

PKF O'CONNOR DAVIES, LLP
500 MAMARONECK AVENUE
HARRISON, NY 10528-1633

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.
40 RICHARDS AVENUE
NORWALK, CT 06854

|||||

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

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

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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

Type or print	Name of exempt organization or other filer, see instructions. FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.	Taxpayer identification number (TIN) 06-1083893
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 40 RICHARDS AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NORWALK, CT 06854	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

BILL ANDREWS, CHIEF FINANCIAL OFFICER

- The books are in the care of ▶ **40 RICHARDS AVENUE - NORWALK, CT 06854**
Telephone No. ▶ **203-750-3200** Fax No. ▶ **203-750-3232**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

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

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

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

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.		D Employer identification number 06-1083893
	Doing business as		E Telephone number (203) 750-3200
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	40 RICHARDS AVENUE		G Gross receipts \$ 120,640,509.
	City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06854		
F Name and address of principal officer: JUANITA T. JAMES SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.FCCFOUNDATION.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1982	M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	38
	6 Total number of volunteers (estimate if necessary)	6	59
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	216,906.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	18,221,388.	28,631,864.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	60,436.	72,644.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,960,068.	13,937,046.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	9,849.	-107,251.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,251,741.	42,534,303.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,158,209.	29,125,858.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,609,292.	3,831,433.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 1,094,175.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,446,856.	1,772,499.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	28,214,357.	34,729,790.	
19 Revenue less expenses. Subtract line 18 from line 12	2,037,384.	7,804,513.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	213,804,475.	264,164,706.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,523,834.	1,877,932.
22 Net assets or fund balances. Subtract line 21 from line 20	212,280,641.	262,286,774.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	BILL ANDREWS, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	GARRETT M. HIGGINS	GARRETT M. HIGGINS	11/17/21		P00543209
Firm's name PKF O'CONNOR DAVIES, LLP			Firm's EIN 27-1728945		
Firm's address 500 MAMARONECK AVENUE HARRISON, NY 10528-1633			Phone no. 914-381-8900		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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.

4a (Code:) (Expenses \$ 29,125,858. including grants of \$ 29,125,858.) (Revenue \$) GRANTS - THE COMMUNITY FOUNDATION AWARDED AND MADE GRANTS TO 501(C)(3) ORGANIZATIONS TO SUPPORT EDUCATION AND YOUTH DEVELOPMENT, COMMUNITY AND ECONOMIC DEVELOPMENT, THE EMPOWERMENT OF WOMEN AND GIRLS, IMMIGRATION SUPPORT AND NONPROFIT CAPACITY BUILDING. IN 2020, \$911,383 OF GRANTS WERE AWARDS FOR DISASTER RELIEF SUPPORT, OF WHICH \$706,500 WAS FOR COVID RELIEF. GRANTS MADE THROUGH DONOR ADVISED FUNDS TOTALED \$21,462,986.

4b (Code:) (Expenses \$ 1,707,030. including grants of \$) (Revenue \$) COMMUNITY LEADERSHIP - FAIRFIELD COUNTY'S COMMUNITY FOUNDATION PROMOTES AND SUPPORTS COLLABORATIONS, PARTNERSHIPS AND INITIATIVES TO MAKE AN IMPACT FOR WOMEN AND GIRLS, OLDER YOUTH (WHO ARE NOT IN SCHOOL OR EMPLOYED) AND IMMIGRANTS.

THE COMMUNITY FOUNDATION 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.

4c (Code:) (Expenses \$ 278,216. including grants of \$) (Revenue \$ 72,644.) FINANCIAL RESOURCE DEVELOPMENT - THE COMMUNITY FOUNDATION EDUCATES DONORS, AGENCIES AND THE COMMUNITY TO INCREASE LOCAL PHILANTHROPY TO PROVIDE A STRONG BASE OF SUPPORT FOR FAIRFIELD COUNTY NONPROFIT ORGANIZATIONS NOW AND IN THE FUTURE. IN 2020, THE COMMUNITY FOUNDATION ORGANIZED ITS 7TH FAIRFIELD COUNTY GIVING DAY, A COMMUNITY-WIDE DAY OF GIVING DAY THAT RAISED \$1.7 MILLION IN GIVING DIRECTLY TO LOCAL CHARITIES.

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

4e Total program service expenses 31,111,104.

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Form 990 (2020)

06-1083893 Page **3**

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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in 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 donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Form 990 (2020)

06-1083893 Page **4**

Part IV Checklist of Required Schedules *(continued)*

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	35
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		38
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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) JUANITA JAMES PRESIDENT AND CEO	55.00			X			283,203.	0.	29,247.	
(2) MENDI BLUE VP, COMMUNITY IMPACT	55.00				X		223,237.	0.	26,397.	
(3) MICHAEL ROSEN CHIEF BUSINESS DEV. OFFICER	55.00			X			202,353.	0.	37,654.	
(4) KAREN BROWN VP, INNOVATION & STRATEGIC LEARNING	55.00			X			183,599.	0.	35,643.	
(5) WILLIAM ANDREWS CFO	55.00			X			151,956.	0.	34,123.	
(6) ELAINE MINTZ VP, OPERATIONS	55.00				X		149,031.	0.	9,582.	
(7) ELIZABETH DEMARTE DIRECTOR OF MARKETING & COMM.	55.00				X		123,399.	0.	14,737.	
(8) TARA BERLINGO DIRECTOR OF HUMAN RESOURCES	55.00				X		103,108.	0.	6,618.	
(9) BRIGGS L. TOBIN BOARD CHAIR	4.00	X		X			0.	0.	0.	
(10) CLAYTON H. FOWLER BOARD VICE CHAIR	2.00	X		X			0.	0.	0.	
(11) EDWIN FORD BOARD TREASURER	3.00	X		X			0.	0.	0.	
(12) BOB EYDT BOARD SECRETARY, THRU JUNE 2021	2.00	X		X			0.	0.	0.	
(13) TERENCE CHENG BOARD MEMBER	1.00	X					0.	0.	0.	
(14) STEPHEN EDWARDS BOARD MEMBER	1.00	X					0.	0.	0.	
(15) GERALD M. FOX III BOARD MEMBER	1.00	X					0.	0.	0.	
(16) JONATHAN FRAADE BOARD MEMBER	1.00	X					0.	0.	0.	
(17) MICHELLE KAY GARVEY BOARD MEMBER	1.00	X					0.	0.	0.	

**FAIRFIELD COUNTY'S 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) CAROLYN GONZALEZ BOARD MEMBER	1.00	X					0.	0.	0.	
(19) JOEL GREEN BOARD MEMBER	3.00	X					0.	0.	0.	
(20) MINDY HOUCK BOARD MEMBER	1.00	X					0.	0.	0.	
(21) JOETTE KATZ BOARD MEMBER	1.00	X					0.	0.	0.	
(22) DONALD KENDALL, JR. BOARD MEMBER, THRU JUNE 2021	1.00	X					0.	0.	0.	
(23) CHARLES MACCORMACK BOARD MEMBER	1.00	X					0.	0.	0.	
(24) NEIL MARCUS BOARD MEMBER	1.00	X					0.	0.	0.	
(25) MAXIMINO MEDINA, JR. BOARD MEMBER	1.00	X					0.	0.	0.	
(26) JENNIFER PAGNILLO, ESQ. BOARD MEMBER	1.00	X					0.	0.	0.	
1b Subtotal							1,419,886.	0.	194,001.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,419,886.	0.	194,001.	

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 **8**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEUBERGER BERMAN BD LLC P.O. BOX 145443, CINCINNATI, OH 45250	INVESTMENT MANAGEMENT SERVICES	244,689.
NEPC, LLC. 255 STATE STREET, BOSTON, MA 02109	INVESTMENT ADVISOR	199,605.
SILCHESTER INTERNATIONAL INVESTORS, 780 THIRD AVENUE, 42ND FLOOR, NEW YORK, NY	INVESTMENT MANAGEMENT SERVICES	116,679.
CATCHAFIRE, INC. 31 EAST 32ND STREET, NEW YORK, NY 10016	VOLUNTEER MATCHING SERVICES	105,000.

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

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.

Form 990

06-1083893

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for Mark Riser, Maya Louise Tichio, Preston Tisdale, Johnna Torson, and Mary Woods.

Total to Part VII, Section A, line 1c

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Form 990 (2020)

06-1083893 Page **9**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	69,615.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	532,737.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	28,029,512.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 4,368,648.				
	h Total. Add lines 1a-1f		28,631,864.				
Program Service Revenue	2 a WORKSHOP INCOME AND SYMPOSIUM FEE	Business Code					
		900099	72,644.	72,644.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		72,644.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,259,440.		119,959.	1,139,481.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				90,669,636.			
	b Less: cost or other basis and sales expenses	7b	77,992,030.				
	c Gain or (loss)	7c	12,677,606.				
d Net gain or (loss)		12,677,606.		96,947.	12,580,659.		
8 a Gross income from fundraising events (not including \$ 69,615. of contributions reported on line 1c). See Part IV, line 18	8a		4,380.				
		b Less: direct expenses	8b	114,176.			
c Net income or (loss) from fundraising events		-109,796.			-109,796.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099	2,545.			2,545.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d		2,545.					
12 Total revenue. See instructions		42,534,303.	72,644.	216,906.	13,612,889.		

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Form 990 (2020)

06-1083893 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	28,358,416.	28,358,416.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	767,442.	767,442.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	975,791.	486,524.	307,734.	181,533.
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	2,297,591.	778,549.	992,173.	526,869.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	111,420.	37,605.	48,224.	25,591.
9 Other employee benefits	225,435.	80,850.	94,819.	49,766.
10 Payroll taxes	221,196.	84,767.	88,408.	48,021.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	59,627.		59,627.	
d Lobbying	5,250.		5,250.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	460,515.		460,515.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	419,446.	210,516.	143,467.	65,463.
12 Advertising and promotion	47,498.	18,203.	18,984.	10,311.
13 Office expenses	138,370.	55,564.	54,187.	28,619.
14 Information technology	240,645.	92,221.	96,182.	52,242.
15 Royalties				
16 Occupancy	259,317.	99,377.	103,644.	56,296.
17 Travel	289.	111.	115.	63.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	5,799.	2,222.	2,318.	1,259.
20 Interest	2,436.	868.	1,077.	491.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	71,296.	27,322.	28,496.	15,478.
23 Insurance	18,575.	4,258.	11,905.	2,412.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EVENT EXPENSE	26,199.			26,199.
b MISCELLANEOUS	17,177.	6,266.	7,362.	3,549.
c REPAIRS & MAINTENANCE	60.	23.	24.	13.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	34,729,790.	31,111,104.	2,524,511.	1,094,175.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Form 990 (2020)

06-1083893 Page **11**

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	958,952.	1	1,240,937.
	2 Savings and temporary cash investments	15,590,800.	2	17,185,400.
	3 Pledges and grants receivable, net	41,677.	3	26,480.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	147,587.	9	115,447.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	571,640.		
	b Less: accumulated depreciation	425,997.		
	11 Investments - publicly traded securities	216,939.	10c	145,643.
	12 Investments - other securities. See Part IV, line 11	76,880,920.	11	62,243,550.
	13 Investments - program-related. See Part IV, line 11	119,935,396.	12	183,174,615.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	32,204.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	213,804,475.	15	32,634.	
	213,804,475.	16	264,164,706.	
Liabilities	17 Accounts payable and accrued expenses	561,983.	17	280,594.
	18 Grants payable	109,951.	18	762,745.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	851,900.	25	834,593.
	26 Total liabilities. Add lines 17 through 25	1,523,834.	26	1,877,932.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,792,213.	27	6,974,175.
	28 Net assets with donor restrictions	206,488,428.	28	255,312,599.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	212,280,641.	32	262,286,774.
	33 Total liabilities and net assets/fund balances	213,804,475.	33	264,164,706.

Form **990** (2020)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	42,534,303.
2 Total expenses (must equal Part IX, column (A), line 25)	2	34,729,790.
3 Revenue less expenses. Subtract line 2 from line 1	3	7,804,513.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	212,280,641.
5 Net unrealized gains (losses) on investments	5	42,197,358.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	4,262.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	262,286,774.

Part XII Financial Statements and Reporting

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

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

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.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **FAIRFIELD COUNTY'S 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 12, check only one box.)

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

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

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	27193090.	18806102.	18757602.	18221388.	28631864.	111610046
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	27193090.	18806102.	18757602.	18221388.	28631864.	111610046
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						33720473.
6 Public support. Subtract line 5 from line 4.						77889573.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	27193090.	18806102.	18757602.	18221388.	28631864.	111610046
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2034972.	1404696.	2356122.	2163827.	1139481.	9099098.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	20,976.					20,976.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	440.	1,400.	2,364.	2,150.	2,545.	8,899.
11 Total support. Add lines 7 through 10						120739019
12 Gross receipts from related activities, etc. (see instructions)					12	372,647.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	64.51 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	71.08 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2020 **INC.**

06-1083893 Page 7

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2020 INC.

06-1083893 Page 8

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

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

OTHER INCOME

2016 AMOUNT: \$ 440.

2017 AMOUNT: \$ 1,400.

2018 AMOUNT: \$ 2,364.

2019 AMOUNT: \$ 2,150.

2020 AMOUNT: \$ 2,545.

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

OMB No. 1545-0047

2020

Name of the organization

**FAIRFIELD COUNTY'S 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.	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	<hr/> <hr/> <hr/>	\$ <u>14,271,577.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>3,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,020,045.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>1,004,693.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,000,107.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>786,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.	Employer identification number 06-1083893
--	---

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
3	DONATED STOCK _____ _____ _____	\$ <u>920,045.</u>	<u>03/15/21</u>
4	DONATED STOCK _____ _____ _____	\$ <u>1,004,693.</u>	<u>06/16/21</u>
5	DONATED STOCK _____ _____ _____	\$ <u>1,000,107.</u>	<u>11/02/20</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.	Employer identification number 06-1083893
--	---

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.	Employer identification number 06-1083893
--	---

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

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

- 2 Political campaign activity expenditures ► \$ _____
- 3 Volunteer hours for political campaign activities _____

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	5,250.	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	
c	Total lobbying expenditures (add lines 1a and 1b)	5,250.	
d	Other exempt purpose expenditures	33,169,850.	
e	Total exempt purpose expenditures (add lines 1c and 1d)	33,175,100.	
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	
	If the amount on line 1e, column (a) or (b) is:		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is:		
	20% of the amount on line 1e.		
	\$100,000 plus 15% of the excess over \$500,000.		
	\$175,000 plus 10% of the excess over \$1,000,000.		
	\$225,000 plus 5% of the excess over \$1,500,000.		
	\$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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	795.	0.	7,348.	5,250.	13,393.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	795.	0.	7,348.	5,250.	13,393.

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

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)).

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **FAIRFIELD COUNTY'S 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" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	207	
2 Aggregate value of contributions to (during year)	23,173,495.	
3 Aggregate value of grants from (during year)	21,462,986.	
4 Aggregate value at end of year	110,207,418.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, 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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	210,013,956.	217,256,917.	216,830,725.	202,273,355.	171,172,369.
b Contributions	26,823,388.	17,100,467.	14,404,554.	13,317,661.	22,473,782.
c Net investment earnings, gains, and losses	55,551,109.	1,114,537.	4,203,139.	21,229,743.	25,792,347.
d Grants or scholarships	13,513,611.	13,534,428.	13,488,204.	13,488,204.	13,488,204.
e Other expenditures for facilities and programs					
f Administrative expenses	20,128,299.	11,923,537.	7,071,811.	6,501,830.	3,676,939.
g End of year balance	258,746,543.	210,013,956.	217,256,917.	216,830,725.	202,273,355.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- | | |
|--|--------------------|
| a Board designated or quasi-endowment | ▶ <u>1.5300</u> % |
| b Permanent endowment | ▶ <u>.0000</u> % |
| c Term endowment | ▶ <u>98.4700</u> % |
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----------|----------|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		571,640.	425,997.	145,643.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ 145,643.

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule D (Form 990) 2020

06-1083893 Page **3**

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	183,174,615.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	183,174,615.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER SPLIT-INTEREST	
(3) AGREEMENTS	1,572.
(4) DEFERRED RENT	303,669.
(5) PAYCHECK PROTECTION PROGRAM LOAN	529,352.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	834,593.

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

Schedule D (Form 990) 2020

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

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

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

1 Total revenue, gains, and other support per audited financial statements		1	81,839,870.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	42,197,358.	
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d	222,367.	
e Add lines 2a through 2d	2e		42,419,725.
3 Subtract line 2e from line 1		3	39,420,145.
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	460,515.	
b Other (Describe in Part XIII.)	4b	2,653,643.	
c Add lines 4a and 4b	4c		3,114,158.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	42,534,303.

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

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

1 Total expenses and losses per audited financial statements		1	34,053,174.
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	114,176.	
e Add lines 2a through 2d	2e		114,176.
3 Subtract line 2e from line 1		3	33,938,998.
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	460,515.	
b Other (Describe in Part XIII.)	4b	330,277.	
c Add lines 4a and 4b	4c		790,792.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	34,729,790.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE COMMUNITY FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 400 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.

ENDOWED FUNDS INCLUDE BOTH DONOR-RESTRICTED 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 THE PURCHASING POWER OF THE ENDOWMENT ASSETS. TO SATISFY ITS LONG-TERM RATE-OF-RETURN OBJECTIVES, THE COMMUNITY

Part XIII Supplemental Information (continued)

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 2018.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON PART VIII, LINE 8B	114,176.
AGENCY FUNDS - OTHER EXPENSES	103,929.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	4,262.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	222,367.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUNDS - CONTRIBUTIONS	102,000.
AGENCY FUNDS - INVESTMENT EARNINGS	2,551,643.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	2,653,643.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON PART VIII, LINE 8B	114,176.
---	----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUNDS - GRANTS MADE	330,277.
----------------------------	----------

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

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

Employer identification number
06-1083893

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		55,595,783.
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		3,582,710.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES			INVESTMENTS		1,706,967.
3 a Subtotal	0	0			60,885,460.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			60,885,460.

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

Schedule F (Form 990) 2020

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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 separately 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; don't file with Form 990)* 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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. See instructions.

PART IV, LINE 1:

THE ORGANIZATION IS REQUIRED TO FILE FORM 926 BECAUSE IT MEETS THE
APPLICABLE FILING THRESHOLD REQUIREMENT.

PART IV, LINE 3:

THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 5471 BECAUSE IT DOES NOT
MEET THE APPLICABLE THRESHOLD FOR OWNERSHIP OR OTHER FILING
REQUIREMENTS.

PART IV, LINE 4:

THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 8621 BECAUSE IT DOES NOT
MEET THE APPLICABLE THRESHOLD FOR OWNERSHIP OR OTHER FILING
REQUIREMENTS.

PART IV, LINE 5:

THE ORGANIZATION IS REQUIRED TO FILE FORM 8865 BECAUSE IT MEETS THE
APPLICABLE FILING THRESHOLD REQUIREMENT.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

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

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total	▶					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

Part II Fundraising Events. Complete if the organization answered "Yes" on 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))
		WOMEN & GIRLS LUNCHE (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	73,995.			73,995.
	2 Less: Contributions	69,615.			69,615.
	3 Gross income (line 1 minus line 2)	4,380.			4,380.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	14,240.			14,240.
	8 Entertainment	65,000.			65,000.
	9 Other direct expenses	34,936.			34,936.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				114,176.
11 Net income summary. Subtract line 10 from line 3, column (d)				-109,796.	

Part III Gaming. Complete if the organization answered "Yes" on 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))
Revenue	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. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct 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: _____

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

Schedule G (Form 990 or 990-EZ) 2020 **INC.**

06-1083893 Page 3

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

Schedule G (Form 990 or 990-EZ)

INC.

06-1083893 Page 4

Part IV Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

Schedule G (Form 990 or 990-EZ)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **FAIRFIELD COUNTY'S 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4-CT CORP 50 CHARLES STREET WESTPORT, CT 06880	85-0535172	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT.
50CAN, INC. 20 CHURCH ST MEZZANINE HARTFORD, CT 06103	27-3069592	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
ACCESS EDUCATIONAL SERVICES 1000 LAFAYETTE BLVD, STE 1100 BRIDGEPORT, CT 06604	46-1884180	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
ADAM J. LEWIS ACADEMY INC 500 STATE ST. BRIDGEPORT, CT 06604	45-3859735	501(C)(3)	271,500.	0.			FOR GENERAL SUPPORT.
ALBERTUS MAGNUS COLLEGE 700 PROSPECT ST NEW HAVEN, CT 06511	06-0646520	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
ALL OUR KIN PO BOX 8477 NEW HAVEN, CT 06530	06-1539280	501(C)(3)	51,250.	0.			FOR GENERAL SUPPORT, COVID RELIEF.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 477.

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) 2020

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALLIANCE FOR COMMUNITY EMPOWERMENT 1070 PARK AVE BRIDGEPORT, CT 06604	06-0797841	501(C)(3)	29,290.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
ALS THERAPY DEVELOPMENT INSTITUTE 480 ARSENAL STREET WATERTOWN, MA 02472	04-3462719	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
ALZHEIMER'S ASSOCIATION - CT CHAPTER - 200 EXECUTIVE BLVD - SOUTHINGTON, CT 06489-1058	13-3039601	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
AMERICAN FORESTS 1220 L ST NW WASHINGTON, DC 20005-1016	53-0196544	501(C)(3)	120,000.	0.			FOR GENERAL SUPPORT.
AMERICAN HOLISTIC VETERINARY MEDICAL FOUNDATION - 8 CARNATION CT W - HOMOSASSA, FL 34446	26-1583307	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
AMERICAN MUSEUM OF NATURAL HISTORY 200 CENTRAL PARK WEST NEW YORK, NY 10024-5192	13-6162659	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT.
AMERICAN RED CROSS 99 INDIAN FIELD ROAD GREENWICH, CT 06830	53-0196605	501(C)(3)	8,500.	0.			FOR COVID RELIEF.
AMERICARES FOUNDATION, INC 88 HAMILTON AVE STAMFORD, CT 06902	06-1008595	501(C)(3)	55,000.	0.			FOR GENERAL SUPPORT.
AMERICARES FREE CLINICS, INC 88 HAMILTON AVE STAMFORD, CT 06902	06-1422741	501(C)(3)	66,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANN'S PLACE, INC 80 SAW MILL RD DANBURY, CT 06810	22-3181832	501(C)(3)	31,179.	0.			FOR GENERAL SUPPORT.
ANOTHER ROUND ANOTHER RALLY 14626 N 37TH WAY PHOENIX, AZ 85032	83-1378343	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
APOSTLE IMMIGRANT SERVICES 115 BLATCHLEY AVE NEW HAVEN, CT 06513	27-1023812	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
ARCHDIOCESE OF BOSTON 66 BROOKS DRIVE BRAintree, MA 02184	04-2106175	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
ARTS FOR LEARNING CONNECTICUT 1 EVERGREEN AVE HAMDEN, CT 06518	06-1009470	501(C)(3)	5,300.	0.			FOR GENERAL SUPPORT.
ASSOCIATION OF RELIGIOUS COMMUNITIES - 24 DELAY STREET - DANBURY, CT 06810	06-0942514	501(C)(3)	10,000.	0.			FOR COVID RELIEF.
ASYLUM SEEKER ADVOCACY PROJECT 228 PARK AVE S NEW YORK, NY 10003	83-3011862	501(C)(3)	250,000.	0.			FOR GENERAL SUPPORT.
ATLAS NETWORK 4075 WILSON BLVD, STE 310 ARLINGTON, VA 22203	94-2763845	501(C)(3)	5,100.	0.			FOR GENERAL SUPPORT.
AUDUBON CONNECTICUT 613 RIVERSVILLE RD GREENWICH, CT 06831	13-1624102	501(C)(3)	17,500.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AURORA WOMEN AND GIRLS FOUNDATION, INC. - PO BOX 370537 - WEST HARTFORD, CT 06137	06-1587403	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
BANTAM LAKE PROTECTIVE ASSOCIATION PO BOX 37 MORRIS, CT 06763	06-1312754	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
BARD COLLEGE PO BOX 5000 ANNANDALE-ON-HUDSON, NY 12504	14-1713034	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT.
BECKET ATHENAEUM 3367 MAIN ST BECKET, MA 01223	04-3458519	501(C)(3)	42,300.	0.			FOR GENERAL SUPPORT.
BECKET LAND TRUST PO BOX 44 BECKET, MA 01223	04-3133527	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
BERKLEE COLLEGE OF MUSIC 1140 BOYLSTON ST, MS-161 IA BOSTON, MA 02215	04-2300472	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
BERKSHIRE BOTANICAL GARDEN 5 WEST STOCKBRIDGE RD STOCKBRIDGE, MA 01262	04-2125011	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
BIGS & LITTLES NYC MENTORING 137 EAST 2ND STREET NEW YORK, NY 10009	13-5564115	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
BLACK GIRL VENTURES FOUNDATION 8647 RICHMOND HIGHWAY #649 FT BELVOIR, VA 22060	83-0935942	501(C)(3)	300,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLOSSOM HILL FOUNDATION PO BOX 143 NEW CANAAN, CT 06840	26-4094865	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
BOCA GRANDE HEALTH CLINIC FOUNDATION - 280 PARK AVE - BOCA GRANDE, FL 33921	57-1160149	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	18,000.	0.			FOR GENERAL SUPPORT.
BOYS & GIRLS CLUB OF GREENWICH 4 HORSENECK LN GREENWICH, CT 06830-6399	06-0646655	501(C)(3)	47,500.	0.			FOR GENERAL SUPPORT.
BOYS & GIRLS CLUB OF HAWAII 1000 BISHOP ST, SUITE 505 HONOLULU, HI 96813	99-6005407	501(C)(3)	12,500.	0.			FOR GENERAL SUPPORT.
BOYS & GIRLS CLUB OF RIDGEFIELD 41 GOVERNOR STREET RIDGEFIELD, CT 06877	06-0653182	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
BOYS & GIRLS CLUB OF STAMFORD 347 STILLWATER AVE STAMFORD, CT 06902	06-0646911	501(C)(3)	17,500.	0.			FOR GENERAL SUPPORT.
BOYS & GIRLS CLUB OF THE LOWER NAUGATUCK VALLEY - ONE POSITIVE PLACE - SHELTON, CT 06484	06-0653185	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
BOYS & GIRLS VILLAGE 528 WHEELERS FARMS RD MILFORD, CT 06461	22-2562827	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS CLUB OF NEW YORK PO BOX 3302 NEW YORK, NY 10008	13-5591750	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
BREAKTHROUGH COLLABORATIVE PO BOX 71420 OAKLAND, CA 94612	94-3140620	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT.
BREAST CANCER ALLIANCE 48 MAPLE AVE GREENWICH, CT 06830	06-1453500	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT HOSPITAL FOUNDATION 267 GRANT ST BRIDGEPORT, CT 06610	22-2908698	501(C)(3)	46,803.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT LADIES CHARITABLE SOCIETY - PO BOX 943 - SOUTHPORT, CT 06890	06-6068224	501(C)(3)	6,824.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT PUBLIC EDUCATION FUND 446 UNIVERSITY AVE BRIDGEPORT, CT 06604	06-1379383	501(C)(3)	74,144.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT RESCUE MISSION PO BOX 9057 BRIDGEPORT, CT 06601	06-1362705	501(C)(3)	7,250.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT ROTARY CLUB FOUNDATION, INC. - 16 CENTERVIEW DR - SHELTON, CT 06484	20-5655260	501(C)(3)	7,347.	0.			FOR GENERAL SUPPORT.
BRIGHAM AND WOMEN'S HOSPITAL 116 HUNTINGTON AVE BOSTON, MA 02116	04-2312909	501(C)(3)	26,200.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUILDING ONE COMMUNITY 75 SELLECK STREET STAMFORD, CT 06902	27-5024317	501(C)(3)	522,500.	0.			FOR GENERAL SUPPORT.
BURROUGHS COMMUNITY CENTER 2470 FAIRFIELD AVE BRIDGEPORT, CT 06605	06-1418097	501(C)(3)	24,500.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
BUSINESS EDUCATION FUND 109 VALLEY VIEW DRIVE AUBURN, CA 95603	84-2969730	501(C)(3)	1,500,000.	0.			FOR GENERAL SUPPORT.
CALIFORNIA ASSOCIATION OF FOOD BANKS - 1624 FRANKLIN ST - OAKLAND, CA 94612	68-0392816	501(C)(3)	62,500.	0.			FOR GENERAL SUPPORT.
CALIFORNIA RESTAURANT FOUNDATION 621 CAPITOL MALL STE 2000 SACRAMENTO, CA 95814	95-3676330	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
CAMP TLC 2500 EAST PALM CANYON DRIVE, 26 PALM SPRINGS, CA 92264	22-3453810	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
CAMPAIGN SCHOOL AT YALE UNIVERSITY PO BOX 1194 NEW CANAAN, CT 06840	22-3275455	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
CAPE ELEUTHERA FOUNDATION 1900 MARKET STREET, 8TH FLOOR PHILADELPHIA, PA 19103	31-1591503	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT.
CARDINAL SHEHAN CENTER 1494 MAIN ST BRIDGEPORT, CT 06604	06-1101081	501(C)(3)	106,700.	0.			FOR GENERAL SUPPORT, COVID RELIEF.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAREER RESOURCES, INC 1000 LAFAYETTE BLVD BRIDGEPORT, CT 06604	06-1427945	501(C)(3)	70,000.	0.			FOR GENERAL SUPPORT.
CAROLINE HOUSE, INC 574 STILLMAN STREET BRIDGEPORT, CT 06608	06-1455101	501(C)(3)	43,150.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
CARVER FOUNDATION OF NORWALK INC 7 ACADEMY ST NORWALK, CT 06850	06-0862072	501(C)(3)	82,500.	0.			FOR GENERAL SUPPORT.
CATHOLIC CHARITIES OF FAIRFIELD COUNTY - 238 JEWETT AVE - BRIDGEPORT, CT 06606	06-0653053	501(C)(3)	48,750.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF NEW YORK - 1011 FIRST AVENUE - NEW YORK, NY 10022	13-5562185	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
CATO INSTITUTE 1000 MASSACHUSETTS AVE NW WASHINGTON, DC 20001	23-7432162	501(C)(3)	30,200.	0.			FOR GENERAL SUPPORT.
CELEBRATION BARN THEATER 190 STOCK FARM ROAD SOUTH PARIS, ME 04281	23-7321583	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
CENTER FOR CHILDREN'S ADVOCACY 65 ELIZABETH ST HARTFORD, CT 06105	06-1489575	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
CENTER FOR FAMILY JUSTICE, INC 753 FAIRFIELD AVE BRIDGEPORT, CT 06604	06-0646991	501(C)(3)	174,250.	0.			FOR GENERAL SUPPORT, COVID RELIEF.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR MUSICAL ARTS 200 E BASELINE RD LAFAYETTE, CO 80026	84-0735716	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
CENTRAL CONNECTICUT COAST YMCA 1240 CHAPEL ST NEW HAVEN, CT 06511	06-0662195	501(C)(3)	299,511.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
CENTRAL CONNECTICUT STATE UNIVERSITY - 1615 STANLEY ST - NEW BRITAIN, CT 06050	23-7354328	501(C)(3)	11,600.	0.			FOR GENERAL SUPPORT.
CENTRAL PARK CONSERVANCY 14 EAST 60TH STREET NEW YORK, NY 10022	13-3022855	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
CHARTER OAK COMMUNITIES 22 CLINTON AVE STAMFORD, CT 06901	06-6000416	501(C)(3)	15,000.	0.			FOR COVID RELIEF.
CHARTER OAK CULTURAL CENTER 21 CHARTER OAK AVENUE HARTFORD, CT 06106	06-1026597	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
CHILD AND FAMILY GUIDANCE CENTER 180 FAIRFIELD AVE BRIDGEPORT, CT 06604	06-0669106	501(C)(3)	44,000.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
CHILD GUIDANCE CENTER OF MID-FAIRFIELD COUNTY - 100 EAST AVE - NORWALK, CT 06851	06-0725052	501(C)(3)	327,500.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
CHILD GUIDANCE CENTER OF SOUTHERN CONNECTICUT - 103 WEST BROAD STREET - STAMFORD, CT 06902	06-0712058	501(C)(3)	59,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S DAY SCHOOL 8 RIVERSIDE AVE OLD GREENWICH, CT 06878	22-2618520	501(C)(3)	13,500.	0.			FOR COVID RELIEF.
CHILDREN'S GLOBAL ALLIANCE 2121 N. FRONTAGE RD. #176 VAIL, CO 81657	27-2179046	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.
CHILDREN'S HEALTH DEFENSE 1227 NORTH PEACHTREE PKWY, SUITE 20 PEACHTREE CITY, GA 30269	26-0388604	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT.
CHILDREN'S LEARNING CENTERS OF FAIRFIELD COUNTY, INC. - 64 PALMERS HILL RD - STAMFORD, CT 06902	06-0665191	501(C)(3)	123,093.	0.			FOR GENERAL SUPPORT.
CHILDREN'S RESCUE MISSION 3 PAPP ST NORWALK, CT 06854	06-1532209	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
CHILDREN'S SCHOOL 118 SCOFIELDTOWN RD STAMFORD, CT 06903	06-1104354	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
CHOOSE CHICAGO FOUNDATION 301 E CERMAK RD CHICAGO, IL 60616-1578	45-4847768	501(C)(3)	2,500,000.	0.			FOR GENERAL SUPPORT.
CIRCLE OF CARE FOR FAMILIES WITH CANCER - 144 DANBURY ROAD - WILTON, CT 06897	26-2224475	501(C)(3)	28,945.	0.			FOR GENERAL SUPPORT.
CITY CENTER DANBURY 268 MAIN ST DANBURY, CT 06810	06-1290494	501(C)(3)	42,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY LAX, INC 65 WEST 89TH ST NEW YORK, NY 10024	20-4531166	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.
CITY LIGHTS AND COMPANY 130 ELM STREET BRIDGEPORT, CT 06604	20-5462244	501(C)(3)	53,250.	0.			FOR GENERAL SUPPORT.
CITY OF NORWALK 125 EAST AVENUE NORWALK, CT 06851	06-6011881	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
CITY SQUASH, INC PO BOX 619, FORDHAM STATION BRONX, NY 10458	42-1535583	501(C)(3)	16,000.	0.			FOR GENERAL SUPPORT.
CLASP HOMES, INC 246 POST RD E WESTPORT, CT 06880	06-1074055	501(C)(3)	13,000.	0.			FOR GENERAL SUPPORT.
CLEMSON UNIVERSITY 105 SIKES HALL CLEMSON, SC 29634	57-6000254	501(C)(3)	8,500.	0.			FOR GENERAL SUPPORT.
COLGATE UNIVERSITY 13 OAK DRIVE HAMILTON, NY 13346-1383	15-0532078	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
COLLEGE OF THE HOLY CROSS 1 COLLEGE STREET WORCESTER, MA 01610-2395	04-2103558	501(C)(3)	9,500.	0.			FOR GENERAL SUPPORT.
COLUMBIA UNIVERSITY 1130 AMSTERDAM AVE - OUTSIDE SCHOLA NEW YORK, NY 10027	13-5598093	501(C)(3)	62,000.	0.			FOR DISASTER RELIEF.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CENTERS, INC. 61 EAST PUTNAM AVENUE GREENWICH, CT 06830	06-0703570	501(C)(3)	35,000.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
COMMUNITY FUND OF DARIEN 30 OLD KINGS HIGHWAY SOUTH, 1ST FLO DARIEN, CT 06820	06-0737286	501(C)(3)	21,000.	0.			FOR GENERAL SUPPORT.
COMPREHENSIVE YOUTH DEVELOPMENT 240 SECOND AVE NEW YORK, NY 10003	13-3861648	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
CONNECT PO BOX 4298 HAMDEN, CT 06514	06-1392836	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
CONGREGATION B'NAI ISRAEL 2710 PARK AVENUE BRIDGEPORT, CT 06604	06-0653159	501(C)(3)	7,340.	0.			FOR GENERAL SUPPORT.
CONNECT US, INC 855 MAIN STREET, 10TH FLOOR BRIDGEPORT, CT 06604	38-4043924	501(C)(3)	91,000.	0.			FOR GENERAL SUPPORT.
CONNECTICUT AUDUBON SOCIETY 314 UNQUOWA RD FAIRFIELD, CT 06824	06-0653531	501(C)(3)	130,500.	0.			FOR GENERAL SUPPORT.
CONNECTICUT COALITION FOR ACHIEVEMENT NOW - 20 CHURCH STREET - HARTFORD, CT 06103	20-1612161	501(C)(3)	10,150.	0.			FOR GENERAL SUPPORT.
CONNECTICUT COALITION TO END HOMELESSNESS - 257 LAWRENCE ST - HARTFORD, CT 06106	06-1126880	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT COUNCIL FOR PHILANTHROPY - 75 CHARTER OAK AVE STE 1-205 - HARTFORD, CT 06106	23-7024016	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
CONNECTICUT FAIR HOUSING CENTER, INC - 60 POPIELUSZKO COURT - HARTFORD, CT 06106	06-1453727	501(C)(3)	35,000.	0.			FOR GENERAL SUPPORT.
CONNECTICUT FOOD BANK, INC 2 RESEARCH PKWY WALLINGFORD, CT 06492	06-1063025	501(C)(3)	59,000.	0.			FOR GENERAL SUPPORT.
CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD NEWINGTON, CT 06111	06-0667605	501(C)(3)	52,500.	0.			FOR GENERAL SUPPORT.
CONNECTICUT INSTITUTE FOR COMMUNITIES, INC - 120 MAIN STREET - DANBURY, CT 06810	91-2187143	501(C)(3)	20,000.	0.			FOR COVID RELIEF.
CONNECTICUT INSTITUTE FOR REFUGEES AND IMMIGRANTS - 670 CLINTON AVE - BRIDGEPORT, CT 06605	06-0669118	501(C)(3)	101,605.	0.			FOR GENERAL SUPPORT.
CONNECTICUT LEGAL SERVICES, INC 62 WASHINGTON ST MIDDLETOWN, CT 06457	06-0955461	501(C)(3)	35,500.	0.			FOR GENERAL SUPPORT.
CONNECTICUT PUBLIC BROADCASTING INC. - 1049 ASYLUM AVE - HARTFORD, CT 06106	06-0758938	501(C)(3)	22,000.	0.			FOR GENERAL SUPPORT.
CONNECTICUT WOMEN'S EDUCATION & LEGAL FUND - 75 CHARTER OAK AVE, SUITE 1-300 - HARTFORD, CT 06106	06-0913214	501(C)(3)	9,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT'S BEARDSLEY ZOO 1875 NOBLE AVE BRIDGEPORT, CT 06610	23-7068821	501(C)(3)	130,706.	0.			FOR GENERAL SUPPORT.
COS COB VOLUNTEER FIRE DEPARTMENT 200 POST ROAD COS COB, CT 06807	06-6064017	501(C)(3)	27,130.	0.			FOR GENERAL SUPPORT.
COVENANT HOUSE TIMES SQUARE STATION, PO BOX 731 NEW YORK, NY 10108	13-2725416	501(C)(3)	9,000.	0.			FOR GENERAL SUPPORT.
CREATIVE CONNECTIONS, INC 303 WEST AVE NORWALK, CT 06850	13-3697184	501(C)(3)	9,000.	0.			FOR GENERAL SUPPORT.
CREATIVE YOUTH PRODUCTIONS, INC. 53 DAVIS AVE BRIDGEPORT, CT 06605	45-3539007	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
CT ASSOCIATION FOR HUMAN SERVICES 110 BARTHOLOMEW AVENUE HARTFORD, CT 06106	06-0653158	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
CT CENTER FOR PATIENT SAFETY 857 POST RD FAIRFIELD, CT 06824	20-1517678	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
CT QUEST FOR PEACE PO BOX 356 GEORGETOWN, CT 06829	26-4439286	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
CURE RARE DISEASE 1575 TREMONT ST BOSTON, MA 02120	82-2473513	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CURTAIN CALL 1349 NEWFIELD AVE STAMFORD, CT 06905	06-1343144	501(C)(3)	18,000.	0.			FOR GENERAL SUPPORT.
DANA FARBER CANCER INSTITUTE PO BOX 849168 BOSTON, MA 02284	04-2263040	501(C)(3)	62,200.	0.			FOR GENERAL SUPPORT.
DANBURY FARMERS' MARKET COMMUNITY COLLABORATIVE - 285 MAIN STREET - DANBURY, CT 06810	06-1290494	501(C)(3)	13,250.	0.			FOR COVID RELIEF.
DANBURY HOSPITAL 24 HOSPITAL AVENUE DANBURY, CT 06810	06-0646597	501(C)(3)	22,500.	0.			FOR COVID RELIEF.
DANBURY SCHOOLS AND BUSINESS COLLABORATIVE (DSABC) - 63 BEAVER BROOK RD - DANBURY, CT 06810	06-1590417	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
DANBURY YOUTH SERVICES, INC 91 WEST STREET DANBURY, CT 06810	06-0878252	501(C)(3)	12,500.	0.			FOR GENERAL SUPPORT.
DARIEN FOUNDATION, INC PO BOX 1714 DARIEN, CT 06820	91-1949730	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.
DARIEN LIBRARY 1441 POST RD DARIEN, CT 06820-4497	06-0647010	501(C)(3)	8,500.	0.			FOR GENERAL SUPPORT.
DARTMOUTH COLLEGE 6132 MCNUTT HALL, ROOM 103 HANOVER, NH 03755	02-0222111	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DC VOLUNTEER LAWYERS PROJECT 5335 WISCONSIN AVE NW WASHINGTON, DC 20015	26-1089584	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD SANTA BARBARA, CA 93117	95-1831116	501(C)(3)	504,473.	0.			FOR GENERAL SUPPORT.
DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	15,500.	0.			FOR GENERAL SUPPORT.
DOMESTIC VIOLENCE CRISIS CENTER 111 SUMMER STREET, SUITE 203 STAMFORD, CT 06905	06-1057356	501(C)(3)	22,129.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
DOMUS KIDS INC 83 LOCKWOOD AVE STAMFORD, CT 06902	06-0891998	501(C)(3)	116,158.	0.			FOR GENERAL SUPPORT.
DONORS CHOOSE PO BOX 7247 PHILADELPHIA, PA 19170	13-4129457	501(C)(3)	60,000.	0.			FOR GENERAL SUPPORT.
DURHAM ACADEMY 3601 RIDGE ROAD DURHAM, NC 27705	56-0538019	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT.
EARTHPLACE, INC 10 WOODSIDE LN WESTPORT, CT 06880	06-0740523	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
EASTERN CONNECTICUT STATE UNIVERSITY - 83 WINDHAM STREET - WILLIMANTIC, CT 06226	06-0726009	501(C)(3)	14,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATE2ENVISION INTERNATIONAL PO BOX 223 SAN LEANDRO, CA 94577	27-2998868	501(C)(3)	149,800.	0.			FOR GENERAL SUPPORT.
ELDERHOUSE 7 LEWIS ST NORWALK, CT 06851	06-0963343	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
ELLIS MEMORIAL 58 BERKELEY STREET BOSTON, MA 02116	04-2104168	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
ENCOURAGE KIDS FOUNDATION 1560 BROADWAY NEW YORK, NY 10036	13-3442216	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
ENGLISH LEARNER SUPPORT SERVICES OF FAIRFIELD COUNTY - 65 HIGH RIDGE RD - STAMFORD, CT 06905	81-4354687	501(C)(3)	17,500.	0.			FOR GENERAL SUPPORT.
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	36-2865979	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT.
EXCHANGE CLUB PARENTING SKILLS CENTER - 141 FRANKLIN STREET - STAMFORD, CT 06901	06-1398440	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
FACING HISTORY AND OURSELVES 16 HURD RD BROOKLINE, MA 02445	04-2761636	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
FAIRFIELD CENTER STAGE PO BOX 273 FAIRFIELD, CT 06824	27-2533084	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRFIELD COUNTY 4-H 67 STONY HILL ROAD BETHEL, CT 06801	47-3806389	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.
FAIRFIELD COUNTY CHORALE 606 POST ROAD EAST, #705 WESTPORT, CT 06880	06-0801816	501(C)(3)	7,700.	0.			FOR GENERAL SUPPORT.
FAIRFIELD COUNTY FARM BUREAU EDUCATION FOUNDATION, INC - 19 CHURCH HILL RD, 2ND FL - NEWTOWN, CT 06470	81-2293127	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
FAIRFIELD UNIVERSITY 1073 N BENSON RD FAIRFIELD, CT 06824	06-0646623	501(C)(3)	25,110.	0.			FOR GENERAL SUPPORT.
FAIRFIELD UNIVERSITY - CENTER FOR SOCIAL IMPACT - 1073 NORTH BENSON ROAD - FAIRFIELD, CT 06824	06-0646623	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
FAITHACTS FOR EDUCATION 160 FAIRFIELD AVENUE BRIDGEPORT, CT 06606	47-2150020	501(C)(3)	18,400.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
FAMILY & CHILDREN'S AGENCY 9 MOTT AVE NORWALK, CT 06850	06-0970985	501(C)(3)	154,500.	0.			FOR GENERAL SUPPORT.
FAMILY CENTERS, INC 40 ARCH ST GREENWICH, CT 06830	06-0646656	501(C)(3)	91,074.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
FAMILY REENTRY 75 WASHINGTON AVENUE BRIDGEPORT, CT 06604	06-1196124	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FARESTART 700 VIRGINIA STREET SEATTLE, WA 98101	91-1546757	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
FEEDING NEW YORK STATE 25 ELK STREET ALBANY, NY 12207	20-2555423	501(C)(3)	116,454.	0.			FOR GENERAL SUPPORT.
FILLING IN THE BLANKS, INC 346 MAIN AVE., SUITE 3A NORWALK, CT 06851	46-4980002	501(C)(3)	27,500.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
FIRST CONGREGATIONAL CHURCH OF KENT - 97 NORTH MAIN STREET - KENT, CT 06757	06-6042383	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
FIRST PRESBYTERIAN CHURCH OF NEW CANAAN - 178 OENOKE RIDGE ROAD - NEW CANAAN, CT 06840	06-0885172	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
FIRST TAXING DISTRICT, CITY OF NORWALK WATER DEPT - 12 NEW CANAAN AVENUE - NORWALK, CT 06851	06-0888486	CITY OF NORWALK	7,650.	0.			FOR GENERAL SUPPORT.
FIVE FROGS, INC 357 COMMERCE DRIVE FAIRFIELD, CT 06825	81-3273201	501(C)(3)	36,000.	0.			FOR GENERAL SUPPORT.
FOOD BANK OF LOWER FAIRFIELD COUNTY - 461 GLENBROOK RD - STAMFORD, CT 06906-1820	02-0684220	501(C)(3)	14,500.	0.			FOR GENERAL SUPPORT.
FOOD FINDERS, INC 10539 HUMBOLT STREET LOS ALAMITOS, CA 90720	33-0412749	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD RESCUE US 1127 HIGH RIDGE RD STE 338 STAMFORD, CT 06905	27-4486556	501(C)(3)	8,750.	0.			FOR COVID RELIEF.
FOUNDATION FOR INDIVIDUAL RIGHTS IN EDUCATION - 510 WALNUT ST., SUITE 1250 - PHILADELPHIA, PA 19106	04-3467254	501(C)(3)	16,200.	0.			FOR GENERAL SUPPORT.
FRIENDS OF NEWTOWN COMMUNITY CENTER - 8 SIMPSON STREET - NEWTOWN, CT 06470	83-3876134	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
FRIENDS OF THE FERGUSON LIBRARY 1 PUBLIC LIBRARY PLZ STAMFORD, CT 06904	06-1027077	501(C)(3)	46,356.	0.			FOR GENERAL SUPPORT.
FRIENDS OF THE LEVITT PAVILION 260 S COMPO RD WESTPORT, CT 06880	51-0190780	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
FRIENDS OF THE NORWALK RIVER VALLEY TRAIL, INC - PO BOX 174 - GEORGETOWN, CT 06829	45-1496672	501(C)(3)	102,000.	0.			FOR GENERAL SUPPORT.
FRIENDS OF THE SECOND COMPANY GOVERNOR'S HORSE GUARD - 4 WILDLIFE DRIVE - NEWTOWN, CT 06470	22-2786804	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.
FULL CIRCLE YOUTH EMPOWERMENT INC. 583-585 E MAIN ST BRIDGEPORT, CT 06608	83-1203756	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
FUSION PARTNERSHIPS, INC 1601 GUILFORD AVE 2 SOUTH BALTIMORE, MD 21202	52-2148413	501(C)(3)	250,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUTURE 5 135 ATLANTIC ST STAMFORD, CT 06902	46-2986201	501(C)(3)	47,500.	0.			FOR GENERAL SUPPORT.
GBAPP-GREATER BRIDGEPORT AREA PREVENTION PROGRAM - 1470 BARNUM AVE - BRIDGEPORT, CT 06610	06-1132473	501(C)(3)	8,250.	0.			FOR COVID RELIEF.
GEORGE MASON UNIVERSITY FOUNDATION 3434 WASHINGTON BLVD ARLINGTON, VA 22201	54-1603842	501(C)(3)	10,200.	0.			FOR GENERAL SUPPORT.
GEORGETOWN UNIVERSITY DEPARTMENT 0734 WASHINGTON, DC 20073	53-0196603	501(C)(3)	24,500.	0.			FOR GENERAL SUPPORT.
GIRL SCOUTS OF CONNECTICUT 340 WASHINGTON ST HARTFORD, CT 06106	06-0662134	501(C)(3)	14,000.	0.			FOR GENERAL SUPPORT.
GLAM4GOOD FOUNDATION 145 PALISADE STREET DOBBS FERRY, NY 10522	46-2284247	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
GLASS RECYCLING FOUNDATION 416 LONGSHORE DR ANN ARBOR, MI 48105-1624	83-1755733	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
GRACE FARMS FOUNDATION 365 LUKES WOOD ROAD NEW CANAAN, CT 06840	27-1401401	501(C)(3)	200,000.	0.			FOR GENERAL SUPPORT.
GRASSROOT SOCCER 15 LEBANON STREET HANOVER, NH 03755	43-1957920	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER BOSTON FOOD BANK, INC 70 SOUTH BAY AVENUE BOSTON, MA 02118	04-2717782	501(C)(3)	116,454.	0.			FOR GENERAL SUPPORT.
GREATER BRIDGEPORT SYMPHONY SOCIETY - 446 UNIVERSITY AVE - BRIDGEPORT, CT 06604	06-6012460	501(C)(3)	11,294.	0.			FOR GENERAL SUPPORT.
GREATER CHICAGO FOOD DEPOSITORY 4100 W ANN LURIE PL CHICAGO, IL 60632	36-2971864	501(C)(3)	116,454.	0.			FOR GENERAL SUPPORT.
GREATER FAIRFIELD COUNTY FOUNDATION - 65 HIGH RIDGE RD - STAMFORD, CT 06905	27-3151846	501(C)(3)	12,500.	0.			FOR GENERAL SUPPORT.
GREATER FRAMINGHAM COMMUNITY CHURCH - FRANKLIN & PARK STREETS - FRAMINGHAM, MA 01704	04-3203768	501(C)(3)	8,650.	0.			FOR GENERAL SUPPORT.
GREEN VILLAGE INITIATIVE, INC 135 CLARENCE STREET BRIDGEPORT, CT 06608	27-1439954	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
GREENFIELD HILL CONGREGATIONAL CHURCH - 1045 OLD ACADEMY RD - FAIRFIELD, CT 06824	06-6012213	501(C)(3)	10,700.	0.			FOR GENERAL SUPPORT.
GREENS FARMS ACADEMY 35 BEACHSIDE AVE WESTPORT, CT 06880	06-0733693	501(C)(3)	21,000.	0.			FOR GENERAL SUPPORT.
GREENS LEDGE LIGHT PRESERVATION SOCIETY INC - PO BOX 43 - ROWAYTON, CT 06853	81-3221399	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENWICH ALLIANCE FOR EDUCATION 48 MAPLE AVE GREENWICH, CT 06830	20-4356460	501(C)(3)	18,000.	0.			FOR GENERAL SUPPORT.
GREENWICH BOTANICAL CENTER 130 BIBLE STREET COS COB, CT 06807	06-6068606	501(C)(3)	6,500.	0.			FOR GENERAL SUPPORT.
GREENWICH COUNTRY DAY SCHOOL P.O. BOX 623 GREENWICH, CT 06836	06-0646657	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
GREENWICH EMERGENCY MEDICAL SERVICES, INC - 1111 EAST PUTNAM AVE - RIVERSIDE, CT 06878	22-2721171	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
GREENWICH SCHOLARSHIP ASSOCIATION PO BOX 4627 GREENWICH, CT 06831	06-1467698	501(C)(3)	216,389.	0.			FOR GENERAL SUPPORT.
GUIDE DOGS FOR THE BLIND PO BOX 151200 SAN RAFAEL, CA 94912	94-1196195	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
H.O.R.S.E. OF CONNECTICUT, INC 43 WILBUR ROAD WASHINGTON, CT 06777	22-2611615	501(C)(3)	13,000.	0.			FOR GENERAL SUPPORT.
HANDS IN 4 YOUTH 296 MACOPIN RD WEST MILFORD, NJ 07480	13-5641852	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
HARLEM PARK TO PARK INITIATIVE 34 W. 139TH STREET #8Q NEW YORK, NY 10037	27-0812660	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTFORD FOUNDATION FOR PUBLIC GIVING - 10 COLUMBUS BLVD 8TH FL - HARTFORD, CT 06106	06-0699252	501(C)(3)	120,000.	0.			FOR GENERAL SUPPORT, DISASTER RELIEF.
HARTFORD HEALTHCARE AT HOME 765 FAIRFIELD AVE BRIDGEPORT, CT 06604	06-0665196	501(C)(3)	7,495.	0.			FOR GENERAL SUPPORT.
HEALTH EQUITY SOLUTIONS 175 MAIN ST HARTFORD, CT 06106	46-5011055	501(C)(3)	10,150.	0.			FOR GENERAL SUPPORT.
HEARING & SPEECH AGENCY OF METROPOLITAN BALTIMORE - 5900 METRO DRIVE - BALTIMORE, MD 21215-3207	52-0591577	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
HEART AND ARMOR FOUNDATION 700 HARRIS STREET CHARLOTTESVILLE, VA 22903	82-4502174	501(C)(3)	350,000.	0.			FOR GENERAL SUPPORT.
HIGH SCHOOL SCHOLARSHIP FOUNDATION OF FAIRFIELD - PO BOX 682 - FAIRFIELD, CT 06824	06-1273415	501(C)(3)	13,724.	0.			FOR GENERAL SUPPORT.
HILLSIDE FOOD OUTREACH, INC 39 OLD RIDGEBURY ROAD, SUITE 16 DANBURY, CT 06810	01-0712431	501(C)(3)	10,000.	0.			FOR COVID RELIEF.
HOLY FAMILY CATHOLIC CHURCH 24 POPE AVE HILTON HEAD, SC 29928	57-0644999	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
HOMES FOR THE BRAVE 655 PARK AVE BRIDGEPORT, CT 06604	06-1520511	501(C)(3)	13,500.	0.			FOR GENERAL SUPPORT, COVID RELIEF.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPKINS SCHOOL 986 FOREST RD NEW HAVEN, CT 06515-2501	06-0646674	501(C)(3)	80,000.	0.			FOR GENERAL SUPPORT.
HORIZONS AT BRUNSWICK SCHOOL 100 MAHER AVENUE GREENWICH, CT 06830	06-0646562	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
HORIZONS AT GREENS FARMS ACADEMY 35 BEACHSIDE AVENUE GREENS FARMS, CT 06838-0998	06-0733693	501(C)(3)	23,000.	0.			FOR GENERAL SUPPORT.
HORIZONS AT NEW CANAAN COUNTRY SCHOOL - 635 FROGTOWN RD - NEW CANAAN, CT 06840	06-0646765	501(C)(3)	109,500.	0.			FOR GENERAL SUPPORT.
HORIZONS AT NORWALK COMMUNITY COLLEGE - PO BOX 244 - NORWALK, CT 06853	81-4133542	501(C)(3)	63,000.	0.			FOR GENERAL SUPPORT.
HORIZONS AT SACRED HEART UNIVERSITY - 5151 PARK AVE - FAIRFIELD, CT 06825	06-0776644	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
HORIZONS BRIDGEPORT 1057 BROAD ST BRIDGEPORT, CT 06604	83-4544991	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
HORIZONS NATIONAL 120 POST RD W WESTPORT, CT 06880	06-1468129	501(C)(3)	55,000.	0.			FOR GENERAL SUPPORT.
HOUSATONIC COMMUNITY COLLEGE 900 LAFAYETTE BLVD BRIDGEPORT, CT 06604	06-1291848	501(C)(3)	6,755.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSATONIC COMMUNITY COLLEGE FOUNDATION - 900 LAFAYETTE BLVD - BRIDGEPORT, CT 06604-4704	06-1291848	501(C)(3)	348,368.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
HOUSATONIC VALLEY ASSOCIATION, INC PO BOX 28 CORNWALL BRIDGE, CT 06754	06-6049295	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
HOUSTON FOOD BANK 535 PORTWALL STREET HOUSTON, TX 77029	74-2181456	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
HUNTER COLLEGE FOUNDATION 695 PARK AVE NEW YORK, NY 10065	13-3598671	501(C)(3)	130,000.	0.			FOR GENERAL SUPPORT.
IMMIGRANT JUSTICE CORPS 17 BATTERY PLACE, SUITE 1234 NEW YORK, NY 10004	46-4879076	501(C)(3)	110,000.	0.			FOR GENERAL SUPPORT.
IMPACT FAIRFIELD COUNTY PO BOX 7666 GREENWICH, CT 06836	47-2770533	501(C)(3)	7,100.	0.			FOR GENERAL SUPPORT.
INDIASPORA 3450 SACRAMENTO ST SAN FRANCISCO, CA 94118	46-4246368	501(C)(3)	36,674.	0.			FOR DISASTER RELIEF.
INNER-CITY SCHOLARSHIP FUND 1011 FIRST AVE NEW YORK, NY 10022-4134	51-0453629	501(C)(3)	13,100.	0.			FOR GENERAL SUPPORT.
INROADS, INC. 10 S. BROADWAY, SUITE 300 ST. LOUIS, MO 63102	62-0967197	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSPIRICA, INC 141 FRANKLIN ST STAMFORD, CT 06901	06-1172535	501(C)(3)	27,198.	0.			FOR GENERAL SUPPORT.
INSTITUTE FOR HUMANE STUDIES 3434 WASHINGTON BLVD ARLINGTON, VA 22201	94-1623852	501(C)(3)	15,100.	0.			FOR GENERAL SUPPORT.
INSTITUTE FOR JUSTICE 901 N GLEBE RD ARLINGTON, VA 22203	52-1744337	501(C)(3)	9,100.	0.			FOR GENERAL SUPPORT.
INTEMPO 58 CHURCH ST STAMFORD, CT 06906	90-0725572	501(C)(3)	80,900.	0.			FOR GENERAL SUPPORT.
JAZZREACH PERFORMING ARTS & EDUCATION - 45 MAIN ST - BROOKLYN, NY 11201	11-3179208	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
JEWISH SENIOR SERVICES 4200 PARK AVENUE BRIDGEPORT, CT 06604	06-0846991	501(C)(3)	15,000.	0.			FOR COVID RELIEF.
JEWISH SENIOR SERVICES FOUNDATION 4200 PARK AVE BRIDGEPORT, CT 06604	06-0846991	501(C)(3)	11,814.	0.			FOR GENERAL SUPPORT.
JUNIOR ACHIEVEMENT OF GREATER FAIRFIELD COUNTY - 835 MAIN ST - BRIDGEPORT, CT 06604	06-0644315	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
KADIWAKU FAMILY FOUNDATION 1295 PEMBROKE BRIDGEPORT, CT 06608	82-4842018	501(C)(3)	12,500.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KATAL CENTER FOR HEALTH, EQUITY, AND JUSTICE - 65 HUNGERFORD STREET - HARTFORD, CT 06106	81-1323278	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
KELLY BRUSH FOUNDATION 3 MAIN STREET BURLINGTON, VT 05401	20-4560423	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT.
KEYS, INC PO BOX 532 NEW CANAAN, CT 06840	20-4846463	501(C)(3)	47,000.	0.			FOR GENERAL SUPPORT.
KIDS HELPING KIDS 347 STILLWATER AVE STAMFORD, CT 06902	27-1224284	501(C)(3)	9,000.	0.			FOR GENERAL SUPPORT.
KIDS IN CRISIS, INC 1 SALEM ST COS COB, CT 06807	06-1027885	501(C)(3)	21,501.	0.			FOR GENERAL SUPPORT.
KLEIN MEMORIAL AUDITORIUM FOUNDATION - 910 FAIRFIELD AVE - BRIDGEPORT, CT 06605	06-1474233	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
LADIES WHO LAUNCH, INC PO BOX 1092 ROSS, CA 94957	83-4621843	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
LAFB SPORTS FOUNDATION 818 W 7TH ST LOS ANGELES, CA 90017	47-4683101	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
LAUREL HOUSE, INC 1616 WASHINGTON BOULEVARD STAMFORD, CT 06902	22-2511467	501(C)(3)	23,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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	06-0867006	501(C)(3)	38,000.	0.			FOR GENERAL SUPPORT.
LIFEBRIDGE COMMUNITY SERVICES 475 CLINTON AVE BRIDGEPORT, CT 06605	06-0646974	501(C)(3)	145,326.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
LOCAL INITIATIVES SUPPORT CORPORATION(LISC) - 75 CHARTER OAK AVENUE - HARTFORD, CT 06106	13-3030229	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
LOS ALTOS HIGH SCHOOL 245 SURREY STREET SAN FRANCISCO, CA 94131	77-0209871	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
LOST TREE VILLAGE CHARITABLE FOUNDATION - 8 CHURCH LANE - NORTH PALM BEACH, FL 33408	59-2104920	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
LOVE146 PO BOX 8266 NEW HAVEN, CT 06530	20-1168284	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
MAKE THE ROAD NEW YORK 301 GROVE ST BROOKLYN, NY 11237	11-3344389	501(C)(3)	36,250.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
MAKE THE ROAD STATES, INC 301 GROVE STREET BROOKLYN, NY 11237	11-3344389	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
MARITIME AQUARIUM AT NORWALK 10 N WATER ST NORWALK, CT 06854	06-1062912	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARK TWAIN LIBRARY 439 REDDING RD REDDING, CT 06896	06-0776655	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.
MARTHA'S TABLE PO BOX 97260 WASHINGTON, DC 20090	52-1186071	501(C)(3)	61,056.	0.			FOR GENERAL SUPPORT.
MARYLAND FOOD BANK, INC 2200 HALETHORPE FARMS ROAD BALTIMORE, MD 21227	52-1135690	501(C)(3)	252,086.	0.			FOR GENERAL SUPPORT.
MATTHEW 25 MINISTRIES 11060 KENWOOD RD CINCINNATI, OH 45242	31-1348100	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
MCGIVNEY COMMUNITY CENTER PO BOX 5220 BRIDGEPORT, CT 06610	22-3059815	501(C)(3)	57,500.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
MENLO-ATHERTON COOPERATIVE NURSERY SCHOOL - 180 SEMINARY DRIVE - MENLO PARK, CA 94025	94-2543222	501(C)(3)	32,000.	0.			FOR GENERAL SUPPORT.
MENTAL HEALTH SERVICES AT BRIDGEPORT HOSPITAL - 111 BEACH ROAD - FAIRFIELD, CT 06824	06-0646554	501(C)(3)	35,750.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
MERCY LEARNING CENTER OF BRIDGEPORT, INC - 637 PARK AVE. - BRIDGEPORT, CT 06604	22-2859879	501(C)(3)	40,096.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
METROPOLITAN GOLF ASSOCIATION FOUNDATION - 49 KNOLLWOOD RD - ELMSFORD, NY 10523	13-6100835	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICHAEL J. FOX FOUNDATION P.O. BOX 5014 HAGERSTOWN, MD 21741	13-4141945	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT.
MICHIGAN STATE UNIVERSITY 556 E. CIRCLE DR., RM#252 EAST LANSING, MI 48824	38-6005984	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
MILL RIVER PARK COLLABORATIVE 1055 WASHINGTON BLVD STAMFORD, CT 06901	06-1507648	501(C)(3)	38,000.	0.			FOR GENERAL SUPPORT.
MISSION PO BOX 566 SOUTHPORT, CT 06890	20-2777748	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
MONITOR MY HEALTH, INC 1000 LAFAYETTE BLV BRIDGEPORT, CT 06604	81-4498882	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
MONMOUTH UNIVERSITY 400 CEDAR AVENUE WEST LONG BRANCH, NJ 07764	21-0634584	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
MOUNT SINAI HEALTH SYSTEM ONE GUSTAVE LEVY PLACE NEW YORK, NY 10029	13-1624096	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
MOURNING FAMILY FOUNDATION, INC 100 SOUTH BISCAYNE BOULEVARD, 3RD F MIAMI, FL 33131	65-1075983	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
MS. PRESIDENT US INC. PO BOX 238 RIDGEFIELD, CT 06877	82-2508937	501(C)(3)	7,700.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSIC HAVEN, INC 315 PECK ST, BOX A10 NEW HAVEN, CT 06513	01-0870395	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
MUSIC THEATRE OF CONNECTICUT, INC 509 WESTPORT AVE NORWALK, CT 06851	06-1213848	501(C)(3)	16,100.	0.			FOR GENERAL SUPPORT.
MUSICARES 3030 OLYMPIC BLVD. SANTA MONICA, CA 90404	95-4470909	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
NAACP LEGAL DEFENSE AND EDUCATIONAL FUND - 40 RECTOR STREET, 5TH FLOOR - NEW YORK, NY 10006	13-1655255	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT.
NARAL PRO-CHOICE AMERICA FOUNDATION - 1725 EYE STREET, NW - WASHINGTON, DC 20006	52-1100361	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
NATIONAL AUDUBON SOCIETY HQ 225 VARICK ST NEW YORK, NY 10014	13-1624102	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
NATIONAL COUNCIL FOR COMMUNITY DEVELOPMENT INC - 1 BATTERY PARK PLZ - NEW YORK, NY 10004	13-6532871	501(C)(3)	3,087,500.	0.			FOR GENERAL SUPPORT.
NATIONAL MUSEUM OF RACING INC 191 UNION AVE SARATOGA SPRINGS, NY 12866	14-1421321	501(C)(3)	5,079.	0.			FOR GENERAL SUPPORT.
NAUGATUCK VALLEY COMMUNITY COLLEGE 750 CHASE PARKWAY WATERBURY, CT 06708	06-1307006	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEAR & FAR AID ASSOCIATION, INC PO BOX 717 SOUTHPORT, CT 06890-1710	23-7036523	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
NEIGHBOR TO NEIGHBOR 248 E PUTNAM AVE GREENWICH, CT 06830	06-6071605	501(C)(3)	67,500.	0.			FOR GENERAL SUPPORT.
NEIGHBORHOOD STUDIOS OF FAIRFIELD COUNTY - 510 BARNUM AVENUE - BRIDGEPORT, CT 06608	06-0993269	501(C)(3)	15,500.	0.			FOR GENERAL SUPPORT.
NEW CANAAN COUNTRY SCHOOL 635 FROGTOWN ROAD NEW CANAAN, CT 06840	06-0646765	501(C)(3)	10,500.	0.			FOR GENERAL SUPPORT.
NEW CANAAN LIBRARY 151 MAIN ST NEW CANAAN, CT 06840	06-0646764	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
NEW CANAAN NATURE CENTER 144 OENOKE RDG NEW CANAAN, CT 06840	06-0775150	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
NEW FAIRFIELD COMMUNITY FOUNDATION 1 BRUSH HILL RD NEW FAIRFIELD, CT 06812-2618	06-1528030	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
NEW HOPE MISSIONARY BAPTIST CHURCH 1100 PARK AVE BRIDGEPORT, CT 06604	06-1036599	501(C)(3)	9,006.	0.			FOR GENERAL SUPPORT.
NEW NEIGHBORHOODS INC. 76 PROGRESS DR STAMFORD, CT 06902	06-0864050	501(C)(3)	26,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW REACH, INC 269 PECK STREET NEW HAVEN, CT 06513	22-3037451	501(C)(3)	170,750.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
NEW STORY, INC 199 ARMOUR DR ATLANTA, GA 30324	47-2529408	501(C)(3)	58,000.	0.			FOR GENERAL SUPPORT.
NEW YORK COMMON PANTRY 8 EAST 109TH STREET NEW YORK, NY 10029	13-3127972	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
NEW YORK HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK, NY 10024	13-1624124	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
NEW YORK PHILHARMONIC 10 LINCOLN CENTER PLAZA NEW YORK, NY 10023	13-1664054	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
NEW YORK PUBLIC RADIO PO BOX 1550 NEW YORK, NY 10116-1550	13-3015230	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
NEW YORK UNIVERSITY 383 LAFAYETTE STREET, 1ST FL. NEW YORK, NY 10003	13-5562308	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
NEWTOWN FOREST ASSOCIATION, INC PO BOX 213 NEWTOWN, CT 06470	06-6079549	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
NEWTOWN SCHOLARSHIP ASSOCIATION PO BOX 302 NEWTOWN, CT 06470	06-6059483	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEWTOWN-SANDY HOOK COMMUNITY FOUNDATION INC - 2 WASHINGTON SQUARE - NEWTOWN, CT 06470	46-2161591	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
NO US WITHOUT YOU LA 768 S BOYLE AVE LOS ANGELES, CA 90023-1239	85-0878455	501(C)(3)	75,000.	0.			FOR GENERAL SUPPORT.
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115	04-1679980	501(C)(3)	10,232.	0.			FOR GENERAL SUPPORT.
NORWALK ACTS INC 9 MOTT AVENUE NORWALK, CT 06850	82-5334443	501(C)(3)	207,883.	0.			FOR GENERAL SUPPORT.
NORWALK COMMUNITY COLLEGE 188 RICHARDS AVE NORWALK, CT 06854	06-1425725	501(C)(3)	10,500.	0.			FOR GENERAL SUPPORT.
NORWALK COMMUNITY COLLEGE FOUNDATION - 188 RICHARDS AVE. E 311 - NORWALK, CT 06854-1634	06-6080293	501(C)(3)	116,375.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
NORWALK COMMUNITY HEALTH CENTER, INC. - 120 CONNECTICUT AVE - NORWALK, CT 06854-1525	06-1436620	501(C)(3)	5,220.	0.			FOR GENERAL SUPPORT.
NORWALK HOSPITAL 34 MAPLE ST NORWALK, CT 06856	06-6068853	501(C)(3)	22,500.	0.			FOR COVID RELIEF.
NORWALK HOSPITAL FOUNDATION 34 MAPLE ST NORWALK, CT 06856-9968	22-2577707	501(C)(3)	8,853.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORWALK SENIOR CENTER 11 ALLEN ROAD NORWALK, CT 06851	23-7121169	501(C)(3)	9,645.	0.			FOR GENERAL SUPPORT.
NORWALK/STAMFORD GRASSROOTS TENNIS & EDUCATION, INC - 11 INGALLS AVE - NORWALK, CT 06854	06-1570097	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
NOURISH BRIDGEPORT 2200 NORTH AVENUE BRIDGEPORT, CT 06604	27-4186000	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
OHIO RESTAURANT ASSOCIATION EDUCATION FOUNDATION INC - 100 E CAMPUS VIEW BLVD - COLUMBUS, OH 43235-4636	31-1739154	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT, DISASTER RELIEF.
ONE CIRCLE FOUNDATION 734 A STREET SAN RAFAEL, CA 94901	45-1898809	501(C)(3)	10,080.	0.			FOR GENERAL SUPPORT.
OPEN DOORS 4 MERRITT STREET NORWALK, CT 06854	22-2536909	501(C)(3)	56,600.	0.			FOR GENERAL SUPPORT.
OPEN HANDS MIDWAY 436 ROY ST N ST PAUL, MN 55104	26-4618393	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
OPERATION FUEL 75 CHARTER OAK AVE HARTFORD, CT 06106	06-1253091	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
OPERATION HOPE OF FAIRFIELD, INC 636 OLD POST ROAD FAIRFIELD, CT 06824	06-1193489	501(C)(3)	21,500.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPTIMUS HEALTH CARE, INC. 982 E MAIN ST BRIDGEPORT, CT 06608-2409	06-0972166	501(C)(3)	250,012.	0.			FOR GENERAL SUPPORT.
PACIFIC HOUSE 597 PACIFIC STREET STAMFORD, CT 06902	06-1144355	501(C)(3)	17,650.	0.			FOR GENERAL SUPPORT.
PARTNERSHIP FOR STRONG COMMUNITIES 227 LAWRENCE ST HARTFORD, CT 06106	20-0882009	501(C)(3)	31,500.	0.			FOR GENERAL SUPPORT.
PERSON-TO-PERSON 1864 POST RD DARIEN, CT 06820-5802	06-1422248	501(C)(3)	170,450.	0.			FOR GENERAL SUPPORT.
PET ANIMAL WELFARE SOCIETY OF CONNECTICUT, INC - 504 MAIN AVE - NORWALK, CT 06851-1038	06-6067445	501(C)(3)	8,166.	0.			FOR GENERAL SUPPORT.
PHILADELPHIA UNION FOUNDATION 2501 SEAPORT DR CHESTER, PA 19013	45-2645813	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC - PO BOX 97166 - WASHINGTON, DC 20090	13-1644147	501(C)(3)	6,500.	0.			FOR GENERAL SUPPORT.
PLANNED PARENTHOOD OF ARIZONA 2255 N WYATT DRIVE TUCSON, AZ 85712	86-0146520	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVE - NEW HAVEN, CT 06511-2384	06-0263565	501(C)(3)	68,500.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POSSE FOUNDATION 14 WALL STREET, SUITE 8A-60 NEW YORK, NY 10005	13-3840394	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
PRO BONO PARTNERSHIP 327 MAMARONECK AVE WHITE PLAINS, NY 10605	06-1264823	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
PROJECT MUSIC PO BOX 112016 STAMFORD, CT 06902	81-2610342	501(C)(3)	37,000.	0.			FOR GENERAL SUPPORT.
PROVIDENCE COLLEGE 1 CUNNINGHAM SQUARE PROVIDENCE, RI 02918	05-0258932	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
QUINNIPIAC UNIVERSITY 275 MOUNT CARMEL AVE HAMDEN, CT 06518-1908	06-0646701	501(C)(3)	20,818.	0.			FOR GENERAL SUPPORT.
QUINNIPIAC UNIVERSITY SCHOOL OF LAW - 275 MOUNT CARMEL AVE - HAMDEN, CT 06518	06-0646701	501(C)(3)	22,102.	0.			FOR GENERAL SUPPORT.
RAVE FOUNDATION 159 S JACKSON STREET SEATTLE, WA 98104	46-3932075	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
REACH PREP 1 DOCK STREET STAMFORD, CT 06902	06-1438889	501(C)(3)	77,500.	0.			FOR GENERAL SUPPORT.
REACH WESTERN CT 17 CHURCH HILL ROAD NEWTOWN, CT 06470	46-0849304	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT, COVID RELIEF.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
READYCT 350 CHURCH ST HARTFORD, CT 06103	27-4704040	501(C)(3)	35,000.	0.			FOR GENERAL SUPPORT.
REASON FOUNDATION 5737 MESMER AVE LOS ANGELES, CA 90230	95-3298239	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S STATE ST - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
REGIONAL PLAN ASSOCIATION ONE WHITEHALL STREET, 16TH FLOOR NEW YORK, NY 10004	13-1624154	501(C)(3)	25,500.	0.			FOR GENERAL SUPPORT.
REGIONAL YOUTH ADULT SOCIAL ACTION PARTNERSHIP - 2470 FAIRFIELD AVE - BRIDGEPORT, CT 06605-2647	06-1357699	501(C)(3)	79,200.	0.			FOR GENERAL SUPPORT.
RESTAURANT WORKERS' COMMUNITY FOUNDATION - 575 GRAND ST APT E1507 - NEW YORK, NY 10002	82-2737963	501(C)(3)	125,000.	0.			FOR GENERAL SUPPORT.
RETIRED PROFESSIONAL FOOTBALL PLAYERS CHARITABLE FOUNDATION INC - 62 RIDGELAND DRIVE - STARKVILLE, MS 38759	46-4240832	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
REVOLUTION FITNESS YOUTH BOXING, INC - 579 PACIFIC ST - STAMFORD, CT 06902	20-5488630	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
RINGLING COLLEGE OF ART AND DESIGN 2700 N. TAMiami TRAIL SARASOTA, FL 34234-5895	59-0637903	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RIVER HOUSE ADULT DAY CENTER 125 RIVER RD EXT COS COB, CT 06807	06-1066787	501(C)(3)	52,500.	0.			FOR GENERAL SUPPORT.
ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET NEW YORK, NY 10036	13-3615533	501(C)(3)	38,342.	0.			FOR GENERAL SUPPORT.
ROOTS OF MUSIC, INC 2624 BURGUNDY ST NEW ORLEANS, LA 70117	26-1160255	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
SACRED HEART UNIVERSITY 5151 PARK AVENUE FAIRFIELD, CT 06825	06-0776644	501(C)(3)	20,047.	0.			FOR GENERAL SUPPORT.
SACRED HEART UNIVERSITY DISCOVERY SCIENCE CENTER & PLANETARIUM - 4450 PARK AVE - BRIDGEPORT, CT 06604	06-0740527	501(C)(3)	6,048.	0.			FOR GENERAL SUPPORT.
SAINT VINCENT'S MEDICAL CENTER 2800 MAIN STREET BRIDGEPORT, CT 06606	83-2550272	501(C)(3)	10,000.	0.			FOR COVID RELIEF.
SALVATION ARMY 30 ELM STREET BRIDGEPORT, CT 06605	13-5562351	501(C)(3)	5,706.	0.			FOR GENERAL SUPPORT.
SALVATION ARMY SOUTHERN TERRITORY HEADQUARTERS - 1424 NORTHEAST EXPRESSWAY - ATLANTA, GA 30329	58-0660607	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
SAVE THE CHILDREN 501 KINGS HWY E FAIRFIELD, CT 06825	06-0726487	501(C)(3)	35,500.	0.			FOR GENERAL SUPPORT, DISASTER RELIEF.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCHOLARSHIP AMERICA, INC PO BOX 772514 DETROIT, MI 48277-2514	04-2296967	501(C)(3)	290,077.	0.			FOR GENERAL SUPPORT.
SCHOOL VOLUNTEER ASSOCIATION OF BRIDGEPORT, INC - 280 TESINY AVE - BRIDGEPORT, CT 06606	06-6089700	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
SECOND HARVEST FOOD BANK OF GREATER NEW ORLEANS AND SE LOUISIANA - 700 EDWARDS AVENUE - NEW ORLEANS, LA 70123	72-0956468	501(C)(3)	10,000.	0.			FOR DISASTER RELIEF.
SHELTON HIGH SCHOOL 120 MEADOW STREET SHELTON, CT 06484	27-4802342	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
SHINING HOPE FOR COMMUNITIES 11 PARK PLACE, 3RD FLOOR NEW YORK, NY 10007	27-1493201	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
SIENA COLLEGE 515 LOUDON ROAD LOUDONVILLE, NY 12211	14-1338498	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
SILVER ART PROJECTS, INC 4 WORLD TRADE CENTER NEW YORK, NY 10007	84-3881363	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
SILVERMINE ARTS CENTER 1037 SILVERMINE RD NEW CANAAN, CT 06840	06-0674168	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
SILVERSOURCE, INC 2009 SUMMER ST STAMFORD, CT 06905-5519	06-0646916	501(C)(3)	20,500.	0.			FOR GENERAL SUPPORT, COVID RELIEF.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMITH COLLEGE 10 ELM STREET, COLLEGE HALL 106 NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	27,000.	0.			FOR GENERAL SUPPORT.
SOCIAL VENTURE PARTNERS CONNECTICUT, INC - 50 CHARLES STREET - WESTPORT, CT 06880	85-1704762	501(C)(3)	805,372.	0.			FOR GENERAL SUPPORT.
SOUNDWATERS 1281 COVE RD STAMFORD, CT 06902	06-1263947	501(C)(3)	96,000.	0.			FOR GENERAL SUPPORT.
SOUTH END COMMUNITY CENTER 19 BATES STREET STRATFORD, CT 06615	06-6002103	501(C)(3)	18,000.	0.			FOR GENERAL SUPPORT.
SOUTHERN CONNECTICUT STATE UNIVERSITY - 501 CRESCENT ST - WINTERGREEN BLDG, RM 117 - NEW HAVEN, CT 06515-1355	23-7208882	501(C)(3)	30,187.	0.			FOR GENERAL SUPPORT.
SOUTHERN INVITATIONAL SMOKE 3912 BUTE STREET, UNIT 2 HOUSTON, TX 77006	81-2423050	501(C)(3)	184,700.	0.			FOR GENERAL SUPPORT.
SOUTHWEST COMMUNITY HEALTH CENTER 46 ALBION STREET BRIDGEPORT, CT 06605	06-1023013	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT.
SOUTHWESTERN CT AGENCY ON AGING 1000 LAFAYETTE BOULEVARD BRIDGEPORT, CT 06604	06-0916407	501(C)(3)	38,406.	0.			FOR GENERAL SUPPORT.
SPRINGFIELD COLLEGE 263 ALDEN STREET SPRINGFIELD, MA 01109	04-2104329	501(C)(3)	6,500.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SQUASH HAVEN 70 TOWER PKWY NEW HAVEN, CT 06520	20-5500876	501(C)(3)	22,400.	0.			FOR GENERAL SUPPORT.
ST. COLUMBA'S EPISCOPAL CHURCH 4201 ALBEMARLE ST. NW WASHINGTON, DC 20016	53-0196608	501(C)(3)	23,000.	0.			FOR GENERAL SUPPORT.
ST. ELIZABETH SETON CATHOLIC SCHOOL - 2730 53RD TER SW - NAPLES, FL 34116	59-2112451	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
ST. JOSEPH HIGH SCHOOL 2320 HUNTINGTON TPKE TRUMBULL, CT 06611-5099	06-1560973	501(C)(3)	20,514.	0.			FOR GENERAL SUPPORT.
ST. LUKE'S PARISH 1864 POST ROAD DARIEN, CT 06820-8128	06-0662180	501(C)(3)	31,400.	0.			FOR GENERAL SUPPORT.
ST. MARK'S EPISCOPAL CHURCH 14646 SHERMAN WAY VAN NUYS, CA 91405	95-2371212	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
ST. PAUL'S EPISCOPAL CHURCH 661 OLD POST RD FAIRFIELD, CT 06824	06-0655484	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
ST. THERESA SCHOOL 55 ROSEMOND TERRACE TRUMBULL, CT 06611	06-0737923	501(C)(3)	20,514.	0.			FOR GENERAL SUPPORT.
ST. VINCENT'S MEDICAL CENTER FOUNDATION - 2800 MAIN STREET - BRIDGEPORT, CT 06606	22-2558132	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STAMFORD HEALTH SYSTEM SHELBURNE RD AT W BROAD ST STAMFORD, CT 06904-9317	06-0646917	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
STAMFORD HOSPITAL FOUNDATION 1351 WASHINGTON BLVD., STE 202 STAMFORD, CT 06902-2448	06-0646917	501(C)(3)	70,500.	0.			FOR GENERAL SUPPORT.
STAMFORD MUSEUM & NATURE CENTER 39 SCOFIELDTOWN RD STAMFORD, CT 06903	06-0653148	501(C)(3)	61,591.	0.			FOR GENERAL SUPPORT.
STAMFORD PEACE YOUTH FOUNDATION, INC. - 925 LONG RIDGE ROAD - STAMFORD, CT 06903	27-1254631	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
STAMFORD PUBLIC EDUCATION FOUNDATION, INC - 177 BROAD STREET, 3RD FLOOR - STAMFORD, CT 06901	06-1462359	501(C)(3)	35,000.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
STAMFORD SENIOR CENTER 888 WASHINGTON BLVD STAMFORD, CT 06901	06-1456561	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
STAMFORD YOUTH SERVICES BUREAU - CITY OF STAMFORD - PO BOX 10152 - STAMFORD, CT 06904-2152	06-6001536	501(C)(3)	21,500.	0.			FOR GENERAL SUPPORT.
STAPLES MUSIC PARENTS ASSOCIATION 11 WINDY HILL ROAD WESTPORT, CT 06881	27-2200940	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
STAR, INC., LIGHTING THE WAY 182 WOLFPIT AVE NORWALK, CT 06852-0470	06-0726489	501(C)(3)	25,500.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STARFISH CONNECTION, INC 1127 HIGH RIDGE RD STAMFORD, CT 06905	26-2410124	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT.
STEPPING STONES MUSEUM FOR CHILDREN - 303 WEST AVE - NORWALK, CT 06850	22-3199269	501(C)(3)	10,500.	0.			FOR GENERAL SUPPORT.
STERLING HOUSE COMMUNITY CENTER 2283 MAIN ST STRATFORD, CT 06615	06-0665192	501(C)(3)	26,000.	0.			FOR GENERAL SUPPORT.
SUMMER ON THE HILL, INC 4400 TIBBETT AVE BRONX, NY 10471	65-1232087	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
SUMMER SEARCH PO BOX 39000 SAN FRANCISCO, CA 94139	68-0200138	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
SUPPORTIVE HOUSING WORKS 815 MAIN STREET BRIDGEPORT, CT 06604	20-5529890	501(C)(3)	189,500.	0.			FOR GENERAL SUPPORT.
SUSTAINABLE CT, INC. 83 WINDHAM STREET WILLIMANTIC, CT 06226	82-4894473	501(C)(3)	10,800.	0.			FOR GENERAL SUPPORT.
TEACH FOR AMERICA 25 BROADWAY, 12TH FLOOR NEW YORK, NY 10004	13-3541913	501(C)(3)	26,200.	0.			FOR GENERAL SUPPORT.
TEACH FOR AMERICA - CT 370 JAMES ST NEW HAVEN, CT 06513	13-3541913	501(C)(3)	31,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEAM RUBICON 214 MAIN STREET, #354 EL SEGUNDO, CA 90245	27-1720480	501(C)(3)	514,954.	0.			FOR GENERAL SUPPORT.
TEMPLE SINAI 458 LAKESIDE DR STAMFORD, CT 06903-5098	06-6008252	501(C)(3)	6,500.	0.			FOR GENERAL SUPPORT.
TEMPLE UNIVERSITY 1801 N. BROAD STREET PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	63,000.	0.			FOR GENERAL SUPPORT.
TEXAS RESTAURANT ASSOCIATION EDUCATION FOUNDATION - P.O. BOX 1429 - AUSTIN, TX 78767	74-2732907	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
THE ADAM J. LEWIS PRESCHOOL, INC. 500 STATE STREET BRIDGEPORT, CT 06604	45-3859735	501(C)(3)	15,000.	0.			FOR COVID RELIEF.
THE ALLIANCE IN LIMITING STRAYS (TAILS) - PO BOX 2277 - WESTPORT, CT 06880	06-1616864	501(C)(3)	6,930.	0.			FOR GENERAL SUPPORT.
THE CENTER FOR WELLBEING-CENTRO BIENESTAR, INC. - 30 MYANO LANE - STAMFORD, CT 06902	83-0737844	501(C)(3)	32,500.	0.			FOR GENERAL SUPPORT.
THE COUNCIL OF CHURCHES OF GREATER BRIDGEPORT - 1718 CAPITOL AVENUE - BRIDGEPORT, CT 06604	06-0647008	501(C)(3)	24,874.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
THE DANIEL TRUST FOUNDATION, INC. PO BOX 320322 FAIRFIELD, CT 06825	27-1015420	501(C)(3)	19,500.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JOY BUS 3375 E. SHEA BLVD. PHOENIX, AZ 85028	46-3188719	501(C)(3)	839,444.	0.			FOR GENERAL SUPPORT.
THE KENNEDY CENTER, INC 2440 RESERVOIR AVE TRUMBULL, CT 06611	06-0709295	501(C)(3)	116,520.	0.			FOR GENERAL SUPPORT.
THE MARET SCHOOL 3000 CATHEDRAL AVE WASHINGTON, DC 20008	53-0211355	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.
THE MUSICIANSHIP 1704 GAINESVILLE ST SE WASHINGTON, DC 20020	46-0557954	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
THE NASHVILLE FOOD PROJECT, INC 5904 CALIFORNIA AVENUE NASHVILLE, TN 37209	45-2905951	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
THE RIDGEFIELD PLAYHOUSE 80 E RIDGE AVE RIDGEFIELD, CT 06877	06-1463501	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
THE ROWAN CENTER 1111 SUMMER ST. STAMFORD, CT 06901	06-1037583	501(C)(3)	30,900.	0.			FOR GENERAL SUPPORT.
TIDES FOUNDATION/PODER LATINK COLLECTIVE FUND - 1014 TORNEY AVENUE - SAN FRANCISCO, CA 94129	51-0198509	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
TINY MIRACLES FOUNDATION 381 POST RD DARIEN, CT 06820	41-2125069	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TODAY'S STUDENTS TOMORROW'S TEACHERS - 333 WESTCHESTER AVE - WHITE PLAINS, NY 10604	13-4049153	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
TRANSGENDER LAW CENTER PO BOX 70976 OAKLAND, CA 94612-0976	05-0544006	501(C)(3)	125,000.	0.			FOR GENERAL SUPPORT.
TRIANGLE COMMUNITY CENTER 650 WEST AVENUE NORWALK, CT 06850	22-3079559	501(C)(3)	32,000.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
TRUMBULL LIBRARY 33 QUALITY ST TRUMBULL, CT 06611	23-7098043	501(C)(3)	5,306.	0.			FOR GENERAL SUPPORT.
TSNE MISSIONWORKS 89 SOUTH ST BOSTON, MA 02111-2670	04-2261109	501(C)(3)	22,500.	0.			FOR GENERAL SUPPORT.
UJA - JCC GREENWICH 1 HOLLY HILL LN GREENWICH, CT 06830	06-6068624	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
UMASS AMHERST 181 PRESIDENTS DR. AMHERST, MA 01003	54-2084125	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
UNDER ONE ROOF, INC. 60 GREGORY BLVD EAST NORWALK, CT 06855	06-1377860	501(C)(3)	10,000.	0.			FOR COVID RELIEF.
UNITED NEGRO COLLEGE FUND NEW YORK 80 PINE STREET, 9TH FLOOR NEW YORK, NY 10005	13-1624241	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED THEATRE PO BOX 384 WESTERLY, RI 02891	46-3579526	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
UNITED WAY OF COASTAL FAIRFIELD COUNTY - 855 MAIN ST - BRIDGEPORT, CT 06604-4915	06-0864341	501(C)(3)	104,883.	0.			FOR GENERAL SUPPORT.
UNITED WAY OF GREENWICH 500 WEST PUTNAM AVENUE GREENWICH, CT 06830	06-0646578	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
UNITED WAY OF WESTERN CONNECTICUT 301 MAIN ST DANBURY, CT 06810	06-0646577	501(C)(3)	68,860.	0.			FOR GENERAL SUPPORT.
UNITED WE DREAM NETWORK INC PO BOX 33231 WASHINGTON, DC 20033	46-2216565	501(C)(3)	50,500.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF BRIDGEPORT 126 PARK AVE BRIDGEPORT, CT 06604	06-0646936	501(C)(3)	64,684.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF CONNECTICUT 233 GLENBROOK ROAD, UNIT 4116 STORRS, CT 06269-4116	06-0772160	501(C)(3)	124,072.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF CONNECTICUT STAMFORD CAMPUS - 1 UNIVERSITY PL - STAMFORD, CT 06901	06-0772160	501(C)(3)	14,646.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117-1599	06-0731360	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MIAMI PO BOX 025551 MIAMI, FL 33102-5551	59-0624458	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF MICHIGAN 515 E. JEFFERSON STREET ANN ARBOR, MI 48109-1316	38-6006309	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF MISSISSIPPI FOUNDATION - 406 UNIVERSITY AVENUE - OXFORD, MS 38655	23-7310293	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	06-0761704	501(C)(3)	19,000.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF SOUTH CAROLINA 1244 BLOSSOM STREET, STE 200 COLUMBIA, SC 29208	95-1642394	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT ST. BURLINGTON, VT 05405	03-0179440	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF VIRGINIA SCHOOL OF LAW FOUNDATION - 580 MASSIE ROAD - CHARLOTTESVILLE, VA 22907-3032	54-0838566	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF WASHINGTON PO BOX 24967 SEATTLE, WA 98124-0967	94-3079432	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN IMPACT PO BOX 3716 BRIDGEPORT, CT 06605	26-3645477	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
USBG NATIONAL CHARITY FOUNDATION 2654 W HORIZON RIDGE PKWY HENDERSON, NV 89052	46-1309986	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT.
VIRGINIA ATHLETICS FOUNDATION PO BOX 400833 CHARLOTTESVILLE, VA 22904	54-0517188	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
VOICES CENTER FOR RESILIENCE 80 MAIN STREET, STE 5 NEW CANAAN, CT 06840	16-1639299	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
VOTE.ORG 5557 BALTIMORE AVE HYATTSVILLE, MD 20781	26-2094990	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
WAKE FOREST UNIVERSITY PO BOX 7227 WINSTON SALEM, NC 27109	56-2038194	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
WAKEMAN BOYS & GIRLS CLUB 268 POST RD FAIRFIELD, CT 06824	06-0662198	501(C)(3)	172,200.	0.			FOR GENERAL SUPPORT, DISASTER RELIEF.
WATER MISSION PO BOX 63320 CHARLOTTE, NC 28263	57-1116978	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
WATERBURY SYMPHONY ORCHESTRA 160 ROBBINS ST WATERBURY, CT 06708	06-6090876	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERSIDE SCHOOL 770 PACIFIC ST STAMFORD, CT 06902	06-1609222	501(C)(3)	8,500.	0.			FOR GENERAL SUPPORT.
WE STAND WITH CHRIST, INC 238 JEWETT AVENUE BRIDGEPORT, CT 06606	82-3779115	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT.
WESTERN CONNECTICUT STATE UNIVERSITY - 181 WHITE STREET - DANBURY, CT 06810	06-1086725	501(C)(3)	47,821.	0.			FOR GENERAL SUPPORT.
WESTERN CT ASSOCIATION FOR HUMAN RIGHTS (WECAHR) - 57 NORTH ST - DANBURY, CT 06810	06-0955081	501(C)(3)	22,000.	0.			FOR GENERAL SUPPORT.
WESTON LACROSSE 40 TANNERY LANE SOUTH WESTON, CT 06883	06-1555400	501(C)(3)	14,000.	0.			FOR GENERAL SUPPORT.
WESTPORT LIBRARY 20 JESUP RD WESTPORT, CT 06880	06-0672798	501(C)(3)	7,702.	0.			FOR GENERAL SUPPORT.
WESTSIDE FOOD BANK 1710 22ND STREET SANTA MONICA, CA 90404	95-3685875	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
WILDLIFE IN CRISIS, INC PO BOX 1246 WESTON, CT 06883	22-3020015	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
WILLIAM F. BUCKLEY, JR. PROGRAM AT YALE UNIVERSITY - 234 CHURCH STREET, 7TH FLOOR - NEW HAVEN, CT 06510	27-5131268	501(C)(3)	21,200.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN MAKE MOVIES 115 W 29TH ST NEW YORK, NY 10001	13-2740460	501(C)(3)	65,000.	0.			FOR GENERAL SUPPORT.
WOMEN'S BUSINESS DEVELOPMENT COUNCIL - 184 BEDFORD ST - STAMFORD, CT 06901	06-1493737	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
WOMEN'S CENTER OF GREATER DANBURY 2 WEST ST DANBURY, CT 06810	06-0983819	501(C)(3)	10,500.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
WOMEN'S MENTORING NETWORK, INC. 141 FRANKLIN ST STAMFORD, CT 06901	06-1470354	501(C)(3)	35,000.	0.			FOR GENERAL SUPPORT, COVID RELIEF.
WORCESTER POLYTECHNIC INSTITUTE 100 INSTITUTE ROAD WORCESTER, MA 01609	04-2121659	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
WORLD CENTRAL KITCHEN 1342 FLORIDA AVE NW WASHINGTON, DC 20009	27-3521132	501(C)(3)	326,000.	0.			FOR GENERAL SUPPORT.
WPKN INC 244 UNIVERSITY AVE BRIDGEPORT, CT 06604	22-3162248	501(C)(3)	44,000.	0.			FOR GENERAL SUPPORT.
YALE UNIVERSITY PO BOX 208232 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	10,950.	0.			FOR GENERAL SUPPORT.
YANKEE INSTITUTE FOR PUBLIC POLICY 216 MAIN ST HARTFORD, CT 06106	52-1358144	501(C)(3)	17,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

Schedule I (Form 990)

06-1083893

Page 1

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YEAR UP - BOSTON 45 MILK ST BOSTON, MA 02109	04-3534407	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
YOUTH ARTS IN ACTION 95 BIG CHIEF TRL BOZEMAN, MT 59718	20-2551492	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
YWCA GREENWICH 259 E PUTNAM AVE GREENWICH, CT 06830	06-0646992	501(C)(3)	46,750.	0.			FOR GENERAL SUPPORT, COVID RELIEF.

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS TO RESIDENTS OF FAIRFIELD COUNTY FOR POST-SECONDARY EDUCATION IN A 2 OR 4 YEAR ACCREDITED INSTITUTION	333	767,442.	0.		

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

PART I, LINE 2:

ORGANIZATIONS THAT ARE AWARDED COMPETITIVE GRANTS BY FCCF MUST SUBMIT ANNUAL OR SEMI-ANNUAL REPORTING (DEPENDING ON GRANT SIZE) 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.

Part IV Supplemental Information

THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS ATTENDING ELIGIBLE
EDUCATIONAL INSTITUTIONS. CHECKS ARE ISSUED DIRECTLY TO THE SCHOOL IN ORDER
TO ENSURE THAT THE FUNDS ARE USED FOR QUALIFIED EDUCATION-RELATED EXPENSES.

ALL SCHOLARSHIP APPLICATIONS RECEIVED ARE REVIEWED AND EVALUATED BY AN
INDEPENDENT THIRD PARTY TO ENSURE THE SELECTION PROCESS IS FAIR AND
IMPARTIAL.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input 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 |

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		<input checked="" type="checkbox"/>
4b		<input checked="" type="checkbox"/>
4c		<input checked="" type="checkbox"/>
5a		<input checked="" type="checkbox"/>
5b		<input checked="" type="checkbox"/>
6a		<input checked="" type="checkbox"/>
6b		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		

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

Schedule J (Form 990) 2020

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.**

06-1083893

Schedule J (Form 990) 2020

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JUANITA JAMES PRESIDENT AND CEO	(i)	283,203.	0.	0.	14,330.	14,917.	312,450.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MENDI BLUE VP, COMMUNITY IMPACT	(i)	223,237.	0.	0.	10,100.	16,297.	249,634.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MICHAEL ROSEN CHIEF BUSINESS DEV. OFFICER	(i)	202,353.	0.	0.	10,750.	26,904.	240,007.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KAREN BROWN VP, INNOVATION & STRATEGIC LEARNING	(i)	183,599.	0.	0.	9,500.	26,143.	219,242.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WILLIAM ANDREWS CFO	(i)	151,956.	0.	0.	8,138.	25,985.	186,079.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELAINE MINTZ VP, OPERATIONS	(i)	149,031.	0.	0.	7,500.	2,082.	158,613.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **FAIRFIELD COUNTY'S 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	28	4,368,648.	AVG. SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2020

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

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.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

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

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

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, (THE "COMMUNITY FOUNDATION")
 PROMOTES PHILANTHROPY AS A MEANS TO CREATE CHANGE IN FAIRFIELD COUNTY,
 FOCUSING ON INNOVATIVE AND COLLABORATIVE SOLUTIONS TO CRITICAL ISSUES
 IMPACTING THE COMMUNITY.

THE COMMUNITY FOUNDATION PROVIDES:

-- PERSONALIZED PHILANTHROPIC ADVISORY SERVICES, GRANT SERVICES AND
 FINANCIAL STEWARDSHIP TO FUNDHOLDERS;

-- COMMUNITY LEADERSHIP AND STRATEGIC, COLLABORATIVE INITIATIVES TO
 ADDRESS KEY REGIONAL ISSUES, SUCH AS OPPORTUNITY GAP, WOMEN AND GIRLS,
 AFFORDABLE HOUSING, ECONOMIC OPPORTUNITY, IMMIGRATION AND OTHER AREAS

-- GRANTS, COUNSEL AND PROFESSIONAL DEVELOPMENT/LEADERSHIP AND OTHER
 TRAINING TO LOCAL NONPROFITS

-- RESEARCH ON NONPROFITS AND CAUSES, DUE DILIGENCE AND CONSULTATION
 WITH AGENCIES, AND MONITORING AND EVALUATION OF GRANT PROGRAMS AND
 FOUNDATION INITIATIVES.

FORM 990, PART III, LINE 1:

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION (THE "COMMUNITY FOUNDATION"),
 PROMOTES PHILANTHROPY AS A MEANS TO CREATE CHANGE IN FAIRFIELD COUNTY,
 FOCUSING ON INNOVATIVE AND COLLABORATIVE SOLUTIONS TO CRITICAL ISSUES
 IMPACTING THE COMMUNITY.

THE OVERARCHING GOAL OF THE COMMUNITY FOUNDATION IS TO CLOSE THE
 OPPORTUNITY GAP IN FAIRFIELD COUNTY. THIS MEANS ELIMINATING

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020

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

Employer identification number
06-1083893

DISPARITIES IN INCOME, EDUCATION, EMPLOYMENT, HOUSING AND HEALTH. TO
DO THIS TRANSFORMATIVE WORK, THE COMMUNITY FOUNDATION FOSTERS AND
FACILITATES THE COMING TOGETHER OF THE PUBLIC, PRIVATE AND NONPROFIT
SECTORS.

AS A COMMUNITY LEADER, THE COMMUNITY FOUNDATION IS ADVISOR AND CATALYST
FOR EFFECTIVE PHILANTHROPY, CREATES AND MANAGES CHARITABLE FUNDS AND
ADDRESSES COMMUNITY NEEDS WITH STRATEGIC GRANTMAKING, PARTNERSHIPS AND
INITIATIVES.

THE COMMUNITY FOUNDATION PROVIDES:

- PERSONALIZED PHILANTHROPIC ADVISORY SERVICES, GRANT SERVICES AND
FINANCIAL STEWARDSHIP TO FUND HOLDERS.

- COMMUNITY LEADERSHIP AND STRATEGIC, COLLABORATIVE INITIATIVES TO
ADDRESS KEY REGIONAL ISSUES, SUCH AS OLDER YOUTH, WOMEN AND GIRLS,
AFFORDABLE HOUSING, ECONOMIC OPPORTUNITY, IMMIGRATION AND OTHER AREAS.

- GRANTS, COUNSEL AND PROFESSIONAL DEVELOPMENT/LEADERSHIP AND OTHER
TRAINING TO LOCAL NONPROFITS.

- RESEARCH ON NONPROFITS AND CAUSES, DUE DILIGENCE AND CONSULTATION
WITH AGENCIES AND MONITORING AND EVALUATION OF GRANT PROGRAMS AND
FOUNDATION INITIATIVES.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE AMENDED ON JUNE 16, 2021 SIGNIFICANT CHANGES INCLUDED:

1. A PROVISION REQUIRING THE INCORPORATION OF THE VALUES OF DIVERSITY,
EQUITY, AND INCLUSION IN THE GOVERNANCE, OPERATION, AND ALL ACTIVITIES BY

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

THE FOUNDATION HAS BEEN ADDED TO THE PURPOSE OF THE ORGANIZATION

2. AN AMENDMENT TO PROVIDE THAT DIRECTORS MAY SERVE FOR UP TO NINE

CONSECUTIVE YEARS INSTEAD OF THE PREVIOUS SIX YEAR LIMIT

3. A PROVISION PERTAINING TO THE REMOVAL OF DIRECTORS HAVE BEEN REWORKED

AND SIMPLIFIED

4. ELIGIBILITY FOR THE MEMBERSHIP OF THE EXECUTIVE COMMITTEE HAS BEEN

CLARIFIED

5. AN AMENDMENT TO EMPOWER THE BOARD TO ELECT ADDITIONAL OFFICERS TO THOSE

ALREADY SPECIFIED IN THE BYLAWS

6. A NEW SECTION HAS BEEN ADDED PROVIDING FOR THE TEMPORARY TRANSFER BY THE

BOARD OF THE POWERS AND DUTIES OF THE OFFICERS IN THE EVENT OF ABSENCE OR

ILLNESS OR AS DEEMED NECESSARY BY THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

FAIRFIELD COUNTY'S 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 THE AUDIT COMMITTEE,

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 CFO AND PROVIDED TO THE PRESIDENT FOR REVIEW. EACH ISSUE IS DOCUMENTED

AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

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,

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

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 WHEREBY THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION ANNUALLY FOR THE CEO AND KEY EMPLOYEES IN A PROCESS THAT IS FREE OF CONFLICT OF INTEREST. THE EXECUTIVE COMMITTEE, WHICH FUNCTIONS AS A COMPENSATION COMMITTEE, REVIEWS APPROPRIATE AND ADEQUATE DATA TO DETERMINE THE REASONABLENESS OF COMPENSATION BEING CONSIDERED.

THE EXECUTIVE COMMITTEE USES INFORMATION AND STUDIES TO SET AN APPROPRIATE COMPENSATION LEVEL FOR ITS CEO AND PRESIDENT. THE EXECUTIVE COMMITTEE USES SIMILAR DATA TO REVIEW AND APPROVE COMPENSATION RECOMMENDATIONS FOR KEY EMPLOYEES AS WELL. THE EXECUTIVE COMMITTEE'S COMPENSATION RECOMMENDATION IS

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

DOCUMENTED AND INCLUDES THE DATE THE RECOMMENDATION IS REACHED, THE MEMBERS PRESENT AND VOTING, THE TERMS OF THE COMPENSATION THAT WERE APPROVED, AND THE COMPARABLE DATA USED TO MAKE THE RECOMMENDATION.

IF PROMOTION IS NEEDED FOR SUCCESSION OR THROUGH EXCELLENT PERFORMANCE FOR KEY EMPLOYEES, THE CEO AND HR DIRECTOR REVIEW CURRENT COMPENSATION AGAINST CURRENT SALARY BENCHMARK DATA. ONCE SALARY AND TITLE ARE AGREED UPON, THAT REQUEST IS DIRECTED TO THE CHAIRMAN OF THE BOARD FOR APPROVAL BY THE CEO.

COMPENSATION FOR THE CEO AND KEY EMPLOYEES WAS LAST REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE IN JUNE 2021.

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

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG, AND THE ORGANIZATION'S 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 40 RICHARDS AVENUE, NORWALK, CT 06854 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	4,262.
--	--------

FORM 990, PART XII, LINE 2C:

THE FOUNDATION HAS AN AUDIT COMMITTEE THAT OVERSEES THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR. THE

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

Employer identification number
06-1083893

PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Multiple horizontal lines for additional text entry.