCOPAL CHURCH 1864 POST ROAD DARIEN, CT 06820-8128	06-0662180	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.

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ST. LUKE'S EPISCOPAL CHURCH 1864 POST ROAD DARIEN, CT 06820-8128	06-0662180	501(C)3	7,200.	0.			FOR GENERAL SUPPORT.
ST. LUKE'S EPISCOPAL CHURCH 1864 POST ROAD DARIEN, CT 06820-8128	06-0662180	501(C)3	1,500.	0.			TO SUPPORT FRIENDS OF MUSIC.
ST. THOMAS MORE R.C. CHURCH 374 MIDDLESEX ROAD DARIEN, CT 06820		501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
ST. THOMAS MORE R.C. CHURCH 374 MIDDLESEX ROAD DARIEN, CT 06820		501(C)3	5,000.	0.			FOR GENERAL SUPPORT IN MEMORY OF JONATHAN O'HERRON.
ST. VINCENT'S MEDICAL CENTER FOUNDATION - 2800 MAIN STREET - BRIDGEPORT, CT 06606	22-2558132	501(C)3	500.	0.			TO SUPPORT HEART PROGRAMS.
ST. VINCENT'S MEDICAL CENTER FOUNDATION - 2800 MAIN STREET - BRIDGEPORT, CT 06606	06-0646886	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
ST. VINCENT'S MEDICAL CENTER FOUNDATION - 2800 MAIN STREET - BRIDGEPORT, CT 06606	22-2558132	501(C)3	500.	0.			TO PROVIDE GENERAL SUPPORT FOR SUNSET SAIL.
ST. VINCENT'S MEDICAL CENTER FOUNDATION - 2800 MAIN STREET - BRIDGEPORT, CT 06606	22-2558132	501(C)3	5,000.	0.			FOR THE CAPITAL CAMPAIGN.
ST. VINCENT'S MEDICAL CENTER FOUNDATION - 2800 MAIN STREET - BRIDGEPORT, CT 06606	06-0646886	501(C)3	25,000.	0.			TO SUPPORT THE HOPE DISPENSARY.

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STAMFORD ACHIEVES, INC. 300 MAIN STREET SUITE 502 STAMFORD, CT 06901	20-1727241	501(C)3	20,000.	0.			SUMMER PROGRAM.
STAMFORD ACHIEVES, INC. 300 MAIN STREET SUITE 502 STAMFORD, CT 06901	20-1727241	501(C)3	30,000.	0.			DIRECTOR OF ADVOCACY AND EDUCATION NEW POSITION.
STAMFORD CENTER FOR THE ARTS 61 ATLANTIC STREET STAMFORD, CT 06901	06-1048684	501(C)3	20,000.	0.			GENERAL OPERATING SUPPORT
STAMFORD CENTER FOR THE ARTS 61 ATLANTIC STREET STAMFORD, CT 06901	06-1048684	501(C)3	1,500.	0.			AS AN ANNIVERSARY CONTRIBUTION FOR GENERAL SUPPORT.
STAMFORD CENTER FOR THE ARTS 61 ATLANTIC STREET STAMFORD, CT 06901	06-1048684	501(C)3	1,460.	0.			FOR ACTIVITIES, FACILITIES, OR PERFORMANCES BY OR FOR CHILDREN.
STAMFORD HOSPITAL FOUNDATION 1351 WASHINGTON BOULEVARD, SUITE 20 STAMFORD, CT 06902	06-0646917	501(C)3	5,000.	0.			TO SUPPORT THE DREAM BALL.
STAMFORD HOSPITAL FOUNDATION 1351 WASHINGTON BOULEVARD, SUITE 20 STAMFORD, CT 06902	06-0646917	501(C)3	1,000.	0.			TO SUPPORT HOPE IN MOTION.
STAMFORD HOSPITAL FOUNDATION 1351 WASHINGTON BOULEVARD, SUITE 20 STAMFORD, CT 06902	06-0646917	501(C)3	50,000.	0.			FOR THE ORTHOPEDIC DEPARTMENT FUND.
STAMFORD HOSPITAL FOUNDATION 1351 WASHINGTON BOULEVARD, SUITE 20 STAMFORD, CT 06902	06-0646917	501(C)3	10,000.	0.			TO SUPPORT THE DREAM BALL.

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STAMFORD HOSPITAL FOUNDATION 1351 WASHINGTON BOULEVARD, SUITE 20 STAMFORD, CT 06902	06-0646917	501(C)3	5,000.	0.			TO BE USED FOR PATIENT SAFETY PROGRAMS AND INITIATIVES.
STAMFORD HOSPITAL FOUNDATION 1351 WASHINGTON BOULEVARD, SUITE 20 STAMFORD, CT 06902	06-0646917	501(C)3	2,500.	0.			TO SUPPORT THE ANNUAL DREAM BALL.
STAMFORD HOSPITAL FOUNDATION 1351 WASHINGTON BOULEVARD, SUITE 20 STAMFORD, CT 06902	06-0646917	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
STAMFORD HOSPITAL FOUNDATION 1351 WASHINGTON BOULEVARD, SUITE 20 STAMFORD, CT 06902	06-0646917	501(C)3	50,000.	0.			TO SUPPORT THE OB/GYN DEPARTMENT.
STAMFORD HOSPITAL FOUNDATION 1351 WASHINGTON BOULEVARD, SUITE 20 STAMFORD, CT 06902	06-0646917	501(C)3	3,000.	0.			TO SUPPORT THE BENNETT CANCER CENTER.
STAMFORD HOSPITAL FOUNDATION 1351 WASHINGTON BOULEVARD, SUITE 20 STAMFORD, CT 06902	06-0646917	501(C)3	25,000.	0.			FOR GENERAL SUPPORT.
STAMFORD HOSPITAL FOUNDATION 1351 WASHINGTON BOULEVARD, SUITE 20 STAMFORD, CT 06902	06-0646917	501(C)3	2,000.	0.			TO SUPPORT THE BENNETT CANCER CENTER IN MEMORY OF ANNE R. FERGUSON.
STAMFORD HOSPITAL FOUNDATION 1351 WASHINGTON BOULEVARD, SUITE 20 STAMFORD, CT 06902	06-0646917	501(C)3	4,000.	0.			FOR GENERAL SUPPORT.
STAMFORD HOSPITAL FOUNDATION 1351 WASHINGTON BOULEVARD, SUITE 20 STAMFORD, CT 06902	06-0646917	501(C)3	500.	0.			TO SUPPORT HOPE IN MOTION.

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STAMFORD SYMPHONY ORCHESTRA 263 TRESSER BOULEVARD STAMFORD, CT 06901	06-6100039	501(C)3	700.	0.			FOR GENERAL SUPPORT.
STAMFORD SYMPHONY ORCHESTRA 263 TRESSER BOULEVARD STAMFORD, CT 06901	06-6100039	501(C)3	1,000.	0.			TO SUPPORT THE RUSLAN AND LYUDMILA GALA.
STAMFORD SYMPHONY ORCHESTRA 263 TRESSER BOULEVARD STAMFORD, CT 06901	06-6100039	501(C)3	3,500.	0.			FOR GENERAL SUPPORT.
STAMFORD SYMPHONY ORCHESTRA 263 TRESSER BOULEVARD STAMFORD, CT 06901	06-6100039	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
STAMFORD SYMPHONY ORCHESTRA 263 TRESSER BOULEVARD STAMFORD, CT 06901	06-6100039	501(C)3	20,000.	0.			GENERAL OPERATING SUPPORT.
STAMFORD YOUTH FOUNDATION PO BOX 4659 STAMFORD, CT 06907-4659	26-0003565	501(C)3	10,000.	0.			TO SUPPORT THE FALL 2013 MIDDLE SCHOOL BASEBALL AND SOFTBALL LEAGUE.
STAMFORD YOUTH FOUNDATION PO BOX 4659 STAMFORD, CT 06907-4659	26-0003565	501(C)3	9,600.	0.			TO SUPPORT THE SPRING 2012 MIDDLE SCHOOL BASEBALL AND SOFTBALL LEAGUE.
STAMFORD YOUTH SERVICES BUREAU - CITY OF STAMFORD - 888 WASHINGTON BOULEVARD P.O. BOX 10152 - STAMFORD, CT 06904-2152	06-6001536	501(C)3	5,000.	0.			TO SUPPORT THE MAYOR'S YOUTH EMPLOYMENT PROGRAM.
STANFORD UNIVERSITY DEVELOPMENT SERVICES P.O. BOX 20466 STANFORD, CA 94309	94-1156365	501(C)3	50,000.	0.			TO SUPPORT THE STANFORD WOODS INSTITUTE FOR THE ENVIRONMENT.

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STANFORD UNIVERSITY DEVELOPMENT SERVICES P.O. BOX 20466 STANFORD, CA 94309	94-1156365	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
STANWICH CONGREGATIONAL CHURCH 202 TACONIC ROAD GREENWICH, CT 06831	06-0860015	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
STANWICH CONGREGATIONAL CHURCH 202 TACONIC ROAD GREENWICH, CT 06831	06-0860015	501(C)3	1,000.	0.			TO BE DIRECTED TO THE PASTOR'S DISCRETIONARY FUND FOR USE FOR STORM SANDY RELIEF.
STARFISH CONNECTION 1127 HIGH RIDGE ROAD #255 STAMFORD, CT 06905	26-2410124	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
STARLIGHT CHILDREN'S FOUNDATION 1560 BROADWAY SUITE 600 NEW YORK, NY 10036	13-3442216	501(C)3	1,000.	0.			FOR THE ANNUAL FUND.
STARLIGHT CHILDREN'S FOUNDATION 1560 BROADWAY SUITE 600 NEW YORK, NY 10036	13-3442216	501(C)3	2,500.	0.			TO SUPPORT THE ANNUAL GALA.
STARLIGHT CHILDREN'S FOUNDATION 1560 BROADWAY SUITE 600 NEW YORK, NY 10036	13-3442216	501(C)3	2,500.	0.			TO SUPPORT THE ANNUAL SPORTS AUCTION.
STARLIGHT STARBRIGHT CHILDREN'S FOUNDATION - 2049 CENTURY PARK EAST SUITE 4320 - LOS ANGELES, CA 90067	95-3802159	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
STAYING PUT IN NEW CANAAN P.O. BOX 484 NEW CANAAN, CT 06840	20-8465004	501(C)3	30,000.	0.			FOR GENERAL OPERATING SUPPORT.

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STEPPING STONES MUSEUM FOR CHILDREN - MATHEWS PARK 303 WEST AVENUE - NORWALK, CT 06850	22-3199269	501(C)3	35,000.	0.			GENERAL OPERATING SUPPORT.
STEPPING STONES MUSEUM FOR CHILDREN - MATHEWS PARK 303 WEST AVENUE - NORWALK, CT 06850	22-3199269	501(C)3	20,000.	0.			TO PROVIDE TECHNICAL ASSISTANCE TO IMPLEMENT THE COLLECTIVE IMPACT MODEL IN NORWALK, CT.
STERLING HOUSE 2283 MAIN STREET STRATFORD, CT 06615	06-0665192	501(C)3	20,000.	0.			SUMMER PROGRAM.
STUDENT CONSERVATION ASSOCIATION, INC. - PO BOX 550 689 RIVER ROAD - CHARLESTOWN, NH 03603	91-0880684	501(C)3	1,000.	0.			FOR GENERAL SUPPORT, FOR THE EARTH DAY FUNDING DRIVE MATCH.
STUDENT CONSERVATION ASSOCIATION, INC. - PO BOX 550 689 RIVER ROAD - CHARLESTOWN, NH 03603	91-0880684	501(C)3	15,000.	0.			TO SUPPORT COMMUNITY CONSERVATION CREWS IN FAIRFIELD COUNTY.
SUMMER ON THE HILL, INC. 4662 TIBBETT AVENUE RIVERDALE, NY 10471	65-1232087	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
TBICO 22 EAGLE ROAD DANBURY, CT 06810	06-1377246	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
TBICO 22 EAGLE ROAD DANBURY, CT 06810	06-1377246	501(C)3	2,000.	0.			TO SUPPORT JOB TRAINING PROGRAM EXPENSES.
TBICO 22 EAGLE ROAD DANBURY, CT 06810	06-1377246	501(C)3	20,000.	0.			STAFFING SUPPORT FOR COMPREHENSIVE WORKFORCE DEVELOPMENT PROGRAM.

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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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEACH FOR AMERICA 370 JAMES STREET SUITE 404 NEW HAVEN, CT 06513	13-3541913	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
TEACH FOR AMERICA 370 JAMES STREET SUITE 404 NEW HAVEN, CT 06513	13-3541913	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
TEACH FOR AMERICA 370 JAMES STREET SUITE 404 NEW HAVEN, CT 06513	13-3541913	501(C)3	6,500.	0.			TO SUPPORT PROFESSIONAL TRAINING.
TEACH FOR AMERICA 370 JAMES STREET SUITE 404 NEW HAVEN, CT 06513	13-3541913	501(C)3	100,000.	0.			TO PROVIDE OPERATING SUPPORT FOR TEACH FOR AMERICA CONNECTICUT.
TEACH FOR AMERICA 370 JAMES STREET SUITE 404 NEW HAVEN, CT 06513	13-3541913	501(C)3	1,500.	0.			FOR GENERAL SUPPORT.
TEACH FOR AMERICA 370 JAMES STREET SUITE 404 NEW HAVEN, CT 06513	13-3541913	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.
TEACH FOR AMERICA 370 JAMES STREET SUITE 404 NEW HAVEN, CT 06513	13-3541913	501(C)3	25,000.	0.			TO SUPPORT CONNECTICUT OPERATIONS.
TEACH FOR AMERICA 370 JAMES STREET SUITE 404 NEW HAVEN, CT 06513	13-3541913	501(C)3	1,500.	0.			FOR GENERAL SUPPORT IN HONOR OF RACHEL SMITH.
TEACH FOR AMERICA 370 JAMES STREET SUITE 404 NEW HAVEN, CT 06513	13-3541913	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.

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TEACH FOR AMERICA 370 JAMES STREET SUITE 404 NEW HAVEN, CT 06513	13-3541913	501(C)3	125,000.	0.			FOR THE ANNUAL APPEAL.
TEACH FOR AMERICA 370 JAMES STREET SUITE 404 NEW HAVEN, CT 06513	13-3541913	501(C)3	5,000.	0.			FOR TEACH AMERICA'S SPONSOR A TEACHER PROGRAM.
TEACH FOR AMERICA 370 JAMES STREET SUITE 404 NEW HAVEN, CT 06513	13-3541913	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
TEACH FOR AMERICA 370 JAMES STREET SUITE 404 NEW HAVEN, CT 06513	13-3541913	501(C)3	25,000.	0.			TO SUPPORT THE FUNDRAISER.
TEAK FELLOWSHIP 16 W 22ND STREET, 3RD FLOOR NEW YORK, NY 10010	13-4011465	501(C)3	75,000.	0.			FOR GENERAL SUPPORT.
TECHNOLOGY SOLUTIONS FOR NONPROFITS - 85 WEST STREET - DANBURY, CT 06810	06-0646577	501(C)3	5,000.	0.			OPERATING SUPPORT.
TECHNOSERVE 1 MECHANIC STREET NORWALK, CT 06850	13-2626135	501(C)3	10,000.	0.			FOR THE ANNUAL APPEAL.
TECHNOSERVE 1 MECHANIC STREET NORWALK, CT 06850	13-2626135	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
TELEMACHUS FOUNDATION, INC. 21 DEMPSEY LANE GREENWICH, CT 06830	45-1841414	501(C)3	5,000.	0.			FOR THE ANNUAL APPEAL.

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THE BARNUM MUSEUM FOUNDATION 820 MAIN STREET BRIDGEPORT, CT 06604	22-2723433	501(C)3	25,000.	0.			GENERAL OPERATING SUPPORT.
THE CAMPAIGN LEGAL CENTER 215 E. STREET NE WASHINGTON, DC 20002	04-3608387	501(C)3	25,000.	0.			FOR GENERAL SUPPORT.
THE CHILDREN'S SCHOOL 118 SCOFIELDTOWN ROAD STAMFORD, CT 06903	06-1104354	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
THE HEARING & SPEECH AGENCY OF METROPOLITAN BALTIMORE - 5900 METRO DRIVE HENRY AND JEANETTE WEINBERG BUILDING - BALTIMORE, MD	52-0591577	501(C)3	10,000.	0.			TO SUPPORT THE MIRIAM ZADEK FUND.
THE PAINTED TURTLE 1300 4TH STREET, SUITE 300 SANTA MONICA, CA 90404	95-4612481	501(C)3	100,000.	0.			TO SUPPORT THE 2012 YOU'VE GOT A FRIEND CELEBRATION.
THE RIDGEFIELD PLAYHOUSE 80 EAST RIDGE AVENUE RIDGEFIELD, CT 06877	06-1463501	501(C)3	10,000.	0.			TO SUPPORT THE OUTREACH PROGRAM.
THE RIDGEFIELD PLAYHOUSE 80 EAST RIDGE AVENUE RIDGEFIELD, CT 06877	06-1463501	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
THE TAPESTRY PROJECT 1400 FIFTH AVENUE TH-C1 NEW YORK, NY 10026	45-2849094	501(C)3	2,000.	0.			TO SUPPORT THE ODYSSEY INITIATIVE.
THE TAPESTRY PROJECT 1400 FIFTH AVENUE TH-C1 NEW YORK, NY 10026	45-2849094	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.

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THE WORKPLACE, INC. 350 FAIRFIELD AVENUE BRIDGEPORT, CT 06604	22-2484517	501(C)3	25,000.	0.			ALUMNI SUPPORT PROGRAM.
THE WORKPLACE, INC. 350 FAIRFIELD AVENUE BRIDGEPORT, CT 06604	22-2484517	501(C)3	30,000.	0.			TO SUPPORT PLATFORM TO EMPLOYMENT.
TIGER FOUNDATION 101 PARK AVENUE NEW YORK, NY 10178	13-3555671	501(C)3	15,000.	0.			FOR GENERAL SUPPORT.
TRINITY CATHOLIC HIGH SCHOOL 926 NEWFIELD AVENUE STAMFORD, CT 06905-2596		501(C)3	1,000.	0.			FOR SCHOLARSHIP SUPPORT FOR THE 2012-2013 SCHOOL YEAR.
TRINITY CATHOLIC HIGH SCHOOL 926 NEWFIELD AVENUE STAMFORD, CT 06905-2596		501(C)3	7,500.	0.			FOR SCHOLARSHIP SUPPORT.
TRINITY CHURCH 15 SHERWOOD PLACE GREENWICH, CT 06831	06-1531034	501(C)3	15,000.	0.			TO SUPPORT STUDENT MINISTRIES.
UJA FEDERATION - WESTPORT 431 POST ROAD EAST SUITE 17 WESTPORT, CT 06880	06-0994563	501(C)3	5,000.	0.			FOR THE ANNUAL CAMPAIGN.
UJA FEDERATION - WESTPORT 431 POST ROAD EAST SUITE 17 WESTPORT, CT 06880	06-0994563	501(C)3	500.	0.			FOR GENERAL SUPPORT.
UJA FEDERATION - WESTPORT 431 POST ROAD EAST SUITE 17 WESTPORT, CT 06880	06-0994563	501(C)3	2,500.	0.			TO BE USED FOR ISRAEL TERROR RELIEF.

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UJA FEDERATION - WESTPORT 431 POST ROAD EAST SUITE 17 WESTPORT, CT 06880	06-0994563	501(C)3	2,500.	0.			IS TO BE USED FOR HURRICANE SANDY RELIEF.
UJA/FEDERATION OF GREENWICH ONE HOLLY HILL LANE GREENWICH, CT 06830	06-6068624	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
UNITED CHURCH OF ROWAYTON 210 ROWAYTON AVENUE NORWALK, CT 06853	23-7251391	501(C)3	1,000.	0.			TO SUPPORT THE PASTOR'S FUND.
UNITED CHURCH OF ROWAYTON 210 ROWAYTON AVENUE NORWALK, CT 06853	23-7251391	501(C)3	500.	0.			FOR GENERAL SUPPORT.
UNITED CHURCH OF ROWAYTON 210 ROWAYTON AVENUE NORWALK, CT 06853	23-7251391	501(C)3	5,000.	0.			TO SUPPORT THE PASTOR'S FUND FOR SCHOLARSHIPS.
UNITED WAY OF COASTAL FAIRFIELD COUNTY - 75 WASHINGTON AVENUE - BRIDGEPORT, CT 06604	06-0864341	501(C)3	2,000.	0.			TO SUPPORT THE TEN-YEAR PLAN TO END HOMELESSNESS.
UNITED WAY OF COASTAL FAIRFIELD COUNTY - 75 WASHINGTON AVENUE - BRIDGEPORT, CT 06604	06-0864341	501(C)3	10,000.	0.			PROMISE NEIGHBORHOODS INITIATIVE.
UNITED WAY OF COASTAL FAIRFIELD COUNTY - 75 WASHINGTON AVENUE - BRIDGEPORT, CT 06604	06-0864341	501(C)3	2,750.	0.			TO SUPPORT PROGRAMS IN WESTPORT/WESTON.
UNITED WAY OF COASTAL FAIRFIELD COUNTY - 75 WASHINGTON AVENUE - BRIDGEPORT, CT 06604	06-0864341	501(C)3	1,720.	0.			FOR GENERAL SUPPORT.

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UNITED WAY OF COASTAL FAIRFIELD COUNTY - 75 WASHINGTON AVENUE - BRIDGEPORT, CT 06604	06-0864341	501(C)3	2,190.	0.			FOR GENERAL SUPPORT.
UNITED WAY OF GREENWICH ONE LAFAYETTE COURT GREENWICH, CT 06830	06-0646578	501(C)3	100,000.	0.			FOR GENERAL SUPPORT.
UNITED WAY OF GREENWICH ONE LAFAYETTE COURT GREENWICH, CT 06830	06-0646578	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
UNITED WAY OF GREENWICH ONE LAFAYETTE COURT GREENWICH, CT 06830	06-0646578	501(C)3	10,000.	0.			TO SUPPORT THE ALEXIS DE TOCQUEVILLE SOCIETY.
UNITED WAY OF WESTERN CT-DANBURY OFFICE - 85 WEST STREET - DANBURY, CT 06810	06-0646577	501(C)3	1,000.	0.			FOR THE SANDY HOOK SCHOOL SUPPORT FUND.
UNITED WAY OF WESTERN CT-DANBURY OFFICE - 85 WEST STREET - DANBURY, CT 06810	06-0646577	501(C)3	5,000.	0.			FOR THE SANDY HOOK SCHOOL SUPPORT FUND.
UNITED WAY OF WESTERN CT-DANBURY OFFICE - 85 WEST STREET - DANBURY, CT 06810	06-0646577	501(C)3	100.	0.			ASSET MAPPING PROJECT.
UNITED WAY OF WESTERN CT-STAMFORD OFFICE - 1150 SUMMER STREET - STAMFORD, CT 06905	06-0646577	501(C)3	7,500.	0.			NONPROFIT CAPACITY BUILDING.
UNIVERSITY OF BRIDGEPORT 126 PARK AVENUE 8TH FLOOR BRIDGEPORT, CT 06604	06-0646936	501(C)3	1,000.	0.			TO SUPPORT THE STUDENT CENTER.

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UNIVERSITY OF BRIDGEPORT 126 PARK AVENUE 8TH FLOOR BRIDGEPORT, CT 06604	06-0646936	501(C)3	1,000.	0.			FOR SCHOLARSHIP PROGRAMS.
UNIVERSITY OF BRIDGEPORT 126 PARK AVENUE 8TH FLOOR BRIDGEPORT, CT 06604	06-0646936	501(C)3	300.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF CONNECTICUT BURSAR'S OFFICE 233 GLENBROOK, UNIT STORRS, CT 06269-4100	06-0772160	501(C)3	1,000.	0.			FOR SCHOLARSHIP PROGRAMS.
UNIVERSITY OF CONNECTICUT BURSAR'S OFFICE 233 GLENBROOK, UNIT STORRS, CT 06269-4100	06-0772160	501(C)3	1,000.	0.			FOR SCHOLARSHIP PROGRAMS.
UNIVERSITY OF CONNECTICUT BURSAR'S OFFICE 233 GLENBROOK, UNIT STORRS, CT 06269-4100	06-0772160	501(C)3	1,000.	0.			FOR SCHOLARSHIP PROGRAMS.
UNIVERSITY OF CONNECTICUT BURSAR'S OFFICE 233 GLENBROOK, UNIT STORRS, CT 06269-4100	06-0772160	501(C)3	1,000.	0.			FOR SCHOLARSHIP PROGRAMS.
UNIVERSITY OF CONNECTICUT BURSAR'S OFFICE 233 GLENBROOK, UNIT STORRS, CT 06269-4100	06-0772160	501(C)3	1,000.	0.			FOR SCHOLARSHIP PROGRAMS.
UNIVERSITY OF CONNECTICUT BURSAR'S OFFICE 233 GLENBROOK, UNIT STORRS, CT 06269-4100	06-0772160	501(C)3	1,000.	0.			FOR SCHOLARSHIP PROGRAMS.
UNIVERSITY OF CONNECTICUT BURSAR'S OFFICE 233 GLENBROOK, UNIT STORRS, CT 06269-4100	06-0772160	501(C)3	1,000.	0.			FOR SCHOLARSHIP PROGRAMS.

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UNIVERSITY OF CONNECTICUT BURSAR'S OFFICE 233 GLENBROOK, UNIT STORRS, CT 06269-4100	06-0772160	501(C)3	1,000.	0.			FOR SCHOLARSHIP PROGRAMS.
UNIVERSITY OF CONNECTICUT BURSAR'S OFFICE 233 GLENBROOK, UNIT STORRS, CT 06269-4100	06-0772160	501(C)3	1,000.	0.			FOR SCHOLARSHIP PROGRAMS.
UNIVERSITY OF CONNECTICUT BURSAR'S OFFICE 233 GLENBROOK, UNIT STORRS, CT 06269-4100	06-0772160	501(C)3	1,000.	0.			FOR SCHOLARSHIP PROGRAMS.
UNIVERSITY OF CONNECTICUT BURSAR'S OFFICE 233 GLENBROOK, UNIT STORRS, CT 06269-4100	06-0772160	501(C)3	1,000.	0.			FOR SCHOLARSHIP PROGRAMS.
UNIVERSITY OF CT- STAMFORD CAMPUS ONE UNIVERSITY PLACE BURSAR'S OFFI STAMFORD, CT 06901	06-0772160	501(C)3	1,000.	0.			FOR SCHOLARSHIP PROGRAMS.
UNIVERSITY OF CT- STAMFORD CAMPUS ONE UNIVERSITY PLACE BURSAR'S OFFI STAMFORD, CT 06901	06-0772160	501(C)3	1,000.	0.			FOR SCHOLARSHIP PROGRAMS.
UNIVERSITY OF CT- STAMFORD CAMPUS ONE UNIVERSITY PLACE BURSAR'S OFFI STAMFORD, CT 06901	06-0772160	501(C)3	1,000.	0.			FOR SCHOLARSHIP PROGRAMS.
UNIVERSITY OF CT- STAMFORD CAMPUS ONE UNIVERSITY PLACE BURSAR'S OFFI STAMFORD, CT 06901	06-0772160	501(C)3	1,000.	0.			FOR SCHOLARSHIP PROGRAMS.
UNIVERSITY OF MASSACHUSETTS MEMORIAL HALL 134 HICKS WAY AMHERST, MA 01003-9270	54-2084125	501(C)3	25,000.	0.			TO PROVIDE UNRESTRICTED SUPPORT FOR UNDERGRADUATE SCHOLARSHIPS FOR MATHEMATICS.

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UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET 433 FRANKLIN BUILDING, GIFTS & ACCOUNTING - PHILADELPHIA,	23-1352685	501(C)3	1,000.	0.			TO SUPPORT THE IVY STONE SOCIETY FOR GENERAL SUPPORT.
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET 433 FRANKLIN BUILDING, GIFTS & ACCOUNTING - PHILADELPHIA,	23-1352685	501(C)3	20,000.	0.			WHARTON ANNUAL GIVING AND FOR GRADUATE EDUCATION ANNUAL GIVING.
VACAMAS PROGRAMS FOR YOUTH 256 MACOPIN ROAD WEST MILFORD, NJ 07480	13-5641852	501(C)3	15,000.	0.			FOR GENERAL SUPPORT.
VASSAR COLLEGE P.O. BOX 725 124 RAYMOND AVENUE POUGHKEEPSIE, NY 12604-0725	14-1338587	501(C)3	200,000.	0.			FOR GENERAL SUPPORT AND TO SUPPORT THE MANDEL/ZADEK SCHOLARSHIP FUND.
VILAR PERFORMING ARTS CENTER P.O. BOX 3822 AVON, CO 81620	84-1316133	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
VISITING NURSE & HOSPICE OF FAIRFIELD COUNTY - P.O. BOX 489 - WILTON, CT 06897	06-1062903	501(C)3	2,750.	0.			TO SUPPORT HOSPICE PROGRAMS.
VISITING NURSE & HOSPICE OF FAIRFIELD COUNTY - P.O. BOX 489 - WILTON, CT 06897	06-1062903	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
VISITING NURSE SERVICES OF CONNECTICUT, INC. - 765 FAIRFIELD AVENUE - BRIDGEPORT, CT 06604	06-0665196	501(C)3	2,880.	0.			FOR GENERAL SUPPORT.
VISITING NURSE SERVICES OF CONNECTICUT, INC. - 765 FAIRFIELD AVENUE - BRIDGEPORT, CT 06604	06-0665196	501(C)3	6,630.	0.			FOR GENERAL SUPPORT.

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WAKEMAN BOYS & GIRLS CLUB 385 CENTER STREET SOUTHPORT, CT 06890	06-0662198	501(C)3	2,770.	0.			CHICK CHAT PROGRAM.
WAKEMAN BOYS & GIRLS CLUB 385 CENTER STREET SOUTHPORT, CT 06890	06-0662198	501(C)3	5,750.	0.			CHICK CHAT PROGRAM.
WAKEMAN BOYS & GIRLS CLUB 385 CENTER STREET SOUTHPORT, CT 06890	06-0662198	501(C)3	20,000.	0.			TO HIRE A CERTIFIED TEACHER.
WATERSIDE SCHOOL 770 PACIFIC STREET STAMFORD, CT 06902	06-1609222	501(C)3	1,500.	0.			FOR GENERAL SUPPORT.
WATERSIDE SCHOOL 770 PACIFIC STREET STAMFORD, CT 06902	06-1609222	501(C)3	150,000.	0.			FOR THE PRE-KINDERGARTEN PROGRAM AND PARENT EDUCATION PROGRAM.
WATERSIDE SCHOOL 770 PACIFIC STREET STAMFORD, CT 06902	06-1609222	501(C)3	7,000.	0.			FOR GENERAL SUPPORT.
WAVENY CARE NETWORK 3 FARM ROAD NEW CANAAN, CT 06840-9953	06-0859588	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
WAVENY CARE NETWORK 3 FARM ROAD NEW CANAAN, CT 06840-9953	06-0859588	501(C)3	20,000.	0.			FOR THE ADULT DAY CENTER SCHOLARSHIP PROGRAM.
WE ACT FOR ENVIRONMENTAL JUSTICE 1854 AMSTERDAM AVENUE, 2ND FLOOR NEW YORK, NY 10031	13-3800068	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.

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WEST POINT FUND, ASSOCIATION OF GRADUATES - 698 MILLS ROAD - WEST POINT, NY 10996-1607	14-1260763	501(C)3	25,000.	0.			TO PROVIDE GENERAL SUPPORT TO THE CLASS OF 1964 GIFT FUND.
WESTCHESTER GOLF ASSOCIATION CADDIE SCHOLARSHIP FUND, INC. - 49 KNOLLWOOD ROAD - ELMSFORD, NY 10523	13-6100835	501(C)3	6,000.	0.			TO SUPPORT THE SCHOLARSHIP FUND FOR CADDIES.
WESTPORT ARTS CENTER, INC. 51 RIVERSIDE AVENUE WESTPORT, CT 06880	06-0890501	501(C)3	10,000.	0.			CONNECTIONS ARTS EDUCATION PROGRAM.
WESTPORT ARTS CENTER, INC. 51 RIVERSIDE AVENUE WESTPORT, CT 06880	06-0890501	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
WESTPORT ARTS CENTER, INC. 51 RIVERSIDE AVENUE WESTPORT, CT 06880	06-0890501	501(C)3	10,000.	0.			FOR THE WAC GIVES BACK PROGRAM.
WESTPORT COUNTRY PLAYHOUSE 25 POWERS COURT WESTPORT, CT 06880	23-7357943	501(C)3	2,750.	0.			FOR GENERAL SUPPORT.
WESTPORT COUNTRY PLAYHOUSE 25 POWERS COURT WESTPORT, CT 06880	23-7357943	501(C)3	20,000.	0.			GENERAL OPERATING SUPPORT.
WESTPORT COUNTRY PLAYHOUSE 25 POWERS COURT WESTPORT, CT 06880	23-7357943	501(C)3	15,000.	0.			TO SUPPORT THE APPRENTICE PROGRAM.
WESTPORT COUNTRY PLAYHOUSE 25 POWERS COURT WESTPORT, CT 06880	23-7357943	501(C)3	1,500.	0.			TO SUPPORT SUBSIDIZED TICKETS AT WESTPORT PLAYHOUSE.

Schedule I (Form 990)



THE FAIRFIELD COUNTY COMMUNITY  
FOUNDATION, INC.

Schedule I (Form 990)

06-1083893

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTPORT PUBLIC LIBRARY ARNOLD BERNHARD PLAZA 20 JESUP ROAD WESTPORT, CT 06880	06-0672798	501(C)3	2,190.	0.			FOR GENERAL SUPPORT.
WESTPORT PUBLIC LIBRARY ARNOLD BERNHARD PLAZA 20 JESUP ROAD WESTPORT, CT 06880	06-0672798	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
WESTPORT PUBLIC LIBRARY ARNOLD BERNHARD PLAZA 20 JESUP ROAD WESTPORT, CT 06880	06-0672798	501(C)3	423.	0.			FOR GENERAL SUPPORT.
WESTPORT PUBLIC LIBRARY ARNOLD BERNHARD PLAZA 20 JESUP ROAD WESTPORT, CT 06880	06-0672798	501(C)3	2,750.	0.			FOR GENERAL SUPPORT.
WESTPORT/WESTON YMCA 59 POST ROAD EAST P.O. BOX 190 WESTPORT, CT 06881-0190	06-0646989	501(C)3	7,500.	0.			TO SUPPORT THE STRONG KIDS CAMPAIGN.
WHITNEY MUSEUM OF AMERICAN ART 945 MADISON AVENUE AT 75TH STREET NEW YORK, NY 10021	13-1789318	501(C)3	50,000.	0.			FOR THE BARBARA HASKELL AMERICAN FELLOWS LEGACY FUND.
WHOLESOME WAVE 855 MAIN STREET SUITE 910 BRIDGEPORT, CT 06604	26-0352899	501(C)3	10,000.	0.			FOR GENERAL SUPPORT.
WILTON HISTORICAL SOCIETY 224 DANBURY ROAD WILTON, CT 06897	06-6038757	501(C)3	5,000.	0.			ELEMENTS EXIBITION.
WNYC - NEW YORK PUBLIC RADIO 160 VARICK STREET, 9TH FLOOR DEVELOPMENT OFFICE - NEW YORK, NY 10013	13-3015230	501(C)3	500.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

THE FAIRFIELD COUNTY COMMUNITY  
FOUNDATION, INC.

Schedule I (Form 990)

06-1083893

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WNYC - NEW YORK PUBLIC RADIO 160 VARICK STREET, 9TH FLOOR DEVELOPMENT OFFICE - NEW YORK, NY 10013	13-3015230	501(C)3	500.	0.			FOR GENERAL SUPPORT.
WNYC - NEW YORK PUBLIC RADIO 160 VARICK STREET, 9TH FLOOR DEVELOPMENT OFFICE - NEW YORK, NY 10013	13-3015230	501(C)3	500.	0.			FOR GENERAL SUPPORT.
WNYC - NEW YORK PUBLIC RADIO 160 VARICK STREET, 9TH FLOOR DEVELOPMENT OFFICE - NEW YORK, NY 10013	13-3015230	501(C)3	5,000.	0.			FOR GENERAL SUPPORT.
WOMEN'S BUSINESS DEVELOPMENT COUNCIL - 184 BEDFORD STREET, SUITE 201 - STAMFORD, CT 06901	06-1493737	501(C)3	15,000.	0.			FOR GENERAL OPERATING SUPPORT.
WOMEN'S BUSINESS DEVELOPMENT COUNCIL - 184 BEDFORD STREET, SUITE 201 - STAMFORD, CT 06901	06-1493737	501(C)3	1,000.	0.			FOR THE ANNUAL APPEAL.
WOMEN'S BUSINESS DEVELOPMENT COUNCIL - 184 BEDFORD STREET, SUITE 201 - STAMFORD, CT 06901	06-1493737	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.
WOMEN'S BUSINESS DEVELOPMENT COUNCIL - 184 BEDFORD STREET, SUITE 201 - STAMFORD, CT 06901	06-1493737	501(C)3	15,000.	0.			FOR GENERAL SUPPORT.
WOMEN'S BUSINESS DEVELOPMENT COUNCIL - 184 BEDFORD STREET, SUITE 201 - STAMFORD, CT 06901	06-1493737	501(C)3	2,500.	0.			FOR GENERAL SUPPORT.
WOMEN'S BUSINESS DEVELOPMENT COUNCIL - 184 BEDFORD STREET, SUITE 201 - STAMFORD, CT 06901	06-1493737	501(C)3	1,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

THE FAIRFIELD COUNTY COMMUNITY  
FOUNDATION, INC.

Schedule I (Form 990)

06-1083893

Page 1

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S BUSINESS DEVELOPMENT COUNCIL - 184 BEDFORD STREET, SUITE 201 - STAMFORD, CT 06901	06-1493737	501(C)3	15,000.	0.			FOR GENERAL OPERATING SUPPORT.
WOMEN'S CENTER OF GREATER DANBURY 2 WEST STREET DANBURY, CT 06810	06-0983819	501(C)3	500.	0.			FOR GENERAL SUPPORT.
WOMEN'S CENTER OF GREATER DANBURY 2 WEST STREET DANBURY, CT 06810	06-0983819	501(C)3	12,380.	0.			TWO SUPPORT GROUPS.
WOMEN'S JUSTICE INITIATIVE A-625 P.O. BOX 669004 MIAMI SPRINGS, FL 33266	30-0681223	501(C)3	10,000.	0.			FOR BASELINE STUDIES.
WOMEN'S JUSTICE INITIATIVE A-625 P.O. BOX 669004 MIAMI SPRINGS, FL 33266	30-0681223	501(C)3	20,000.	0.			FOR THE ANNUAL APPEAL.
WOODS HOLE OCEANOGRAPHIC INSTITUTION - 266 WOODS HOLE ROAD MAIL STOP 40 - WOODS HOLE, MA 02543	04-2105850	501(C)3	131,466.	0.			TO SUPPORT A RESEARCH PROJECT IN THE ARCTIC OCEAN.
WOOSTER SCHOOL 91 MIRY BROOK ROAD DEVELOPMENT OFFICE DANBURY, CT 06810	06-0653144	501(C)3	6,000.	0.			TO SUPPORT THE WOOSTER FUND.
YANKEE INSTITUTE FOR PUBLIC POLICY 800 CONNECTICUT BOULEVARD EAST HARTFORD, CT 06108	52-1358144	501(C)3	9,500.	0.			FOR GENERAL SUPPORT.
YMCA BRIDGEPORT-CENTRAL CT COAST YMCA - 850 PARK AVENUE - BRIDGEPORT, CT 06604	06-0662195	501(C)3	8,700.	0.			TO SUPPORT THE EARLY CHILDHOOD FOOD PROGRAM.

Schedule I (Form 990)

THE FAIRFIELD COUNTY COMMUNITY  
FOUNDATION, INC.

Schedule I (Form 990)

06-1083893

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA BRIDGEPORT-CENTRAL CT COAST YMCA - 850 PARK AVENUE - BRIDGEPORT, CT 06604	06-0662195	501(C)3	900.	0.			FOR GENERAL SUPPORT.
YMCA BRIDGEPORT-CENTRAL CT COAST YMCA - 850 PARK AVENUE - BRIDGEPORT, CT 06604	06-0662195	501(C)3	15,000.	0.			SUMMER PROGRAM.
YMCA BRIDGEPORT-CENTRAL CT COAST YMCA - 850 PARK AVENUE - BRIDGEPORT, CT 06604	06-0662195	501(C)3	-540.	0.			SUMMER PROGRAM.
YMCA LAKEWOOD-TRUMBULL 20 TREFOIL DRIVE TRUMBULL, CT 06611	06-0662195	501(C)3	5,000.	0.			SUMMER PROGRAM.
YMCA OF WILTON 404 DANBURY ROAD WILTON, CT 06897	06-0853258	501(C)3	2,500.	0.			TO SUPPORT THE ORGANIZATION'S ANNUAL GIVING.
YMCA OF WILTON 404 DANBURY ROAD WILTON, CT 06897	06-0853258	501(C)3	4,000.	0.			TO SUPPORT CARING FOR OUR KIDS.
YMCA, CENTRAL CONNECTICUT COAST 1240 CHAPEL STREET NEW HAVEN, CT 06511	06-0662195	501(C)3	5,810.	0.			FOR GENERAL SUPPORT. - SOLELY FOR THE USE OF CAPITAL PROJECTS.
YMCA, CENTRAL CONNECTICUT COAST 1240 CHAPEL STREET NEW HAVEN, CT 06511	06-0662195	501(C)3	19,950.	0.			FY2013 DISTRIBUTION FOR GENERAL SUPPORT.
YMCA, CENTRAL CONNECTICUT COAST 1240 CHAPEL STREET NEW HAVEN, CT 06511	06-0662195	501(C)3	20,300.	0.			FY2013 DISTRIBUTION FOR GENERAL SUPPORT.

Schedule I (Form 990)

THE FAIRFIELD COUNTY COMMUNITY  
FOUNDATION, INC.

Schedule I (Form 990)

06-1083893

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA, CENTRAL CONNECTICUT COAST 1240 CHAPEL STREET NEW HAVEN, CT 06511	06-0662195	501(C)3	62,100.	0.			FY2013 DISTRIBUTION FOR GENERAL SUPPORT.
YMCA, CENTRAL CONNECTICUT COAST 1240 CHAPEL STREET NEW HAVEN, CT 06511	06-0662195	501(C)3	980.	0.			FOR GENERAL SUPPORT.
YMCA, CENTRAL CONNECTICUT COAST 1240 CHAPEL STREET NEW HAVEN, CT 06511	06-0662195	501(C)3	40,750.	0.			FY2013 DISTRIBUTION FOR GENERAL SUPPORT.
YOUNG MARINERS FOUNDATION 151 HARVARD AVENUE STAMFORD, CT 06902	06-1427077	501(C)3	1,500.	0.			FOR GENERAL SUPPORT.
YOUNG MARINERS FOUNDATION 151 HARVARD AVENUE STAMFORD, CT 06902	06-1427077	501(C)3	15,000.	0.			TO SUPPORT BLUE WATER BOUND.
YOUNG MARINERS FOUNDATION 151 HARVARD AVENUE STAMFORD, CT 06902	06-1427077	501(C)3	1,500.	0.			FOR GENERAL SUPPORT.
YWCA OF GREENWICH 259 E. PUTNAM AVENUE GREENWICH, CT 06830	06-0646992	501(C)3	10,000.	0.			FOR YNET.
YWCA OF GREENWICH 259 E. PUTNAM AVENUE GREENWICH, CT 06830	06-0646992	501(C)3	50,000.	0.			FOR GENERAL SUPPORT.
YWCA OF GREENWICH 259 E. PUTNAM AVENUE GREENWICH, CT 06830	06-0646992	501(C)3	10,000.	0.			TO PROVIDE SCHOLARSHIP FUNDING FOR THE K-5 SUMMER CAMP.

Schedule I (Form 990)



THE FAIRFIELD COUNTY COMMUNITY  
FOUNDATION, INC.

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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 non-cash assistance
SCHOLARSHIPS TO RESIDENTS OF FAIRFIELD COUNTY FOR POST-SECONDARY EDUCATION IN A 2 OR 4 YEAR ACCREDITED INSTITUTION	240	482,944.	0.		

**Part IV** **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2: ORGANIZATIONS THAT ARE AWARDED COMPETITIVE GRANTS BY FCCF MUST SUBMIT SEMI-ANNUAL REPORTING OF EXPENDITURES INCURRED FOR THEIR PROGRAMS OR ORGANIZATIONS FOR WHICH THE GRANT WAS RECEIVED, AS WELL AS COMPLETE A DETAILED GRANTEE REPORT THAT INCLUDES THE EXPENSES AND NARRATIVE PER THE GRANT AGREEMENT. FOUNDATION STAFF ALSO COMPLETE SITE VISITS TO MANY ORGANIZATIONS WHICH RECEIVE FOUNDATION GRANTS. THE FOUNDATION WILL ALSO MONITOR THE MANAGEMENT OF GRANT FUNDS FOR SELECTED SIGNIFICANT GRANTS MADE FROM DONOR ADVISED FUNDS.





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

**2012**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.**

Employer identification number  
**06-1083893**

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</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 .....	<b>1b</b>									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? .....	<b>2</b>									
<p><b>3</b> Indicate which, if any, of the following the filing 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	X								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....	<b>4b</b>	X								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....	<b>4c</b>	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization? .....	<b>5a</b>	X								
<b>b</b> Any related organization? .....	<b>5b</b>	X								
If "Yes" to line 5a or 5b, describe in Part III.										
<b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization? .....	<b>6a</b>	X								
<b>b</b> Any related organization? .....	<b>6b</b>	X								
If "Yes" to line 6a or 6b, describe in Part III.										
<b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	X								
<b>8</b> Were any amounts reported in 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 .....	<b>8</b>	X								
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>									

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

Schedule J (Form 990) 2012

THE FAIRFIELD COUNTY COMMUNITY  
FOUNDATION, INC.

06-1083893

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JUANITA JAMES PRESIDENT AND CEO	(i)	237,261.	0.	0.	12,000.	8,495.	257,756.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KAREN BROWN VP, PROGRAMS	(i)	143,688.	0.	1,492.	7,443.	12,633.	165,256.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2012**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

Name of the organization **THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.**

Employer identification number  
**06-1083893**

**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	18	869,073.	FAIR VALUE, DATE OF D
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 IV, Donee Acknowledgement ..... **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard 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 did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2012)

**Part II**

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

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 990-EZ.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization	THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number	06-1083893
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC., (THE "COMMUNITY FOUNDATION") ADVANCES PHILANTHROPY TO BUILD AND SUSTAIN A VITAL AND PROSPEROUS COMMUNITY WHERE ALL HAVE THE OPPORTUNITY TO PARTICIPATE AND THRIVE. AS THE REGION'S CENTER OF PHILANTHROPY, THE COMMUNITY FOUNDATION PROVIDES:

- PERSONALIZED PHILANTHROPIC ADVISORY SERVICES AND FINANCIAL STEWARDSHIP TO DONORS AND PARTNERS,
- VISIONARY LEADERSHIP AND STRATEGIC INITIATIVES TO ADDRESS KEY REGIONAL ISSUES, AND
- GRANTS, COUNSEL AND LEADERSHIP TRAINING TO LOCAL NONPROFITS.

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

MANAGE CHARITABLE FUNDS AND IDENTIFY AND RESPOND TO COMMUNITY NEEDS WITH STRATEGIC GRANTMAKING, PARTNERSHIPS AND INITIATIVES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

STATE & LOCAL POLICYMAKERS.

IN FISCAL YEAR 2013, THE CENTER FOR NONPROFIT EXCELLENCE PROVIDED SERVICES TO 605 INDIVIDUALS REPRESENTING 367 NONPROFIT ORGANIZATIONS. WE SPONSORED 16 PROFESSIONAL DEVELOPMENT WORKSHOPS, STARTED A PEER LEARNING GROUP FOR BOARD CHAIRS AND HELD 3 NETWORKING EVENTS FOR FAIRFIELD COUNTY NONPROFIT EXECUTIVE DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 2: RONALD NOREN, A BOARD MEMBER OF THE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
232211  
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Name of the organization	THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number	06-1083893
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FCCF, MAINTAINS A BUSINESS RELATIONSHIP WITH PETER MOTT, ANOTHER BOARD MEMBER OF THE FCCF.

FORM 990, PART VI, SECTION A, LINE 4: THE BOARD, EXECUTIVE COMMITTEE AND OFFICERS SECTIONS WERE UPDATED TO REMOVE REFERENCES TO THE GREATER BRIDGEPORT AREA FOUNDATION MERGER, COMPLETED FIVE YEARS AGO. ROLES WERE ADDED IN THE FOLLOWING COMMITTEES: EXECUTIVE COMMITTEE - WILL ALSO SERVE AS A STRATEGY COMMITTEE; GOVERNANCE COMMITTEE - WILL EVALUATE BOARD POLICIES, COMMITTEE STRUCTURE AND ENSURE COMPLIANCE WITH BYLAWS; PROGRAM COMMITTEE WILL RECOMMEND STRATEGY AND FOCUS OF GRANTMAKING, AND IDENTIFY RESOURCES TO FUND STRATEGIC PROGRAM AREAS; FINANCE COMMITTEE COMPOSED OF BOARD MEMBERS - ADDED AS NEW COMMITTEE TO OVERSEE FINANCIAL REPORTING AND ANNUAL BUDGET PRESENTATION; INVESTMENT COMMITTEE - REMOVED MINIMUM AND MAXIMUM REQUIREMENTS FOR MEMBERSHIP; DEVELOPMENT & MARKETING COMMITTEE - MARKETING TITLE AND FOCUS REPLACES COMMUNICATIONS.

FORM 990, PART VI, SECTION B, LINE 11: FAIRFIELD COUNTY COMMUNITY FOUNDATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE IRS, IT IS SUBMITTED ELECTRONICALLY TO MEMBERS OF THE BOARD OF DIRECTORS FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE BOARD MEMBERS ARE GIVEN 10 DAYS TO REVIEW THE PREPARED FORM 990 AND PROVIDE THEIR COMMENTS. ANY COMMENTS ARE THEN GROUPED AND SUMMARIZED BY THE VP OF FINANCE AND PROVIDED TO THE PRESIDENT FOR REVIEW. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

Name of the organization	THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number	06-1083893
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FORM 990, PART VI, SECTION B, LINE 12C: FCCF HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT ANNUALLY MONITORS AND ENFORCES. THE BOARD MANDATES THAT ALL FOUNDATION BOARD MEMBERS, COMMITTEE MEMBERS AND STAFF ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED CONFLICT OF INTEREST POLICY IS SUBMITTED TO THE CEO/PRESIDENT, WHO REVIEWS THE SIGNED ATTESTATIONS FOR POTENTIAL OR ACTUAL CONFLICTS. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, IT IS THE RESPONSIBILITY OF EACH BOARD MEMBER, COMMITTEE MEMBER AND STAFF PERSON TO INFORM THE PRESIDENT OF ANY DUAL OR CONFLICTING ROLES THEY MAY HAVE OR HAVE KNOWLEDGE OF, IF SUCH ARE NOT OTHERWISE MADE KNOWN IN THE FOREGOING PROCESS. IT IS THEN THE RESPONSIBILITY OF THE PRESIDENT TO INFORM THE CHAIRPERSON OF THE BOARD AND/OR AFFECTED COMMITTEE CHAIRS OF THE DUAL OR CONFLICTING ROLES, FOR DISCUSSION AND RESOLUTION BY THE BOARD AT ITS NEXT SCHEDULED MEETING. IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST, THE INTERESTED PERSON WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT UNTIL SUCH TIME AS THERE IS NO LONGER A CONFLICT.

FORM 990, PART VI, SECTION B, LINE 15: FCCF HAS ESTABLISHED A WRITTEN COMPENSATION POLICY FOR THE EXECUTIVE COMMITTEE AND BOARD OF DIRECTORS TO FOLLOW IN ESTABLISHING THE COMPENSATION OF THE CEO/PRESIDENT. THE POLICY MANDATES THAT EXECUTIVE COMPENSATION BE ANNUALLY REVIEWED BY THE EXECUTIVE COMMITTEE AND THAT THE COMMITTEE SHOULD BE FREE OF CONFLICTS OF INTEREST. IN ADDITION, THE EXECUTIVE COMMITTEE REVIEWS APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF COMPENSATION BEING CONSIDERED. THE EXECUTIVE COMMITTEE USES A VARIETY OF INFORMATION AND STUDIES TO SET AN APPROPRIATE COMPENSATION LEVEL FOR ITS CEO AND PRESIDENT. THE EXECUTIVE COMMITTEE'S COMPENSATION RECOMMENDATION IS DOCUMENTED AND INCLUDES THE DATE



Name of the organization	THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.	Employer identification number	06-1083893
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THE RECOMMENDATION IS REACHED. THE MEMBERS PRESENT AND VOTE THE TERMS OF THE COMPENSATION THAT WERE APPROVED, AND THE COMPARABLE DATA USED AND RELIED UPON TO MAKE THE RECOMMENDATION. THE COMPENSATION IS THEN PRESENTED TO THE BOARD OF DIRECTORS, AT A REGULARLY SCHEDULED MEETING FOR APPROVAL.

COMPENSATION FOR OTHER OFFICERS AND KEY EMPLOYEES IS ALSO DETERMINED USING THE SAME PROCESS AS ABOVE.

FORM 990, PART VI, SECTION C, LINE 19: FAIRFIELD COUNTY COMMUNITY FOUNDATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE BY HAVING IT POSTED ON THE WEBSITE GUIDESTAR.ORG AS WELL AS POSTING A LINK TO GUIDESTAR.ORG ON THEIR OWN WEBSITE. IN ADDITION, THE FORM 990, THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR INSPECTION AT THE FOUNDATION'S OFFICES AND COPIES ARE AVAILABLE UPON WRITTEN REQUEST AT 383 MAIN AVENUE, NORWALK, CT 06851-1543 OR BY CALLING THE ORGANIZATION DIRECTLY AT 203-750-3200.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	51,626.
RETURN GRANTS	25,275.
TOTAL TO FORM 990, PART XI, LINE 9	76,901.

PART XII, LINE 2C EXPLANATION:

THE FOUNDATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. AND THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.



2012 DEPRECIATION AND AMORTIZATION REPORT

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
15	DELL DIMENSION 4300	110701	SL	5.00	16	1,062.			1,062.	1,062.		0.
16	FILE DRAWER	060100	SL	8.00	16	469.			469.	469.		0.
17	FILE DRAWER	060100	SL	8.00	16	449.			449.	449.		0.
18	3 OFFICE PARTITIONS	060100	SL	8.00	16	417.			417.	417.		0.
19	WOODEN BOOKCASE	060100	SL	8.00	16	596.			596.	596.		0.
20	WOODEN BOOKCASE	060100	SL	8.00	16	394.			394.	394.		0.
21	4 DESKS	060100	SL	8.00	16	1,356.			1,356.	1,356.		0.
22	5 PADDED CHAIRS	060100	SL	8.00	16	440.			440.	440.		0.
23	4 ROLLING DESKS	060100	SL	8.00	16	380.			380.	380.		0.
24	2 METAL STORAGE RACKS	060100	SL	8.00	16	416.			416.	416.		0.
25	WOODEN BOOKCASE	060100	SL	8.00	16	1,162.			1,162.	1,162.		0.
26	TELEVISION/VCR	111700	SL	8.00	16	330.			330.	330.		0.
27	20 STACKABLE BLACK PADDED	112700	SL	8.00	16	699.			699.	699.		0.
28	NEW PARTNER ACS TELEPHONE	040100	SL	8.00	16	6,510.			6,510.	6,510.		0.
29	SERVER	091003	SL	5.00	16	1,713.			1,713.	1,713.		0.
30	WINDOWS SVR STD 2003	091003	SL	5.00	16	248.			248.	248.		0.
31	CHARITY ISA SERVER EXCHANGE SVR 2003	091003	SL	5.00	16	623.			623.	623.		0.
32	ENG	091003	SL	5.00	16	391.			391.	391.		0.

2012 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
33	CHARITY WINDOWS PRO XP	091003	SL	3.00	16	330.			330.	330.		0.
34	CARBON COPY 2U NO AUP	091003	SL	3.00	16	132.			132.	132.		0.
35	HP LASERJET 4200 PRINTER STANDARD	061704	SL	5.00	16	1,149.			1,149.	1,149.		0.
36	REFRIGERATOR	102304	SL	5.00	16	428.			428.	428.		0.
37	DELL COMPUTER 2400 SERIES	072704	SL	5.00	16	1,071.			1,071.	1,071.		0.
38	DELL COMPUTER 2400 SERIES	072704	SL	5.00	16	921.			921.	921.		0.
39	4 - DELL DIMENSION LPB BACKUP EXEC WIN	041105	SL	5.00	16	2,628.			2,628.	2,628.		0.
40	V10 SVR BACKUP EXEC. WIN	051205	SL	3.00	16	294.			294.	294.		0.
41	V10 MEDIA KIT	051205	SL	3.00	16	40.			40.	40.		0.
42	VERITAS BACKUP EXEC WIN B10 EXCH	051205	SL	3.00	16	174.			174.	174.		0.
43	LPB BACKUP EXEC WIN B10	051205	SL	3.00	16	605.			605.	605.		0.
44	14 - SMS EXCH 4.6 10-24	051205	SL	3.00	16	364.			364.	364.		0.
45	SMS EXCH 4.6 MEDIA 5 - WINDOWS XP	051205	SL	3.00	16	20.			20.	20.		0.
46	PROF. UPGRADE	050405	SL	3.00	16	40.			40.	40.		0.
47	SYMANTEC ANTIVIRUS ROLLING CASE -	050405	SL	3.00	16	85.			85.	85.		0.
48	LAPTOPS & PROJECTOR DELL 2300MP	072805	SL	7.00	16	105.			105.	105.		0.
49	PROJECTOR	072805	SL	5.00	16	1,165.			1,165.	1,165.		0.
50	LATITUDE D510	080505	SL	3.00	16	1,394.			1,394.	1,394.		0.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
51	MICROSOFT PUBLISHER 2003	08/07/05	SL	3.00	16	147.			147.	147.		0.
52	DELL DIMENSION 3000 SERIES, INTEL	09/07/05	SL	5.00	16	498.			498.	498.		0.
53	MICROSOFT POWER POINT	09/06/05	SL	3.00	16	195.			195.	195.		0.
54	512 MB MODULE	11/22/05	SL	3.00	16	130.			130.	130.		0.
55	2 - DIMENDION 1100 SERIES	11/23/05	SL	5.00	16	1,232.			1,232.	1,232.		0.
56	OFFICE EQUIPMENT	01/01/05	SL	5.00	16	1,534.			1,534.	1,534.		0.
57	8 CONFERENCE TABLE - 48X24	01/02/06	SL	7.00	16	1,160.			1,160.	1,078.		82.
58	2 CONFERENCE TABLES - 1/2 ROUND	01/02/06	SL	7.00	16	300.			300.	279.		21.
59	10 NEW POST LEGS INSTALLATION	01/02/06	SL	7.00	16	850.			850.	788.		62.
60	CHAGRES	01/02/06	SL	7.00	16	75.			75.	70.		5.
61	DESK - MAHOGANY	03/07/06	SL	7.00	16	790.			790.	715.		75.
62	EX. CHAIR MAHOGANY	03/07/06	SL	7.00	16	599.			599.	544.		55.
63	ROUND TABLE	03/07/06	SL	7.00	16	342.			342.	310.		32.
64	4- FABRIC CHAIRS	03/07/06	SL	7.00	16	560.			560.	507.		53.
65	MATCHING BOOKCASE	03/07/06	SL	7.00	16	284.			284.	258.		26.
66	SOFA BLACK LEATHER	03/07/06	SL	7.00	16	755.			755.	684.		71.
67	2- CLUB CHAIRS	03/07/06	SL	7.00	16	790.			790.	715.		75.
68	COFFEE TABLE MAHOGANY	03/07/06	SL	7.00	16	195.			195.	177.		18.

2012 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
69	END TABLE MAHOGANY	030706	SL	7.00	16	155.			155.	140.		15.
70	CREDIT FOR TRADE IN	030706	SL	7.00	16	-340.			-340.			0.
71	DELIVERY	030706	SL	7.00	16	75.			75.	69.		6.
72	DELL DIMENSION 1100 SERIES, INTEL CELE	020906	SL	5.00	16	700.			700.	700.		0.
73	521, 2.8 GHZ, 1MB CACHE - SERVER 2	062306	SL	5.00	16	1,325.			1,325.	1,325.		0.
74	FIMS USER LICENSE UPGRADE	121206	SL	3.00	16	3,233.			3,233.	3,233.		0.
75	DIM E520, 805	011007	SL	5.00	16	873.			873.	873.		0.
76	DIM E520, CPDT, 336	011007	SL	5.00	16	601.			601.	601.		0.
77	DIM E520, CPDT, 336	011007	SL	5.00	16	601.			601.	601.		0.
78	17 GRAY DELL FLAT SCREEN	011907	SL	5.00	16	209.			209.	209.		0.
79	17 GRAY DELL FLAT SCREEN	011907	SL	5.00	16	209.			209.	209.		0.
80	17 GRAY DELL FLAT SCREEN	011907	SL	5.00	16	209.			209.	209.		0.
81	17 GRAY DELL FLAT SCREEN	011907	SL	5.00	16	209.			209.	209.		0.
82	HP LASERJET 4250N PRINTER	011607	SL	5.00	16	1,249.			1,249.	1,249.		0.
83	HP LASERJET 4250N PRINTER	011607	SL	5.00	16	1,249.			1,249.	1,249.		0.
84	DELL E177FP, FLAT PANEL, 17.0 INC	010207	SL	5.00	16	199.			199.	199.		0.
85	DELL ULTRASHARP 2007FP FLAT PANEL, LEBLANC	010407	SL	5.00	16	359.			359.	359.		0.
86	COMMUNICATIONS-PHON	043008	SL	5.00	16	23,650.			23,650.	19,708.		3,942.

2012 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
87	LEBLANC COMMUNICATIONS-WIRI SWC OFFICE	04/30/08	SL	5.00	16	15,183.			15,183.	12,654.		2,529.
88	FURNITURE--RECEPTIO W&M	06/30/08	SL	5.00	16	1,085.			1,085.	868.		217.
89	CONSTRUCTION-OFFICE BOOK TO TAX	04/30/08	SL	10.00	16	12,383.			12,383.	5,160.		1,238.
90	DIFFERENCE	VARIABLE	SSL	5.00	16							0.
* TOTAL 990 PAGE 10 DEPR						102,452.		0.	102,452.	88,285.	0.	8,522.

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2013

<b>Prepared for</b>	THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC. 383 MAIN STREET NORWALK, CT 06851
<b>Prepared by</b>	O'CONNOR DAVIES, LLP 500 MAMARONECK AVENUE HARRISON, NY 10528-1633
<b>Amount due or refund</b>	BALANCE DUE OF \$1,166
<b>Make check payable to</b>	PAYMENTS SHOULD BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENT SYSTEM (EFTPS).
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	MAY 15, 2014
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.



**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2012**

Department of the Treasury  
Internal Revenue Service

For calendar year 2012 or other tax year beginning **JUL 1, 2012** and ending **JUN 30, 2013**

Open to Public Inspection for  
501(c)(3) Organizations Only

<b>A</b> <input type="checkbox"/> Check box if address changed	<b>Name of organization</b> ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.</b>	<b>D</b> Employer identification number (Employees' trust, see instructions.) <b>06-1083893</b>
<b>B</b> Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	<b>Print or Type</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>383 MAIN STREET</b> City or town, state, and ZIP code <b>NORWALK, CT 06851</b>	<b>E</b> Unrelated business activity codes (See instructions) <b>523000</b>
<b>C</b> Book value of all assets at end of year <b>157,312,779.</b>	<b>F</b> Group exemption number (see instructions) <b>▶</b>	
	<b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

**H** Describe the organization's primary unrelated business activity. **▶ INVESTMENTS IN LIMITED PARTNERSHIPS.**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. **▶**

**J** The books are in care of **▶ JOSEPH BAKER, VP OF FINANCE & ADM** Telephone number **▶ 203-750-3200**

<b>Part I Unrelated Trade or Business Income</b>	(A) Income	(B) Expenses	(C) Net
<b>1 a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances <b>c</b> Balance <b>▶</b>	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4 a</b> Capital gain net income (attach Schedule D)	<b>4a</b> 21,657.		21,657.
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b> 1,381.		1,381.
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b> -3,836.	<b>STMT 1</b>	-3,836.
<b>6</b> Rent income (Schedule C)	<b>6</b>		
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (see instructions; attach statement)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b> 19,202.		19,202.

**Part II Deductions Not Taken Elsewhere** (see instructions for limitations on deductions)  
(except for contributions, deductions must be directly connected with the unrelated business income)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach statement) <b>SEE STATEMENT 2</b>	<b>18</b>	8,650.
<b>19</b> Taxes and licenses	<b>19</b>	671.
<b>20</b> Charitable contributions (see instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	<b>22b</b>
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach statement) <b>SEE STATEMENT 3</b>	<b>28</b>	611.
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	9,932.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	9,270.
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	9,270.
<b>33</b> Specific deduction (generally \$1,000, but see instructions for exceptions)	<b>33</b>	1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	8,270.

**Part III Tax Computation**

<b>35 Organizations taxable as corporations</b> (see instructions for tax computation). Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: <b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ <b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____ <b>c</b> Income tax on the amount on line 34	<b>35c</b>	1,241.
<b>36 Trusts taxable at trust rates</b> (see instructions for tax computation). Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax</b> (see instructions)	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies	<b>39</b>	1,241.

**Part IV Tax and Payments**

<b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>40a</b>	
<b>b</b> Other credits (see instructions)	<b>40b</b>	
<b>c</b> General business credit. Attach Form 3800	<b>40c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>40d</b>	
<b>e Total credits.</b> Add lines 40a through 40d	<b>40e</b>	
<b>41</b> Subtract line 40e from line 39	<b>41</b>	1,241.
<b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	<b>42</b>	
<b>43 Total tax.</b> Add lines 41 and 42	<b>43</b>	1,241.
<b>44a</b> Payments: A 2011 overpayment credited to 2012	<b>44a</b>	100.
<b>b</b> 2012 estimated tax payments	<b>44b</b>	
<b>c</b> Tax deposited with Form 8868	<b>44c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>44d</b>	
<b>e</b> Backup withholding (see instructions)	<b>44e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>44f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>44g</b>	
<b>45 Total payments.</b> Add lines 44a through 44g	<b>45</b>	100.
<b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>46</b>	25.
<b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed	<b>47</b>	1,166.
<b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid	<b>48</b>	
<b>49</b> Enter the amount of line 48 you want: <b>Credited to 2013 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>49</b>	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>1</b> At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		X

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation  N/A

<b>1</b> Inventory at beginning of year	<b>1</b>		<b>6</b> Inventory at end of year	<b>6</b>	
<b>2</b> Purchases	<b>2</b>		<b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>	
<b>3</b> Cost of labor	<b>3</b>		<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
<b>4a</b> Additional section 263A costs (att. statement)	<b>4a</b>				
<b>b</b> Other costs (attach statement)	<b>4b</b>				
<b>5 Total.</b> Add lines 1 through 4b	<b>5</b>				

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here** Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **VP, FINANCE AND ADMINISTRATION**

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

Print/Type preparer's name: **GARRETT M. HIGGINS** Preparer's signature: **GARRETT M. HIGGINS** Date: **12/13/13** Check  if self-employed PTIN: **P00543209**

Firm's name: **O'CONNOR DAVIES, LLP** Firm's EIN: **27-1728945**

Firm's address: **500 MAMARONECK AVENUE HARRISON, NY 10528-1633** Phone no.: **914-381-8900**

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total 0.		Total 0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach statement)	(b) Other deductions (attach statement)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5. Average adjusted basis of or allocable to debt-financed property (attach statement)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations				
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals					Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	0.	0.				0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 1

DESCRIPTION	AMOUNT
ORDINARY INCOME:	
AUBURN CCP EQUITY INVESTORS LLC	1.
MRE PARTNERS VI LP	25.
MRE PARTNERS INTERNATIONAL III	-227.
SIGULER GUFF DISTRESSED OPPORTUNITIES	-3,782.
PORTFOLIO INCOME:	
MRE PARTNERS INTERNATIONAL III	122.
	-1.
	26.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-3,836.

FORM 990-T INTEREST PAID STATEMENT 2

DESCRIPTION	AMOUNT
MRE PARTNERS VI LP	8,650.
TOTAL TO FORM 990-T, PAGE 1, LINE 18	8,650.

FORM 990-T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
TAX PREPARATION FEES	600.
MRE PARTNERS VI LP	11.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	611.

**Capital Gains and Losses**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.  
▶ Information about Schedule D (Form 1120) and its separate instructions is at [www.irs.gov/form1120](http://www.irs.gov/form1120).

**2012**

Name <b>THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>06-1083893</b>
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**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

Complete Form 8949 before completing line 1, 2, or 3. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price) from Form(s) 8949, Part I, line 2, column (d)	(e) Cost or other basis from Form(s) 8949, Part I, line 2, column (e)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
1 Short-term totals from all Forms 8949 with <b>box A</b> checked in Part I .....				
2 Short-term totals from all Forms 8949 with <b>box B</b> checked in Part I .....				<b>3.</b>
3 Short-term totals from all Forms 8949 with <b>box C</b> checked in Part I .....				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>4</b>
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>5</b>
6 Unused capital loss carryover (attach computation) .....				<b>6</b> ( )
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column h .....				<b>7</b> <b>3.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

Complete Form 8949 before completing line 8, 9, or 10. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price) from Form(s) 8949, Part II, line 4, column (d)	(e) Cost or other basis from Form(s) 8949, Part II, line 4, column (e)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 4, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
8 Long-term totals from all Forms 8949 with <b>box A</b> checked in Part II .....				
9 Long-term totals from all Forms 8949 with <b>box B</b> checked in Part II .....				<b>68.</b>
10 Long-term totals from all Forms 8949 with <b>box C</b> checked in Part II .....				
11 Enter gain from Form 4797, line 7 or 9 .....				<b>11</b> <b>21,586.</b>
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 .....				<b>12</b>
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 .....				<b>13</b>
14 Capital gain distributions .....				<b>14</b>
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column h .....				<b>15</b> <b>21,654.</b>

**Part III Summary of Parts I and II**

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) .....	<b>16</b> <b>3.</b>
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) .....	<b>17</b> <b>21,654.</b>
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns .....	<b>18</b> <b>21,657.</b>

**Note.** If losses exceed gains, see **Capital losses** in the instructions.







**Sales of Business Property**  
 (Also Involuntary Conversions and Recapture Amounts  
 Under Sections 179 and 280F(b)(2))  
 Attach to your tax return.

OMB No. 1545-0184

**2012**

Attachment  
 Sequence No. **27**

Information about Form 4797 and its separate instructions is at [www.irs.gov/form4797](http://www.irs.gov/form4797).

Name(s) shown on return  
**THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.**

Identifying number  
**06-1083893**

1 Enter the gross proceeds from sales or exchanges reported to you for 2012 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year** (see instructions)

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
<b>2</b> MRE PARTNERS VI LP	VARIOUS	06/30/13	1,230.			1,230.
MRE PARTNERS						
INTERNATIONAL III	VARIOUS	06/30/13	20,356.			20,356.

3 Gain, if any, from Form 4684, line 39	<b>3</b>	
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	<b>4</b>	
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	<b>5</b>	
6 Gain, if any, from line 32, from other than casualty or theft	<b>6</b>	
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: <b>Partnerships (except electing large partnerships) and S corporations.</b> Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. <b>Individuals, partners, S corporation shareholders, and all others.</b> If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.	<b>7</b>	<b>21,586.</b>
8 Nonrecaptured net section 1231 losses from prior years (see instructions)	<b>8</b>	
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	<b>9</b>	<b>21,586.</b>

**Part II Ordinary Gains and Losses** (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):


11 Loss, if any, from line 7	<b>11</b>	
12 Gain, if any, from line 7 or amount from line 8, if applicable	<b>12</b>	
13 Gain, if any, from line 31	<b>13</b>	<b>1,381.</b>
14 Net gain or (loss) from Form 4684, lines 31 and 38a	<b>14</b>	
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	<b>15</b>	
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	<b>16</b>	
17 Combine lines 10 through 16	<b>17</b>	<b>1,381.</b>
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: <b>a</b> If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions <b>b</b> Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	<b>18a</b> <b>18b</b>	

LHA For Paperwork Reduction Act Notice, see separate instructions. Form **4797** (2012)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
<b>A</b>	<b>MRE PARTNERS INTERNATIONAL III</b>	<b>VARIOUS</b>	<b>06/30/13</b>
<b>B</b>			
<b>C</b>			
<b>D</b>			
<b>These columns relate to the properties on lines 19A through 19D.</b>			
	▶	<b>Property A</b>	<b>Property B</b>
		<b>Property C</b>	<b>Property D</b>
<b>20</b>	Gross sales price (Note: See line 1 before completing.)	<b>20</b>	<b>1,381.</b>
<b>21</b>	Cost or other basis plus expense of sale	<b>21</b>	
<b>22</b>	Depreciation (or depletion) allowed or allowable	<b>22</b>	
<b>23</b>	Adjusted basis. Subtract line 22 from line 21	<b>23</b>	
<b>24</b>	Total gain. Subtract line 23 from line 20	<b>24</b>	<b>1,381.</b>
<b>25</b>	<b>If section 1245 property:</b>		
	a Depreciation allowed or allowable from line 22	<b>25a</b>	
	b Enter the smaller of line 24 or 25a	<b>25b</b>	
<b>26</b>	<b>If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		
	a Additional depreciation after 1975 (see instructions)	<b>26a</b>	
	b Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	<b>26b</b>	
	c Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	<b>26c</b>	
	d Additional depreciation after 1969 and before 1976	<b>26d</b>	
	e Enter the smaller of line 26c or 26d	<b>26e</b>	
	f Section 291 amount (corporations only)	<b>26f</b>	
	g Add lines 26b, 26e, and 26f	<b>26g</b>	<b>1,381.</b>
<b>27</b>	<b>If section 1252 property:</b> Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).		
	a Soil, water, and land clearing expenses	<b>27a</b>	
	b Line 27a multiplied by applicable percentage	<b>27b</b>	
	c Enter the smaller of line 24 or 27b	<b>27c</b>	
<b>28</b>	<b>If section 1254 property:</b>		
	a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	<b>28a</b>	
	b Enter the smaller of line 24 or 28a	<b>28b</b>	
<b>29</b>	<b>If section 1255 property:</b>		
	a Applicable percentage of payments excluded from income under section 126 (see instructions)	<b>29a</b>	
	b Enter the smaller of line 24 or 29a (see instructions)	<b>29b</b>	

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

<b>30</b>	Total gains for all properties. Add property columns A through D, line 24	<b>30</b>	<b>1,381.</b>
<b>31</b>	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	<b>31</b>	<b>1,381.</b>
<b>32</b>	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	<b>32</b>	

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
<b>33</b>	Section 179 expense deduction or depreciation allowable in prior years	<b>33</b>	
<b>34</b>	Recomputed depreciation (see instructions)	<b>34</b>	
<b>35</b>	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	<b>35</b>	

2012 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
15	DELL DIMENSION 4300	11/07/01	SL	5.00	16	1,062.			1,062.	1,062.		0.
16	FILE DRAWER	06/01/00	SL	8.00	16	469.			469.	469.		0.
17	FILE DRAWER	06/01/00	SL	8.00	16	449.			449.	449.		0.
18	3 OFFICE PARTITIONS	06/01/00	SL	8.00	16	417.			417.	417.		0.
19	WOODEN BOOKCASE	06/01/00	SL	8.00	16	596.			596.	596.		0.
20	WOODEN BOOKCASE	06/01/00	SL	8.00	16	394.			394.	394.		0.
21	4 DESKS	06/01/00	SL	8.00	16	1,356.			1,356.	1,356.		0.
22	5 PADDED CHAIRS	06/01/00	SL	8.00	16	440.			440.	440.		0.
23	4 ROLLING DESKS	06/01/00	SL	8.00	16	380.			380.	380.		0.
24	2 METAL STORAGE RACKS	06/01/00	SL	8.00	16	416.			416.	416.		0.
25	WOODEN BOOKCASE	06/01/00	SL	8.00	16	1,162.			1,162.	1,162.		0.
26	TELEVISION/VCR	11/17/00	SL	8.00	16	330.			330.	330.		0.
27	20 STACKABLE BLACK PADDED	11/27/00	SL	8.00	16	699.			699.	699.		0.
28	NEW PARTNER ACS TELEPHONE	04/01/00	SL	8.00	16	6,510.			6,510.	6,510.		0.
29	SERVER	09/10/03	SL	5.00	16	1,713.			1,713.	1,713.		0.
30	WINDOWS SVR STD 2003	09/10/03	SL	5.00	16	248.			248.	248.		0.
31	CHARITY ISA SERVER EXCHANGE SVR 2003	09/10/03	SL	5.00	16	623.			623.	623.		0.
32	ENG	09/10/03	SL	5.00	16	391.			391.	391.		0.

2012 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - THE FAIRFIELD COUNTY COMMUNITY FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
33	CHARITY WINDOWS PRO XP	091003	SL	3.00	16	330.			330.	330.		0.
34	CARBON COPY 2U NO AUP	091003	SL	3.00	16	132.			132.	132.		0.
35	HP LASERJET 4200 PRINTER	061704	SL	5.00	16	1,149.			1,149.	1,149.		0.
36	STANDARD REFRIGERATOR	102304	SL	5.00	16	428.			428.	428.		0.
37	DELL COMPUTER 2400 SERIES	072704	SL	5.00	16	1,071.			1,071.	1,071.		0.
38	DELL COMPUTER 2400 SERIES	072704	SL	5.00	16	921.			921.	921.		0.
39	4 - DELL DIMENSION LPB BACKUP EXEC WIN	041105	SL	5.00	16	2,628.			2,628.	2,628.		0.
40	V10 SVR BACKUP EXEC. WIN	051205	SL	3.00	16	294.			294.	294.		0.
41	V10 MEDIA KIT	051205	SL	3.00	16	40.			40.	40.		0.
42	VERITAS BACKUP EXEC WIN B10 EXCH	051205	SL	3.00	16	174.			174.	174.		0.
43	LPB BACKUP EXEC WIN B10	051205	SL	3.00	16	605.			605.	605.		0.
44	14 - SMS EXCH 4.6 10-24	051205	SL	3.00	16	364.			364.	364.		0.
45	SMS EXCH 4.6 MEDIA 5 - WINDOWS XP	051205	SL	3.00	16	20.			20.	20.		0.
46	PROF. UPGRADE	050405	SL	3.00	16	40.			40.	40.		0.
47	SYMANTEC ANTIVIRUS ROLLING CASE -	050405	SL	3.00	16	85.			85.	85.		0.
48	LAPTOPS & PROJECTOR DELL 2300MP	072805	SL	7.00	16	105.			105.	105.		0.
49	PROJECTOR	072805	SL	5.00	16	1,165.			1,165.	1,165.		0.
50	LATITUDE D510	080505	SL	3.00	16	1,394.			1,394.	1,394.		0.

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51	MICROSOFT PUBLISHER 2003	08/07/05	SL	3.00	16	147.			147.	147.		0.
52	DELL DIMENSION 3000 SERIES, INTEL	09/07/05	SL	5.00	16	498.			498.	498.		0.
53	MICROSOFT POWER POINT	09/06/05	SL	3.00	16	195.			195.	195.		0.
54	512 MB MODULE	11/22/05	SL	3.00	16	130.			130.	130.		0.
55	2 - DIMENDION 1100 SERIES	11/23/05	SL	5.00	16	1,232.			1,232.	1,232.		0.
56	OFFICE EQUIPMENT	01/01/05	SL	5.00	16	1,534.			1,534.	1,534.		0.
57	8 CONFERENCE TABLE - 48X24	01/02/06	SL	7.00	16	1,160.			1,160.	1,078.		82.
58	2 CONFERENCE TABLES - 1/2 ROUND	01/02/06	SL	7.00	16	300.			300.	279.		21.
59	10 NEW POST LEGS INSTALLATION	01/02/06	SL	7.00	16	850.			850.	788.		62.
60	CHAGRES	01/02/06	SL	7.00	16	75.			75.	70.		5.
61	DESK - MAHOGANY	03/07/06	SL	7.00	16	790.			790.	715.		75.
62	EX. CHAIR MAHOGANY	03/07/06	SL	7.00	16	599.			599.	544.		55.
63	ROUND TABLE	03/07/06	SL	7.00	16	342.			342.	310.		32.
64	4- FABRIC CHAIRS	03/07/06	SL	7.00	16	560.			560.	507.		53.
65	MATCHING BOOKCASE	03/07/06	SL	7.00	16	284.			284.	258.		26.
66	SOFA BLACK LEATHER	03/07/06	SL	7.00	16	755.			755.	684.		71.
67	2- CLUB CHAIRS	03/07/06	SL	7.00	16	790.			790.	715.		75.
68	COFFEE TABLE MAHOGANY	03/07/06	SL	7.00	16	195.			195.	177.		18.

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69	END TABLE MAHOGANY	030706	SL	7.00	16	155.			155.	140.		15.
70	CREDIT FOR TRADE IN	030706	SL	7.00	16	-340.			-340.			0.
71	DELIVERY	030706	SL	7.00	16	75.			75.	69.		6.
72	DELL DIMENSION 1100 SERIES, INTEL CELE	020906	SL	5.00	16	700.			700.	700.		0.
73	521, 2.8 GHZ, 1MB CACHE - SERVER 2	062306	SL	5.00	16	1,325.			1,325.	1,325.		0.
74	FIMS USER LICENSE UPGRADE	121206	SL	3.00	16	3,233.			3,233.	3,233.		0.
75	DIM E520, 805	011007	SL	5.00	16	873.			873.	873.		0.
76	DIM E520, CPDT, 336	011007	SL	5.00	16	601.			601.	601.		0.
77	DIM E520, CPDT, 336	011007	SL	5.00	16	601.			601.	601.		0.
78	17 GRAY DELL FLAT SCREEN	011907	SL	5.00	16	209.			209.	209.		0.
79	17 GRAY DELL FLAT SCREEN	011907	SL	5.00	16	209.			209.	209.		0.
80	17 GRAY DELL FLAT SCREEN	011907	SL	5.00	16	209.			209.	209.		0.
81	17 GRAY DELL FLAT SCREEN	011907	SL	5.00	16	209.			209.	209.		0.
82	HP LASERJET 4250N PRINTER	011607	SL	5.00	16	1,249.			1,249.	1,249.		0.
83	HP LASERJET 4250N PRINTER	011607	SL	5.00	16	1,249.			1,249.	1,249.		0.
84	DELL E177FP, FLAT PANEL, 17.0 INC	010207	SL	5.00	16	199.			199.	199.		0.
85	DELL ULTRASHARP 2007FP FLAT PANEL, LEBLANC	010407	SL	5.00	16	359.			359.	359.		0.
86	COMMUNICATIONS-PHON	043008	SL	5.00	16	23,650.			23,650.	19,708.		3,942.

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87	LEBLANC COMMUNICATIONS-WIRI SWC OFFICE	04/30/08	SL	5.00	16	15,183.			15,183.	12,654.		2,529.
88	FURNITURE--RECEPTIO W&M	06/30/08	SL	5.00	16	1,085.			1,085.	868.		217.
89	CONSTRUCTION-OFFICE BOOK TO TAX	04/30/08	SL	10.00	16	12,383.			12,383.	5,160.		1,238.
90	DIFFERENCE	VARIABLE	SSL	5.00	16							0.
* TOTAL 990 PAGE 10 DEPR						102,452.		0.	102,452.	88,285.	0.	8,522.