TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

JUNE 30, 2022

PREPARED FOR:

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

PREPARED BY:

PKF O'CONNOR DAVIES, LLP 500 MAMARONECK AVENUE, SUITE 301 HARRISON, NY 10528-1633

AMOUNT DUE OR REFUND:

NOT APPLICABLE

MAKE CHECK PAYABLE TO:

NOT APPLICABLE

MAIL TAX RETURN AND CHECK (IF APPLICABLE) TO:

NOT APPLICABLE

RETURN MUST BE MAILED ON OR BEFORE:

NOT APPLICABLE

SPECIAL INSTRUCTIONS:

THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

Open to Public

A F	or the	e 2021 calendar year, or tax year beginning $$ JUL $1,$ 2021 $$ $$ $$	and ending	<u>JUN 30, 2022</u>	l
B c	Check if pplicabl	FAIRFIELD COUNTY S COMMUNITY FOUNDAT	ION,	D Employer identif	ication number
	Addre chang				
	Name chang Initial	e Doing business as		06-10838	
	return _Final return	Number and street (or P.0. box if mail is not delivered to street address) 40 RICHARDS AVENUE	Room/suite	E Telephone number (203) 75	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	118,090,558.
	Amen			H(a) Is this a group i	
	Application			for subordinate	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates	
1.1	ax-ex	empt status: X 501(c)(3) 501(c) ())(1) or 527		a list. See instructions
		te: WWW.FCCFOUNDATION.ORG	,,	H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year		M State of legal domicile; CT
		Summary	1 = 1000		otato or rogal dominono,
	1	Briefly describe the organization's mission or most significant activities: SE	E SCHEDU	JLE O	
9	-	Enony describe the organization of most organization activities.			
Governance	2	Check this box if the organization discontinued its operations or dis	snosed of more	than 25% of its net as	sets
Veri	3	· — •	•	3	23
ģ	4	Number of independent voting members of the governing body (Part VI, line 1			23
	I -	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			42
ties					27
Activities &		Total number of volunteers (estimate if necessary)			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			
_	В	Net unrelated business taxable income from Form 990-T, Part I, line 11			
	_	Contributions and greats (Dort VIII line 11)		Prior Year 28,631,864.	Current Year 41,853,843.
ne n	l	Contributions and grants (Part VIII, line 1h)		72,644.	
Revenue	I .	Program service revenue (Part VIII, line 2g)		13,937,046.	
Ŗ		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			
	I .	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-107,251.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12		42,534,303.	
	I	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		29,125,858.	
	I .	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-1		3,831,433.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 924		1 550 100	0.150.000
ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,772,499.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		34,729,790.	
	19	Revenue less expenses. Subtract line 18 from line 12		7,804,513.	17,639,799.
Net Assets or				eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		<u> 264,164,706.</u>	
t As	21	Total liabilities (Part X, line 26)		1,877,932.	
	22	Net assets or fund balances. Subtract line 21 from line 20		262,286,774.	256,613,481.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying sche			y knowledge and belief, it is
true,	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of	of which preparer	has any knowledge.	
				L	
Sig	n	Signature of officer		Date	
Her	е	BILL ANDREWS, CHIEF FINANCIAL OFFICE	R		
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid	I		GINS 1	L2/21/22 self-emplo	
Prep	arer	Firm's name ▶ PKF O'CONNOR DAVIES, LLP		Firm's EIN ▶	27-1728945
Use	Only	Firm's address 500 MAMARONECK AVENUE, SUITE 3	01		
		HARRISON, NY 10528-1633		Phone no. 91	4-381-8900
May	the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Other program services (Describe on Schedule O.)

including grants of \$ Total program service expenses

) (Revenue \$

25,443,329.

Form **990** (2021)

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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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? If "Yes," complete Schedule D, Part I	6	Х	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
D		12b		X
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Pid the approximation projection on office and because the state of the United Obstaco			X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		 ^
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	441.	Х	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		\vdash
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? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			3,7
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
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? If "Yes," complete Schedule G, Part I. See instructions	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	

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Form 990 (INC.				06-1083893	Р	age '
Part IV	Checklist of	Required Schedul	es (continued)					
							Yes	No

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
Ŭ	any tax-exempt bonds?	24c		
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 1 u		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h		ZSa		
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OFL		X
00	Schedule L, Part I	25b		
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%			37
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			l
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	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? If "Yes." complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	1
Par	rt 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 29			
b				
c				
Ŭ	(gambling) winnings to prize winners?	1c		

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		990 (2021) INC. 06-1083	893	P	age 5
Р	ar	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		_	
				Yes	No
2	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 2			
	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3		Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4	la	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	b	If "Yes," enter the name of the foreign country			
		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5	ā	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6	àa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
		any contributions that were not tax deductible as charitable contributions?	6a		X
	b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
		were not tax deductible?	6b		_
7	7	Organizations that may receive deductible contributions under section 170(c).			
	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
		to file Form 8282?	7c		X
	d	If "Yes," indicate the number of Forms 8282 filed during the year			
	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
		sponsoring organization have excess business holdings at any time during the year?	8		
9)	Sponsoring organizations maintaining donor advised funds.			
	а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10)	Section 501(c)(7) organizations. Enter:			
		Initiation fees and capital contributions included on Part VIII, line 12			
	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	ı	Section 501(c)(12) organizations. Enter:			
	а	Gross income from members or shareholders			
	b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
		amounts due or received from them.)			
12	2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
		Note: See the instructions for additional information the organization must report on Schedule O.			
	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			
	С	Enter the amount of reserves on hand			
14		Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
		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?	15		X
		If "Yes," see the instructions and file Form 4720, Schedule N.			<u> </u>
16	.	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
10		If "Yes," complete Form 4720, Schedule O.	"		Ť
17	,	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
"		activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
		If "Yes," complete Form 6069.	 ''		
		n roo, complete romi cocc.			

Form 990 (2021)

INC.

06-1083893

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 23 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 23 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes " describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records BILL ANDREWS, CHIEF FINANCIAL OFFICER - 203-750-3200 40 RICHARDS AVENUE, NORWALK, CT 06854

Form 990 (2021) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than ເ	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	a a a	Irecto	r/trus	tee)	from	from related	other
	(list any	director						the	organizations	compensation
	hours for	or di	99			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trustee		ee ee	Suedic		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	yee yee	_	1033-1120)		organizations
	line)	ndividual trustee or	Institutional t	Officer	Key employee	Highest compensated employee	Former			organization o
(1) JUANITA JAMES	40.00	_	_			1				
PRESIDENT AND CEO				Х				284,152.	0.	32,387
(2) KAREN BROWN	40.00									
VP, INNOVATION & STRATEGIC LEARNING					Х			193,101.	0.	37,519
(3) WILLIAM ANDREWS	40.00									
CFO				Х				176,440.	0.	37,938
(4) MENDI BLUE	40.00									
VP, COMMUNITY IMPACT						X		178,402.	0.	27,752
(5) MICHAEL ROSEN, CHIEF BUSINESS	40.00								_	
DEVELOPMENT OFFICER THRU SEPT 2021					Х			159,206.	0.	32,329
(6) ELAINE MINTZ	40.00							150 000		40064
VP, OPERATIONS	40.00					X		172,233.	0.	10,364
(7) JOSEPH COLLIN	40.00					,,		111 140	0	22 074
VP, PHILANTHROPY	40.00					X		111,142.	0.	32,874
(8) ELIZABETH DEMARTE	40.00					.		110 044	0.	11 122
DIRECTOR OF MARKETING & COMM. (9) TARA BERLINGO	40 00					X		119,944.	0.	14,133
(9) TARA BERLINGO DIRECTOR OF HUMAN RESOURCES	40.00					x		120 100	0.	7 217
	3.00					^		120,190.	0.	7,317
(10) EDWIN FORD BOARD CHAIR	3.00	Х		х				0.	0.	0
(11) JOHNNA TORSONE	3.00	Λ						· ·	0.	U
BOARD VICE CHAIR	3.00	Х		Х				0.	0.	0
(12) STEPHEN EDWARDS	3.00	21		22				•	0.	
BOARD VICE CHAIR	3.00	х		Х				0.	0.	0
(13) CHRISTOPHET C. WHITNEY	3.00								•	
BOARD TREASURER		Х		х				0.	0.	0
(14) JOETTE KATZ	3.00								-	
BOARD SECRETARY		Х		Х				0.	0.	0
(15) JUSTIN BEAL	1.00									
BOARD MEMBER		Х						0.	0.	0
(16) ANTHONY L. BENNTT	1.00									
BOARD MEMBER		Х						0.	0.	0
(17) TERRENCE CHENG	1.00									
BOARD MEMBER		X						0.	0.	0

Form **990** (2021)

Part VII Section A. Officers, Directors, Trust	tees. Kev Emr	olov	ees.	and	Hic	ahes	t C	ompensated Employee	S (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	١		Posi	ition			Reportable	Reportable		Es	timate	ed
	hours per		not cl unles					compensation	compensatio	- 1		nount	
	week	offi	cer an	d a di	recto	r/trus	tee)	from	from related			other	
	(list any	ector						the	organization	- 1	com	pensa	tion
	hours for	or dir	e e			ated		organization	(W-2/1099-MIS	SC/		om the	
	related organizations	ustee	truste		g.	suadi		(W-2/1099-MISC/	1099-NEC)		•	anizati	
	below	ual tr	tional		ploye	st con	_	1099-NEC)				d relati anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orge	ai iiZati	5110
(18) CLAYTON H. FOWLER	1.00												
BOARD MEMBER		Х						0.		0.			0.
(19) GERALD M. FOX III	1.00												
BOARD MEMBER		Х						0.		0.			0.
(20) JONATHAN FRAADE	1.00												
BOARD MEMBER		Х						0.		0.			0.
(21) STEVEN GOLDSTEIN	1.00												
BOARD MEMBER	1 00	Х						0.		0.			0.
(22) CAROLYN GONZALEZ	1.00	.,											^
BOARD MEMBER	1 00	Х						0.		0.			0.
(23) JOEL GREEN	1.00	₹.								ا ۸			0
BOARD MEMBER (24) MINDY HOUCK	1.00	Х						0.		0.			0.
BOARD MEMBER	1.00	Х						0.		0.			0.
(25) CHRISTOPHER JOHNSON	1.00	25								-			
BOARD MEMBER		х						0.		0.			0.
(26) CHARLES MACCORMACK	1.00												
BOARD MEMBER		Х						0.		0.			0.
1b Subtotal							>	1,514,810.		0.	23	2,61	13.
c Total from continuation sheets to Part VII	, Section A						•	0.		0.			0.
d Total (add lines 1b and 1c)							<u> </u>	1,514,810.		0.	23	2,63	<u>13.</u>
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			•
compensation from the organization												Vaa	9
O Did the averagination list and formal affice.	alia.ka kak						la :			ſ		Yes	No
3 Did the organization list any former officer,										ı	3		Х
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su								ner compensation from the		····	3		
and related organizations greater than \$150			-					•	-	ľ	4	х	
5 Did any person listed on line 1a receive or a										····			
rendered to the organization? If "Yes." com	plete Schedule	J fo	or su	ıch r	pers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest con	•	•							•	ensat	ion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g w	ith c	r wi	thin		ear.				
(A) Name and business	address							(B) Description of s	envices	C	(C)) nsatio	n
Traine and publiess	auu1035						_	Describrion 01.8	OI VICES		ompe	ισαιιΟΙ	. 1

(A) Name and business address	(B) Description of services	(C) Compensation
NEPC, LLC.		
255 STATE STREET, BOSTON, MA 02109	INVESTMENT ADVISOR	250,784.
RIPPLE EFFECT CONSULTING	SOCIAL IMPACT	
10 VALLEY LANE, FAIRFIELD, CT 06825	CONSULTING SERVICES	190,000.
SILCHESTER INTERNATIONAL INVESTORS, 780	INVESTMENT	
THIRD AVENUE, 42ND FLOOR, NEW YORK, NY	MANAGEMENT SERVICES	123,711.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2021)

Form 990 INC. 06-1083893

Form 990 INC.									06-108	3093
Part VII Section A. Officers, Directors, T	rustees, Key Er	nplo	yee	s, ar	nd H	ligh	est (Compensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the
	hours for related	ordi	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	rustee	l trus		99/	n pen				organizations
	below	dualt	rtiona	_	m plo	stcol	<u></u>			Organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) NEIL MARCUS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(28) MAXIMINO MEDINA, JR.	1.00									
BOARD MEMBER, THRU JUNE 2022		Х						0.	0.	0.
(29) JENNIFER PAGNILLO, ESQ.	1.00									
BOARD MEMBER, THRU JUNE 2022		Х						0.	0.	0.
(30) MAYA REDDI	1.00	J								
BOARD MEMBER	1 00	Х						0.	0.	0.
(31) MARK RISER	1.00	٠,,							_	0
BOARD MEMBER (32) MAYA TICHIO	1.00	Х						0.	0.	0.
OARD MEMBER	1.00	х						0.	0.	0.
(33) PRESTON TISDALE	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(34) BRIGGS L. TOBIN	1.00	25						•	•	•
BOARD MEMBER, THRU JUNE 2022		x						0.	0.	0.
(35) MARY WOODS	1.00									
BOARD MEMBER		Х						0.	0.	0.
]								
		1								
		<u> </u>								
		1								
		1								
		1								
		1								
		1								
			L							

Form 990 (2021) INC .
Part VIII Statement of Revenue

INC.

06-1083893

Page 9

			Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII			
			•	,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
(O (O	4	_	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts								
<u> </u>	'			285,298.				
fts, Ar				203,230.				
ij Gi	'			529,352.				
ns, Sim			Government grants (contributions) 1e	329,332.				
er (Ť	All other contributions, gifts, grants, and	41 020 102				
들됨			similar amounts not included above 1f	41,039,193.				
ont od (_	Noncash contributions included in lines 1a-1f	1,694,939.	41 052 042			
<u>0 g</u>		h	Total. Add lines 1a-1f		41,853,843.			
				Business Code				
e	2	а	WORKSHOP INCOME AND SYMPOSIUM FEE	900099	25,307.	25,307.		
e <u>v</u> i		b						
Sen		С						
am		d						
Program Service Revenue		е						
P		f	All other program service revenue					
		g	Total. Add lines 2a-2f		25,307.			
	3		Investment income (including dividends, inte					
			other similar amounts)		1,490,840.		493,005.	997,835.
	4		Income from investment of tax-exempt bond					
	5		Royalties	-				
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
	•	а	assets other than inventory 7a 74,531,378					
		h	Less: cost or other basis					
ø.	'	D		,				
Ď		_						
eve			Gain or (loss) 7c 3,400,221		3,400,221.		130,091.	3270130.
her Revenue			Net gain or (loss)	·····	3,400,221.		130,031.	3270130.
	8	а	Gross income from fundraising events (not					
Ò			including \$ of					
			contributions reported on line 1c). See	100 100				
			,	a 189,190.				
				b 201,185.	11 005			11 005
			Net income or (loss) from fundraising events	_ _	-11,995.			-11,995.
	9	а	Gross income from gaming activities. See					
				a				
				b				
		С	Net income or (loss) from gaming activities	<u></u>				
	10	а	Gross sales of inventory, less returns					
			and allowances <u>1</u>	Da				
		b	Less: cost of goods sold1	Ob				
		С	Net income or (loss) from sales of inventory					
'n				Business Code				
no e	11 :	а						
ane		b						
Miscellaneous Revenue		С						
Aisc B		d	All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		46,758,216.	25,307.	623,096.	4255970.

Form 990 (2021) INC . Part IX Statement of Functional Expenses

	Check if Schedule O contains a respon				L
	not include amounts reported on lines 6b, 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	22,562,289.	22,562,289.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	752,112.	752,112.		
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	863,677.	33,176.	697,207.	133,294
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	2,275,723.	1,219,657.	705,866.	350,200
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	107,498.	57,986.	32,733.	16,779
9	Other employee benefits	194,459.	99,080.	68,465.	26,914
)	Payroll taxes	211,760.	86,756.	92,564.	32,440
1	Fees for services (nonemployees):	•			•
а					
b					
c		65,550.		65,550.	
d		5,625.		5,625.	
e		0,0101		5,025.	
f	Investment management fees	389,809.		389,809.	
' g		30370031		30370031	
9	column (A), amount, list line 11g expenses on Sch 0.)	780,331.	325,411.	357,051.	97,869
2	Advertising and promotion	64,854.		17,854.	30,33
3	- I	134,162.		41,877.	53,64
	Office expenses	217,134.	88,959.	94,913.	33,26
ļ -	Information technology	211,134.	00,555.	74,713.	33,20
5	Royalties	275,185.	112,741.	120,288.	42,15
)	Occupancy	1,320.	541.	577.	20
3	Payments of travel or entertainment expenses	1,320.	241.	577•	20.
	for any federal, state, or local public officials	12,883.	5,278.	5,631.	1,97
)	Conferences, conventions, and meetings Interest	12,005.	3,270.	3,031.	Δ,,,,
	Payments to affiliates	=	22 - 22	24 == 4	46.4.
	Depreciation, depletion, and amortization	79,555.	32,592.	34,776.	12,18
;	Insurance	19,626.	4,830.	12,990.	1,80
	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 0.)				
а		88,121.	62.	67.	87,99
b	MISCELLANEOUS	16,534.	6,468.	6,903.	3,16
c d	REPAIRS & MAINTENANCE	210.	82.	88.	4
	All other expenses				
	Total functional expenses. Add lines 1 through 24e	29,118,417.	25,443,329.	2,750,834.	924,25
<u> </u>	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 if following SOP 98-2 (ASC 958-720)				

Form **990** (2021)

Form 990 (2021)
Part X Balance Sheet

Pai	rt X	Balance Sneet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,240,937.	1	7,306,406.
	2	Savings and temporary cash investments			17,185,400.	2	24,931,887.
	3	Pledges and grants receivable, net			26,480.	3	0.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualif					
		under section 4958(f)(1)), and persons described	in sec	tion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
Ä	9				115,447.	9	153,160
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	596,440.			
	b	Less: accumulated depreciation	10b	505,552.	145,643.		90,888
	11	Investments - publicly traded securities	62,243,550.		57,949,750		
	12	Investments - other securities. See Part IV, line 1	183,174,615.	12	167,979,060		
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	32,634.	15	28,025		
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3)	264,164,706.	16	258,439,176
	17	Accounts payable and accrued expenses			280,594.	17	328,777
	18	Grants payable	762,745.	18	1,212,102		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities		20			
	21	Escrow or custodial account liability. Complete F	art IV	of Schedule D		21	
S	22	Loans and other payables to any current or form	er offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%			
iab		controlled entity or family member of any of thes	e pers	ons		22	
_	23	Secured mortgages and notes payable to unrela		•		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pages)					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	004 500		004 016
					834,593.	25	284,816.
	26			, 77	1,877,932.	26	1,825,695
S		Organizations that follow FASB ASC 958, che	ck her	e ▶ X			
e)Ce		and complete lines 27, 28, 32, and 33.			6 074 175		6 500 007
alar	27				6,974,175. 255,312,599.	27	6,582,997. 250,030,484.
Ä	28	Net assets with donor restrictions	255,312,599.	28	250,030,484		
Ĕ		Organizations that do not follow FASB ASC 99	o8, che	eck here L			
ᅜ		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc			262,286,774.	31	256 612 401
ž	32	Total net assets or fund balances				32	256,613,481.
	33	Total liabilities and net assets/fund balances			264,164,706.	33	258,439,176

Form **990** (2021)

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,7		
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,1	18,4	<u> 17.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	17,6	39,7	799.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	262,2	86,7	774.
5	Net unrealized gains (losses) on investments	5	-23,3	08,4	184.
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		-4,6	508.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	256,6	13,4	181.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		28	1	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2t	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		20	X :	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	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				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		38	,	

132012 12-09-21

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

OMB No. 1545-0047

Open to Public

Inspection
Employer identification number

	INC. 06-10838						893			
Pai	tΙ	Reason for Public (Charity Status.	All organizations must o	omplete th	nis part.) S	ee instruction	S.		
The o	organ	ization is not a private found								
1		A church, convention of chi	urches, or associatio	n of churches described	in sectio	n 170(b)(1)(A)(i).			
2		A school described in secti								
3		A hospital or a cooperative		•		(b)(1)(A)(ii	i).			
4		A medical research organization					•	(iii). Enter	the hospital	's name.
•		city, and state:		,				(,		,
5		An organization operated for	or the benefit of a col	lege or university owner	l or operati	ed by a go	vernmental u	 nit describe	ed in	
3		section 170(b)(1)(A)(iv). (C		loge of aniversity owner	гог орогас	ca by a go	verminental a	iii dosonibi	5 4 II I	
6				antal unit described in	aaatian 17	70/6//4// 8//	()			
6		A federal, state, or local gov								to a of the
7		An organization that norma		itiai part of its support if	om a gove	ernmentai t	unit or from tr	e generai p	oublic descri	bed in
_	₹ I	section 170(b)(1)(A)(vi). (C								
	X	A community trust describe			•					
9		An agricultural research org				-		-	-	
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city,	, and state of	the college	or or	
		university:								
10		An organization that norma	*						_	-
		activities related to its exem	npt functions, subjec	t to certain exceptions;	and (2) no	more than	33 1/3% of its	support f	rom gross in	vestment
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acquir	red by the org	anization a	after June 30	, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety.See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he functior	ns of, or to ca	ry out the	purposes of	one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 	509(a)(3). (Check the bo	x on
		lines 12a through 12d that	describes the type of	supporting organization	n and comp	plete lines	12e, 12f, and	12g.		
а			anization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	pporting	
		organization. You must o	omplete Part IV, Se	ctions A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization	n(s), by hav	/ing	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manag	ge the supp	oorted	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functional	y integrate	ed with,	
		its supported organization						,	·	
d		Type III non-functionally		-				ted organi;	zation(s)	
		that is not functionally int					= =	_		
		requirement (see instructi	•	,	•		•			
е		Check this box if the orga	•	•	•			I. Type III		
-		functionally integrated, or					.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., .,,		
f	Ente	er the number of supported of		·-··, ···-9·	.9 9					
		vide the following information	•	d organization(s).						
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amour	nt of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see	instructions)
									1	

Schedule A (Form 990) 2021

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.)

Sec	tion A. Public Support	71	· .	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		, ,			, ,	.,
	membership fees received. (Do not						
		18806102.	18757602.	18221388.	28631864.	41853843.	126270799
2	Tax revenues levied for the organ-						
	ization'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	18806102.	18757602.	18221388.	28631864.	41853843.	126270799
	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)						47899153.
6	Public support. Subtract line 5 from line 4.						78371646.
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	18806102.	18757602.	18221388.	28631864.	41853843.	126270799
	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1404696.	2356122.	2163827.	1139481.	997.835.	8061961.
9	Net income from unrelated business					22.7000	00020020
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,400.	2,364.	2,150.	2,545.		8,459.
11	Total support. Add lines 7 through 10						134341219
	Gross receipts from related activities,	etc. (see instruction	nns)			12	322,251.
	First 5 years. If the Form 990 is for the						
	organization, check this box and stop	_					
Sec	tion C. Computation of Publi						
	Public support percentage for 2021 (I			column (f))		14	58.34 %
	Public support percentage from 2020					15	64.51 %
	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						
_	and stop here. The organization qual	-					
17a							
	7a 10% -facts-and-circumstances test - 2021. 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 te				rassization		\sim
h	10% -facts-and-circumstances test	_	•	*	-	 I7a. and line 15 is	
J	more, and if the organization meets the	ū				•	10,001
	organization meets the facts-and-circu						
18	Private foundation. If the organization				• • •		
10	Trivate loundation. If the organization	on alla flot ci leck a l	DOA OIT III TO, TO	a, 100, 17a, 01 17k	o, oneon una bux a	Cobodulo A	

Schedule A (Form 990) 2021 INC.

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 t	0
qualify under the tests listed below, please complete Part II.)	

Sec	ction A. Public Support	now, please comp	piete Fart II.)				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		(2) = 2 : 2	(5) = 5 + 5	(-,	(-,	(0)
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ü	are not an unrelated trade or bus-						
	iness under section 513						
1	Tax revenues levied for the organ-						
7	ization'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				+	+	
	Total. Add lines 1 through 5				+		
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons						
D	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support				_		1
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	e organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
	check this box and stop here						
Sec	tion C. Computation of Public						•
15	Public support percentage for 2021 (lii	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2020					16	%
	ction D. Computation of Inves					•	<u></u>
	Investment income percentage for 20			ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
	more than 33 1/3%, check this box an						▶□
b	33 1/3% support tests - 2020. If the	=	-				and
-	line 18 is not more than 33 1/3%, check						
20	Private foundation. If the organization						

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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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- **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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
	m 990)	2021

Par	rt IV Supporting Organizations (continued)			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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			l
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)	rs,		
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support	ed		l
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			l
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. Stion C. Type II Supporting Organizations	2		
	Alon of Typo ii oupporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		162	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion 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			l
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			l
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			l
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard.	3		
	ction 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 instruc	tions).		
a	Somplete Selem			
b		(:tt	-1	
2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity Activities Test. Answer lines 2a and 2b below.	see instruction	Yes	No
a			163	140
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	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			l
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		ı

Schedule A (Form 990) 2021 INC.

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Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi:	zations				
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 mu		•				
Sect	ion 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					
Sect	ion 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	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					
Sect	ion 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	Check here if the current year is the organization's first as a non-function	ally integrated	Type III supporting orga	anization (see			
	instructions)			•			

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ued)	.
Sect	ion D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	ns	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Part V	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.)			
SCHE	DULE A,	PART	II, LINE 10, EXPLANATION FOR OTHER INCO	ME:
OTHE	R INCOME	<u> </u>		
2017	AMOUNT:	\$	1,400.	
2018	AMOUNT:	\$	2,364.	
2019	AMOUNT:	\$	2,150.	
2020	AMOUNT:	\$	2,545.	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Organization type (check one):

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

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

Filers of:	Section:
Form 990 or 990-EZ	X 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
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or not one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ng 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; Z, line 1. Complete Parts I and II.
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one and the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering (b) instead of the contributor name and address), II, and III.
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the as exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively be, etc., contributions totaling \$5,000 or more during the year
answer "No" on Part IV, lin	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must ne 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 ng requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

INC.

| Employer identification number | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083893 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1083894 | 06-1088894 | 06-1088894 | 06-1088894 | 06-1088894 | 06-1088894 | 06-1088894 | 06-1088894 | 06-1088894 | 06-1088894 | 06-

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 12,920,389.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ 12,123,325.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions \$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

TNC.

Employer identification number

06-1083893

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art 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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
<u> </u> 53 11-11-		I *	Schedule B (Form 990) (20

Employer identification number

Name of organization

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

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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) organizat	tions: Complete Part III.			
Nan	ne of organization FAIRFIE	LD COUNTY'S COMM	UNITY FOUNDA	TION, En	ployer identification number
	INC.	 	504/)		06-1083893
Pa	art I-A Complete if the org	janization is exempt und	er section 501(c) o	or is a section 527 of	organization.
2 3	Provide a description of the organize Political campaign activity expendite Volunteer hours for political campaign.	ures ign activities		>	* \$
	·	janization is exempt und		·	_
1	Enter the amount of any excise tax	incurred by the organization unc	der section 4955		\$
	Enter the amount of any excise tax				
	If the organization incurred a sectio				
	Was a correction made?				Yes No
	o If "Yes," describe in Part IV. art I-C Complete if the org	janization is exempt und	er section 501(c)	except section 501	(c)(3)
	Enter the amount directly expended				· \$
	Enter the amount of the filing organ				Φ
_	exempt function activities		•		· \$
3	Total exempt function expenditures				Ψ
Ü	line 17b		,		٠ \$
4	Did the filing organization file Form				
5					
_	made payments. For each organiza				
	contributions received that were pro-	omptly and directly delivered to a	a separate political orga	anization, such as a sepai	ate segregated fund or a
	political action committee (PAC). If	additional space is needed, prov	ride information in Part	IV.	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fron filing organization's funds. If none, enter -0	contributions received and

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

Schedule C (Form 990) 2021

LHA

132041 11-03-21

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T	N	C:	•

Schedule C (Form 990) 2021	INC.					083893 Page:
Part II-A Complete if the or	ganizatio	n is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ection under
section 501(h)). A Check if the filing organize	ration balance	no to on offi	isted aroun (and list in	Dort IV apply offiliated	avalin mambar'a nam	address FIN
5 5	•		•	Part IV each anniated	group member's name	e, address, Eliv,
expenses, and sh		, ,	•	vicione conh		
B Check ▶ if the filing organize	zation check	ed box A ar	nd "limited control" pro	visions арріу.	(a) Filip a	(In) Affiliate of success
	nits on Lobk nditures" m		nditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to in	fluence publ	ic opinion (g	grassroots lobbying)		5,625.	
b Total lobbying expenditures to in	fluence a leg	islative bod	y (direct lobbying)		0.	
c Total lobbying expenditures (add	lines 1a and	l 1b)			5,625.	
d Other exempt purpose expenditu	ires				27,798,729.	
e Total exempt purpose expenditu	res (add lines	s 1c and 1d)		27,804,354.	
f Lobbying nontaxable amount. Er				n columns.	1,000,000.	
If the amount on line 1e, column (a)			bying nontaxable am			
Not over \$500,000		20% of 1	the amount on line 1e.			
Over \$500,000 but not over \$1,0	00,000	\$100,000 plus 15% of the excess over \$500,000.				
Over \$1,000,000 but not over \$1	,500,000	\$175,00	00 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$1	7,000,000	\$225,00	00 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
g Grassroots nontaxable amount (e	enter 25% of	line 1f)			250,000.	
h Subtract line 1g from line 1a. If ze	ero or less, e	nter -0			0.	
i Subtract line 1f from line 1c. If ze					0.	
j If there is an amount other than z	zero on eithe	r line 1h or l	ine 1i, did the organiza	tion file Form 4720	_	
reporting section 4911 tax for thi	s year?					Yes N
			eraging Period Under	` '		_
(Some organizations			01(h) election do not l ate instructions for lir	•	of the five columns be	elow.
	LODE	bying Exper	nditures During 4-Yea	r Averaging Period	1	1
Calendar year (or fiscal year beginning in)	(a) 2	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000	0,000.	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		0.	7,348.	5,250.	5,625.	18,223
d Grassroots nontaxable amount	250	0,000.	250,000.	250,000.	250,000.	1,000,000

Schedule C (Form 990) 2021

5,625.

1,500,000.

18,223.

7,348.

5,250.

0.

d Grassroots nontaxable amount e Grassroots ceiling amount

(150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990) 2021 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)).

uring the year, did the filing organization attempt to influence foreign, national, state, or cal legislation, including any attempt to influence public opinion on a legislative matter referendum, through the use of: Diunteers? Diunteers	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 Railies, 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 d If the filing organization incurred a section 4912 ax, did it file Form 4720 for this year? art III—A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6); 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Tart 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 2 Section 15(c)(6) on deductible lobbying and political expenditures (do no	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 liobtying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, 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 of If the filing organization incurred a section 4912 tax, idid it file Form 4720 for this year? 1 Were substantially all (80% or more) dues received nondeductible by members? 1 Were substantially all (80% or more) dues received nondeductible by members? 1 Were substantially all (80% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization argare to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization argare to carry over lobbying and political expenditures from the prior year? 3 Did the organization argare to carry over lobbying and political expenditures of \$2,000 or less? 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 2 Section 152(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section \$27(f) tax was paid). a Current year b Carryover fro	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 d If the filing organization incurred a section 4912 tax, did if the 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). 1 Were substantially all (80% or more) dues received nondeductible by members? 1 Were substantially all (80% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditure expenditure stop of the excess does the organization agree to carry over lobbying and political expenditures (do not include amounts of political expenditure expend	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 "Wes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 2 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 2 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues a Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expension of the excess does the	r each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(k	b)
cal legislation, including any attempt to influence public opinion on a legislative matter referendum, through the use of: bluinteers? aid staff or management (include compensation in expenses reported on lines 1c through 1i)? edia advertisements? aid staff or management (include compensation in expenses reported on lines 1c through 1i)? edia advertisements? aid staff or management (include compensation in expenses reported on lines 1c through 1i)? edia advertisements? aid staff or management (include compensation in expenses reported on lines 1c through 1i)? ablications, or published or broadcast statements? rants to other organizations for lobbying purposes? rect contact with legislators, their staffs, government officials, or a legislative body? allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ther activities? attailes, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ther activities? attailes, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ther activities? attailes, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ther activities? attailes, demonstrations, seminars, conventions, speeches, lectures, or any similar means? attailines, demonstrations, seminars, conventions, speeches, lectures, or any similar means? attailines, demonstrations, seminars, conventions, speeches, lectures, or any similar means? attailines, demonstrations, seminars, conventions, or a legislative body? allies (admonstrations, seminars, conventions) attailines, demonstrations, or a legislative body? allies (admonstrations, seminars, conventions) advertisements, and similar amounts from members attail (admonstrations, seminars, conventions, or a legislative body? allies (admonstrations, seminars, conventions) advertisements, and similar amounts from members attail (admonstrations, seminars, conventions, or a legislative body? allies (admonstrations, seminars, convention	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 by organization managers under section 4912 d If the filing organization incurred a section 4912 at If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 4 Dears 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 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). 2a Current year 2b Carryover from last year 2c Carryover from last year 3 Aggregate amount reported in section 6039(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were se	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 1 c 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 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). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying and political campaign activity expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Domplete 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 2 Section 16(c)(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 b Carryover from last year c Total 4 If notices were sent and the amount on line 2 cexceeds the	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 under section 4912 c if "Yes," enter the amount of any tax incurred under section 4912 d if the filing organization incurred a section 4912 tax, did if lie 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 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house 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, answered "Yes." 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditure expenditure have a complete and political expenditures (do not include amounts of political expenditure expe	local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Pald 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? 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 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). 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? 1 Dues, assessments and similar amounts from members 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditure expenses for which the section 527(f) tax was paid). a Current year b Carrent year b Carrent year 2 De Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expenditure expenditure ext year? 5 T	the lobbying activity.	Yes	No	Amo	ount
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	vart 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 a	rovide 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 a	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the art III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ne prior year? on 501(c)(5), "No" OR (b	or sec) Part I		
	, •	rt IV Supplemental Information	rt IV Supplemental Information vide 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	rt IV Supplemental Information vide 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	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the trillary complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception 162 (e) dues are sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception 162 (e) the section 162 (e) dues are sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception 162 (e) the section 162 (e) the se	ne prior year? on 501(c)(5), "No" OR (b	2 3 or sec) Part I		3, is
	art IV Supplemental Information		ovide 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	ovide 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	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the cart III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Carryover from last year Carryover from last year Carryover from last year Carryover sent and the amount on line 2c exceeds the amount on line 3, what portion of the except does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?	ne prior year? on 501(c)(5), "No" OR (b	2 3 or sec) Part I		3, is
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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 Inspection

Name of the organization

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.

Employer identification number 06-1083893

Par			Accounts. Complete if the				
	organization answered "Yes" on Form 990, Part IV, lin	e 6. (a) Donor advised funds	(b) Funds and other accounts				
_	Total growth and and of cons	202	(b) Fullus and other accounts				
1	Total number at end of year	24,788,880.					
2 3	Aggregate value of contributions to (during year) Aggregate value of grants from (during year)	16,170,648.					
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		funde				
J	are the organization's property, subject to the organization's						
6	Did the organization inform all grantees, donors, and donor a						
•	for charitable purposes and not for the benefit of the donor o						
			□				
Par							
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a h	nistorically important land area				
	Protection of natural habitat	Preservation of a c	certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of a					
	day of the tax year.		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
d	d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure						
	listed in the National Register						
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orc	ganization during the tax				
	year >						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per		□ v _{aa} □ Na				
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,						
O	Starr and volunteer riours devoted to monitoring, inspecting,	rianding of violations, and emorcing conserv	ation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year				
•	► \$	aming of violations, and emoroting consolvation	rousements during the year				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	-)(B)(i)				
	and section 170(h)(4)(B)(ii)?						
9	In Part XIII, describe how the organization reports conservation						
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statements	s that describes the				
	organization's accounting for conservation easements.						
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or Othe	r 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 95	8, 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 95	8, to report in its revenue statement and bala	ince sheet works of				
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furthera	ince of public service,				
	provide the following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1						
2	If the organization received or held works of art, historical tree	· · · · · · · · · · · · · · · · · · ·	in, provide				
	the following amounts required to be reported under FASB A	_					
	Revenue included on Form 990, Part VIII, line 1		_				
-	Assets included in Form 990, Part X						
LHA	For Paperwork Reduction Act Notice, see the Instructions	s tor Form 990.	Schedule D (Form 990) 2021				

132051 10-28-21

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

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Pai	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Otl	ner Simila	ar Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the fo	ollowing that mak	e significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exch	nange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's e	xempt purp	ose in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations o	of art, historical treas	ures, or other sim	ilar assets				
	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organization	n answered "Yes"	on Form 99	0, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	or other assets n	ot included		_		_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a				_				
							Amount	:	
С	Beginning balance				1c				
	Additions during the year								
е	Distributions during the year				<u>1e</u>				
f	Ending balance				1f	<u> </u>	_		
	Did the organization include an amount on Fo				•	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete in								
		(a) Current year	(b) Prior year	(c) Two years bac		years back	(e) Four		
1a	Beginning of year balance	259,279,280.	210,013,956.	217,256,91		830,725.		273,3	
b	Contributions	40,316,195.	26,823,388.	17,100,46	7. 14,	404,554.		317,6	
С	Net investment earnings, gains, and losses	-18,835,172.	55,551,109.	1,114,53		203,139.		229,	
d	Grants or scholarships	14,024,939.	13,513,611.	13,534,428	3. 13,	488,204.	13,	488,2	204.
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses	13,232,230.	19,595,562.			071,811.		501,	
g	End of year balance	253,503,134.	259,279,280.	210,013,95	5. 217,	256,917.	216,	830,	725.
2	Provide the estimated percentage of the curr		e (line 1g, column (a))) held as:					
а	Board designated or quasi-endowment	1.3700	_%						
b	Permanent endowment ▶ .0000	%							
С	Term endowment ▶ 98.6300	%							
	The percentages on lines 2a, 2b, and 2c shou	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held an	d administered fo	r the organi	zation	_		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)	\longrightarrow	<u>X</u>
b	If "Yes" on line 3a(ii), are the related organization						3b		
4	Describe in Part XIII the intended uses of the	organization's endov	wment funds.						
Pai	t VI Land, Buildings, and Equipm		Dort IV line 11 - C	F 000 D	V 5 10				
	Complete if the organization answered					.			
	Description of property	(a) Cost or of	, , ,	1 ,	Accumula		(d) Book	(value	÷
		basis (investm	nent) basis (outer)	depreciatio	П			
_	Land								
b	Buildings								
С.	Leasehold improvements		EA	6 110	EVE -	552	0.0) 0	0
	Equipment		59	6,440.	505,5	004.	90),88	00.
	Other						0.0	0,88	2 0
ı ota	I. Add lines 1a through 1e. (Column (d) must ea	aual Form 990 Part)	x column (R) line 1(IC I			ラし	,, 00	. U .

Schedule D (Form 990) 2021 INC.		06	-1083893 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	1		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	167 070 060	END OF VEXD MADVED	773 T TTE
(A) ALTERNATIVE INVESTMENTS	167,979,060.	END-OF-YEAR MARKET	VALUE
(B)			
(C)			
(D)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	167,979,060.		
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	d-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"		11d. See Form 990, Part X, line 15.	T
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total (Only was (b) sound a word Forms 2000 Port V and (D) lin	- 15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	
(a) Description of liability			(b) Book value
(1) Federal income taxes			(5) 25511 14.65
(2) LIABILITY UNDER SPLIT-INT	EREST		
(3) AGREEMENTS			2,515.
(4) DEFERRED RENT			282,301.
(5)			202,0021
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	>	284,816.

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

06-1083893 Page 4

Par	t XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per Ret	turn.				
	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	24,103,236.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a - 2	23,308,484.					
b	Donated services and use of facilities	2b						
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	1 1	1,049,921.					
е	Add lines 2a through 2d			2e	<u>-22,258,563.</u>			
3	Subtract line 2e from line 1			3	46,361,799.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	389,809. 6,608.					
b	Other (Describe in Part XIII.)	4b	6,608.					
С	Add lines 4a and 4b			4c	396,417. 46,758,216.			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	46,758,216.			
Pai	T XII Reconciliation of Expenses per Audited Financial State		Expenses per H	etur	n.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line		1		00 000 045			
1	Total expenses and losses per audited financial statements			1	28,008,045.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1						
а	Donated services and use of facilities							
b	Prior year adjustments							
С	Other losses		201 105					
d	Other (Describe in Part XIII.)		201,185.		201 105			
	Add lines 2a through 2d			2e	201,185. 27,806,860.			
3	Subtract line 2e from line 1			3	27,000,000.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4- 1	390 900					
_	Investment expenses not included on Form 990, Part VIII, line 7b		389,809. 921,748.					
b	b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c 1,311,557.							
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	29,118,417.			
Pai	t XIII Supplemental Information.			<u> </u>	23/110/11/0			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV. lines 1b	and 2b: Part V. line 4:	Part :	X. line 2: Part XI.			
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			,	,, =,,			
	,							
PAF	RT V, LINE 4:							
THE	E COMMUNITY FOUNDATION'S ENDOWMENT CONSIS	TS OF A	PPROXIMATEL	Y 4	00			
INI	DIVIDUAL FUNDS ESTABLISHED BY HUNDREDS OF	DONORS	TO PROVIDE	GR.	ANTS,			
~~-					_			
SCI	HOLARSHIPS AND OTHER SERVICES TO IMPROVE	THE QUAL	LITY OF LIF	E I.	<u>N</u>			
	TREETER COUNTY AND DEVOND							
FAL	RFIELD COUNTY AND BEYOND.							
ENDOWED FUNDS INCLUDE BOTH DONOR-RESTRICTED AND BOARD-DESIGNATED FUNDS								
T1/1	JONED TONDS INCHODE BOTH BONOK KESTKICTED	THID DOL	IND DEDICINA	111	TONDD			
тна	AT FUNCTION AS ENDOWMENTS. THE COMMUNITY	FOUNDAT	TION HAS AD	ОРТ	ED			
		1 0 0 1 1 2 1 1 2	1101, 11110 110	<u> </u>				
IN7	VESTMENT AND SPENDING POLICIES FOR ENDOWN	ENT ASSE	ETS THAT SE	EK '	TO PROVIDE			
<u>A</u> I	PREDICTABLE STREAM OF FUNDING TO ORGANIZA	TIONS AN	ND PROGRAMS	SU	PPORTED BY			
ITS	S ENDOWMENT, WHILE MAINTAINING THE PURCHA	SING POV	VER OF THE	END	OWMENT			
ΣCC	SETS. TO SATISFY ITS LONG-TERM RATE-OF-R	ЕФПЕМ ОТ	Q,TECTTVEC '	трг	COMMINITARY			
- 10 K	PID: IO DITIDIT IID HOMO TERM MATE-OF-P		, UH V I I V II V	تلددح	COLLEGE			

132054 10-28-21

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 2019.

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, Schedule D (Form 990) 2021 INC.	06-1083893 Page 5
Schedule D (Form 990) 2021 INC • Part XIII Supplemental Information (continued)	00-1003093 Page 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES REPORTED ON PART VIII, LINE 8B	201,185.
AGENCY FUNDS - OTHER EXPENSES	134,548.
AGENCY FUNDS - INVESTMENT EARNINGS	714,188.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	1,049,921.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
AGENCY FUNDS - CONTRIBUTIONS	2,000.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	4,608.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	6,608.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT EXPENSES REPORTED ON PART VIII, LINE 8B	201,185.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
AGENCY FUNDS - GRANTS MADE	921,748.
	_

SCHEDULE F (Form 990)

Department of the Treasury

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.

2021
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

INC.

Employer identification number

06-1083893

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

	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	(c) Number of	(d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (such as, fundraising, pro-	is a program service,	expenditures for and
		in the region	independent contractors	gram services, investments, grants to	describe specific type	investments
			in the region	recipients located in the region)	of service(s) in the region	in the region
CENTRAL AMERICA AND						
THE CARIBBEAN				INVESTMENTS		42,942,645.
EUR	OPE (INCLUDING					
CELAND & GREENLAND)				INVESTMENTS		4,291,732.
NOR!	TH AMERICA -					
CAN	ADA AND MEXICO,					
BUT NOT THE UNITED						
STATES				INVESTMENTS		4,045,790.
3 a	Subtotal	0	0			51,280,167.
b	Total from continuation					
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					
	and 3b)	0	0			51,280,167.

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

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)
	nization by the IRS, o	or for which the grantee	recognized as charities by the for counsel has provided a sect			>		

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.

06-1083893

Part III can be duplicated if a	dditional space is needed	d.					
(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)

	(Form 990)		INC.
Part IV	Foreigi	n Form	ıs

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)	X 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	X 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)	X 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)	X 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)	X 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	X No

Schedule F (Form 990) 2021

	Page 5
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	
ADDITOADI E ETITMO MUDEQUOID DEGUTDEMENM	
APPLICABLE FILING THRESHOLD REQUIREMENT.	
PART IV, LINE 3:	
THE ORGANIZATION IS NOT REQUIRED TO FILE FORM 5471 BECAUSE IT DOES NOT	
THE ORGANIZATION IS NOT REQUIRED TO FIDE FORM 5471 DECADE IT DOED NOT	
MEET THE APPLICABLE THRESHOLD FOR OWNERSHIP OR OTHER FILING	
REQUIREMENTS.	
PART IV, LINE 4:	
MILE ODGANIZACION IG NOC DEGLIDED CO ETLE EODM 9531 DEGALGE IC DOES NOC	
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:	
MILE ODGANIZACION TO DECLIDED CO ETLE BODM SOLE DECALICE IN MERCO CHE	
THE ORGANIZATION IS REQUIRED TO FILE FORM 8865 BECAUSE IT MEETS THE	
APPLICABLE FILING THRESHOLD REQUIREMENT.	

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

	LD COUNTY'S COMMUN	ITY	FOU	JNDATION,			ntification number
INC.						06-1083	
Part I Fundraising Activities required to complete this par	 Complete if the organization answe 	red "Y	es" or	Form 990, Part IV, li	ine 1	7. Form 990-EZ	filers are not
Indicate whether the organization rais a	sed funds through any of the following e Solicitat s f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with previduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-govern govern sising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribi	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from req	gistration

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

Schedule G (Form 990) 2021

06-1083893 Page 2

			(a) Event #1	(b) Event #2	(c) Other events	
			WOMEN &		NONE	(d) Total events
			GIRLS LUNCHE			(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
פאפוומפ			474 400			474 400
2	1	Gross receipts	474,488.			474,488
	2	Less: Contributions	285,298.			285,298
\downarrow	3	Gross income (line 1 minus line 2)	189,190.			189,190
	4	Cash prizes				
	5	Noncash prizes				
20100	6	Rent/facility costs				
Direct Experises	7	Food and beverages				
- I	8	Entertainment	55,000.			55,000
	9	Other direct expenses				146,185
-	10	Direct expense summary. Add lines 4 through			•	201,185
-	11	Net income summary. Subtract line 10 from I			_	-11,995
ar	rt I	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, c	r reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Ы			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (ad
200			(a) Bingo	bingo/progressive bingo) (6) Carlor garming	col. (a) through col. (
1	1	Gross revenue				
-						
g	2	Cash prizes				
20011000	2					
בכו בעלכווספס	3	Noncash prizes				
הוומכו באלמווממא		Noncash prizes Rent/facility costs				
חופנו באספווספי	3	Noncash prizes				
	3 4 5	Noncash prizes Rent/facility costs Other direct expenses				
	3 4 5	Noncash prizes Rent/facility costs	Yes% No	Yes %	6 Yes %	
	3 4 5	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No No	No No	No No	
Died Experises	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	No No n 5 in column (d)	No No	No No	
חופנו בעלים ופני	3 4 5 6 7	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No No n 5 in column (d)	No No	No No	
Diect Expenses	3 4 5 6 7 8	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	n 5 in column (d)	No	No No	
	3 4 5 6 7 8 Ent	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No n 5 in column (d) 'from line 1, column (d) ucts gaming activities:	No No	No No	
a	3 4 5 6 7 8 Entities to	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming and	No 'from line 1, column (d) ucts gaming activities: ctivities in each of these s	No states?	No No	
a	3 4 5 6 7 8 Entities to	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7	No 'from line 1, column (d) ucts gaming activities: ctivities in each of these s	No states?	No No	
a a	3 4 5 6 7 8 Entities to	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming and	No 'from line 1, column (d) ucts gaming activities: ctivities in each of these s	No states?	No No	
a b	3 4 5 6 7 8 Ent ls t lf "	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming and No," explain:	No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s	No States?	No	Yes N
a b	3 4 5 6 7 8 Entitle It	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throught Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducts organization licensed to conduct gaming as No," explain: ere any of the organization's gaming licenses researched.	No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these servoked, suspended, or te	states?	No No	Yes N
a b	3 4 5 6 7 8 Entitle It	Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through Net gaming income summary. Subtract line 7 ter the state(s) in which the organization conducte organization licensed to conduct gaming and No," explain:	No n 5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these servoked, suspended, or te	states?	No No	Yes N

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

Sch	edule G (Form 990) 2021 INC.	06-1	083	893	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
	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
12	Indicate the percentage of gaming activity conducted in:				
		ĺ	40-		0/
	The organization's facility		13a		<u>%</u>
	An outside facility		13b		<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:			
	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 received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization of the organization o	ount			
	of gaming revenue retained by the third party \$\bigs\\$				
С	If "Yes," enter name and address of the third party:				
	Name ►				
	Address >				
16	Gaming manager information:				
	Name >				
	Gaming manager compensation ▶ \$				
	Canning manager compensation • • • • • • • • • • • • • • • • • • •				
	Description of services provided				
	Director/officer Employee Independent contractor				
	Mandatory distributions:				
а	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	n the			
	organization's own exempt activities during the tax year 🕨 \$				
Pa	TIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	; and Part	III, lin	es 9, 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) INC. Part IV Supplemental Information (continued)	06-1083893 Page 4
Part IV Supplemental Information (continued)	
	Calaadula O /Farma 000\

Schedule G (Form 990)

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Schedule I (Form 990) 2021

INC.							06-1083893
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	
criteria used to award the grants or assi	stance?						No
2 Describe in Part IV the organization's pro	ocedures for monit	oring the use of grant	funds in the United	States.			
Part II Grants and Other Assistance to	-				anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	1	· ·			(f) Mothod of	T	
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
100 BLACK MEN OF MARYLAND, INC							
4413 LIBERTY HEIGHTS AVE							
GWYNN OAK, MD 21207	52-1730939	501(C)(3)	150,000.	0.			FOR GENERAL SUPPORT.
			,				
4-CT CORP							
50 CHARLES STREET							
WESTPORT, CT 06880	85-0535172	501(C)(3)	250,000.	0.			FOR GENERAL SUPPORT.
ABILIS INC							
50 GLENVILLE STREET							
GREENWICH, CT 06831	06-6009327	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
ACLU FOUNDATION							
125 BROAD STREET, 18TH FLOOR							
NEW YORK, NY 10004	13-6213516	501 (C) (3)	6,596.	0.			FOR GENERAL SUPPORT.
NEW TORK, NI 10004	13 0213310	501(0)(3)	0,330.	· ·			I ON GENERAL BOTTORT.
ADAM J. LEWIS ACADEMY							
500 STATE ST.							
BRIDGEPORT, CT 06604	45-3859735	501(C)(3)	315,000.	0.			FOR GENERAL SUPPORT.
,			,				
ADVOCATES FOR THE WEST							
PO BOX 1612							
BOISE, ID 83701	06-1654062	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in th	e line 1 table				▶ 449.
3 Enter total number of other organization	s listed in the line	1 table					• 0.

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

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LBANO BALLET COMPANY							
L5 GERARD AVENUE							
HARTFORD, CT 06105	23-7335889	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
ALDRICH CONTEMPORARY ART MUSEUM							
258 MAIN ST							
RIDGEFIELD, CT 06877	06-6069965	501(C)(3)	76,700.	0.			FOR GENERAL SUPPORT.
ALL OUR KIN							
153 EAST STREET, 3RD FL							
NEW HAVEN, CT 06511	06-1539280	501(C)(3)	60,000.	0.			FOR GENERAL SUPPORT.
			·				
ALLIANCE FOR COMMUNITY EMPOWERMENT							
1070 PARK AVE							
BRIDGEPORT, CT 06604	06-0797841	501(C)(3)	74,132.	0.			FOR GENERAL SUPPORT.
ALPFA FOUNDATION							
1717 W 6TH ST STE 410							
AUSTIN, TX 78703	86-1118036	501(C)(3)	115,000.	0.			FOR GENERAL SUPPORT.
ALS THERAPY DEVELOPMENT INSTITUTE							
480 ARSENAL STREET, STE 201	04 2462710	E01/G1/21	10.000				HOD GENERAL GURRORE
WATERTOWN, MA 02472	04-3462719	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
ALZHEIMER'S ASSOCIATION							
225 N MICHIGAN AVE, 17TH FL							
CHICAGO, IL 60601	13-3039601	501(C)(3)	40,678.	0.			FOR GENERAL SUPPORT.
AMEDICAN BODECES							
AMERICAN FORESTS							
1220 L ST NW, STE 750 WASHINGTON, DC 20005-1016	53-0196544	501(C)(3)	245,000.	0.			FOR GENERAL SUPPORT.
MINITEDIA, DC 20003 1010	22 0130344	501(0)(3)	243,000.	0.			TON SEMENAL BOTTONT.
AMERICAN HEART ASSOCIATION							
PO BOX 840692							
DALLAS, TX 75284-0692	13-5613797	501(C)(3)	7,136.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)									
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
AMERICAN RED CROSS - CT									
209 FARMINGTON AVENUE									
FARMINGTON, CT 06032	53-0196605	501(C)(3)	14,771.	0.			FOR GENERAL SUPPORT.		
AMERICARES									
88 HAMILTON AVE STAMFORD, CT 06902	06-1008595	501(C)(3)	109,178.	0.			FOR GENERAL SUPPORT.		
ANN & ROBERT H. LURIE CHILDREN'S	00 1000333	301(0)(3)	103,170.	•••			TOR GENERAL BOTTORT.		
HOSPITAL OF CHICAGO FOUNDATION -									
225 E. CHICAGO AVENUE, BOX 4 -									
CHICAGO, IL 60611	36-3357006	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.		
ANN'S PLACE, INC 80 SAW MILL RD									
DANBURY, CT 06810	22-3181832	501(C)(3)	37,130.	0.			FOR GENERAL SUPPORT.		
APOSTLE IMMIGRANT SERVICES 115 BLATCHLEY AVE									
NEW HAVEN, CT 06513	27-1023812	501(C)(3)	14,000.	0.			FOR GENERAL SUPPORT.		
APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE			- 005						
BOSTON, MA 02129	04-6001677	501(C)(3)	7,206.	0.			FOR GENERAL SUPPORT.		
ARCHDIOCESE OF BOSTON 66 BROOKS DRIVE									
BRAINTREE, MA 02184	04-2106175	501(C)(3)	200,000.	0.			FOR GENERAL SUPPORT.		
ARI OF CONNECTICUT, INC. 174 RICHMOND HILL AVE									
STAMFORD, CT 06902-5696	06-0712017	501(C)(3)	5,650.	0.			FOR GENERAL SUPPORT.		
ASH CREEK CONSERVATION ASSOCIATION 20 HADDON ST #3									
BRIDGEPORT, CT 06605	32-0075215	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.		

Schedule I (Form 990)

Schedule I (Form 990) INC.					(5		6-1083893 _{Pa}
Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations I	and Domestic Go	vernments (Scho	edule I (Form 990), Pa I	rt II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASPCA HO							
PO BOX 96929							
WASHINGTON, DC 20090	13-1623829	501(C)(3)	5,758.	0.			FOR GENERAL SUPPORT.
,			,				
ASPETUCK LAND TRUST, INC							
PO BOX 444							
WESTPORT, CT 06881	06-6088827	501(C)(3)	43,000.	0.			FOR GENERAL SUPPORT.
ASYLUM SEEKER ADVOCACY PROJECT							
228 PARK AVE S, #84810							
NEW YORK, NY 10003	83-3011862	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT.
AMVI DMD ALLY							
ATHLETE ALLY							
325 WEST 38TH STREET, ROOM 305	27 5527156	E01/G)/2)	70.000	_			
NEW YORK, NY 10018	27-5527156	501(C)(3)	70,000.	0.			FOR GENERAL SUPPORT.
AUDUBON CONNECTICUT							
613 RIVERSVILLE RD							
GREENWICH, CT 06831	13-1624102	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
ondamien, er etest	13 1011101	301(0)(3)	20,000.				TON CHARME BOTTOMT.
BALLET SCHOOL OF STAMFORD							
100 GREYROCK PL UNIT 226							
STAMFORD, CT 06901	06-1517402	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
,			,				
BANTAM CINEMA & ARTS CENTER							
РО ВОХ 262							
LITCHFIELD, CT 06759	85-3849864	501(C)(3)	50,000.	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.
BARTLETT ARBORETUM AND GARDENS							
SARTLETT ARBORETUM AND GARDENS							
	06 6070501	E01/G)/3)	0 500	_			EOD GENEDAL GUDDODE
STAMFORD, CT 06903-4199	06-6079591	DOT(C)(3)	8,500.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BECKET ATHENAEUM							
3367 MAIN ST							
BECKET, MA 01223	04-3458519	501(C)(3)	18,000.	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.
BERKSHIRE TACONIC COMMUNITY							
FOUNDATION - 800 N MAIN ST -							
SHEFFIELD, MA 02157	06-1254469	501(C)(3)	250,000.	0.			FOR GENERAL SUPPORT.
,		(. , (. ,					
BEST BUDDIES INTERNATIONAL							
101 CENTERPOINT DRIVE, SUITE 231							
MIDDLETOWN, CT 06457	52-1614576	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
BIGS & LITTLES NYC MENTORING							
137 EAST 2ND STREET, 2ND FLOOR							
NEW YORK, NY 10009	13-5564115	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
	10 00011110		20,000.	-			
BLACK WOMEN BUILD - BALTIMORE							
PO BOX 16564							
BALTIMORE, MD 21217	82-1982378	501(C)(3)	150,000.	0.			FOR GENERAL SUPPORT.
	1 22 22 23 76						
BMORE ARTISTS GUILD, INC							
1101 MAIDEN CHOICE LANE							
BALTIMORE, MD 21229	46-1542580	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
		, , . ,	= 1 , 1 2 3 4				
BOSTON COLLEGE							
140 COMMONWEALTH AVE							
CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
			25,550.	•			
BOYS & GIRLS CLUB OF STAMFORD							
347 STILLWATER AVE							
STAMFORD, CT 06902	06-0646911	501(C)(3)	23,500.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Schedule I (Form 990) INC.		COLLIGIVEE					06-1083893 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS CLUB OF NEW YORK							
PO BOX 3302							
NEW YORK, NY 10008	13-5591750	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
BRAIN & BEHAVIOR RESEARCH							
FOUNDATION - 747 THIRD AVENUE,							
33RD FLOOR - NEW YORK, NY 10017	31-1020010	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
DDAVID DVOVIGU DO DATE TWO							
BRAVE ENOUGH TO FAIL INC							
32 ASPETUCK VLG	45 2456000	501 (6) (2)	15.000	0			
NEW MILFORD, CT 06776	47-3476922	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
BRAZILIAN WORKER CENTER INC							
14 HARVARD AVE							
ALLSTON, MA 02134-1706	04-3273525	501(C)(3)	22,500.	0.			FOR GENERAL SUPPORT.
	01 32/3323	301(3)	22,300.	• • •			TON CHARME BOTTOM.
BRIDGEPORT CARIBE YOUTH LEADERS							
INC - 1067 PARK AVE - BRIDGEPORT,							
CT 06604	20-0421577	501(C)(3)	35,000.	0.			FOR GENERAL SUPPORT.
			1				-
BRIDGEPORT GENERATION NOW							
1119 MAIN ST							
BRIDGEPORT, CT 06604	81-4240436	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT HOSPITAL AUXILIARY							
267 GRANT AVE							
BRIDGEPORT, CT 06610	22-2908698	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT HOSPITAL FOUNDATION							
267 GRANT ST							
BRIDGEPORT, CT 06610	22-2908698	501(C)(3)	33,686.	0.			FOR GENERAL SUPPORT.
DDIDGEDODM DUDIIG EDUGAMION EURO							
BRIDGEPORT PUBLIC EDUCATION FUND							
446 UNIVERSITY AVE	06 1370303	E01/G\/3\	20 277	_			EOD CENEDAL GUDDODE
BRIDGEPORT, CT 06604	06-1379383	DOT(C)(3)	28,277.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

(a) Name and address of	(b) [IN]	(c) IRC section	(d) Amount of	(a) Amount of	(f) Mothad of	(a) Description of	(b) Dumass of such
(a) Name and address of organization or government	(b) EIN	if applicable	cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGEPORT RESCUE MISSION							
1088 FAIRFIELD AVE							
BRIDGEPORT, CT 06605	06-1362705	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
•			, -				
BRIDGEPORT ROTARY CLUB FOUNDATION,							
INC 16 CENTERVIEW DR - SHELTON,							
CT 06484	20-5655260	501(C)(3)	11,724.	0.			FOR GENERAL SUPPORT.
			-				
BRIGHAM AND WOMEN'S HOSPITAL							
116 HUNTINGTON AVE							
BOSTON, MA 02116	04-2312909	501(C)(3)	33,000.	0.			FOR GENERAL SUPPORT.
BUILDING NEIGHBORHOODS TOGETHER							
570 STATE ST							
BRIDGEPORT, CT 06604	22-2809353	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
BUILDING ONE COMMUNITY							
75 SELLECK STREET							
STAMFORD, CT 06902	27-5024317	501(C)(3)	400,000.	0.			FOR GENERAL SUPPORT.
BURROUGHS COMMUNITY CENTER							
2470 FAIRFIELD AVE	06 1419007	E01/G\/3\	27.000	0			HOD GENERAL GURRORM
BRIDGEPORT, CT 06605	06-1418097	501(C)(3)	27,000.	0.			FOR GENERAL SUPPORT.
CAJUN NAVY FOUNDATION							
4400A AMBASSADOR CAFFERY PKWY #342							
LAFAYETTE, LA 70508	81-3926021	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
	01 3720021		13,000.	0.			TON OUNDAME BOFFORT.
CALIFORNIA ASSOCIATION OF FOOD							
BANKS - 1624 FRANKLIN ST, STE 722							
- OAKLAND, CA 94612	68-0392816	501(C)(3)	153,969.	0.			FOR GENERAL SUPPORT.
,				•			
CAMP TLC							
2500 E. PALM CANYON DRIVE, 26							
PALM SPRINGS, CA 92264	22-3453810	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARDINAL SHEHAN CENTER							
1494 MAIN ST							
BRIDGEPORT, CT 06604	06-1101081	501(C)(3)	45,000.	0.			FOR GENERAL SUPPORT.
CARE							
PO BOX 1870							
MERRIFIELD, VA 22116	13-1685039	501(C)(3)	18,407.	0.			FOR GENERAL SUPPORT.
CAROLINE HOUSE, INC							
574 STILLMAN STREET							
BRIDGEPORT, CT 06608	06-1455101	501(C)(3)	11,500.	0.			FOR GENERAL SUPPORT.
CARVER FOUNDATION OF NORWALK INC							
7 ACADEMY ST							
NORWALK, CT 06850	06-0862072	501(C)(3)	84,500.	0.			FOR GENERAL SUPPORT.
	00 0002072	551(5)(5)	1 1,555.				TON OLINLINIE BOTTONT.
CATHOLIC CHARITIES OF FAIRFIELD							
COUNTY - 238 JEWETT AVE -							
BRIDGEPORT, CT 06606	06-0653053	501(C)(3)	47,000.	0.			FOR GENERAL SUPPORT.
CENTER FOR CHILDREN'S ADVOCACY							
211 STATE STREET							
BRIDGEPORT, CT 06604	06-1489575	501(C)(3)	37,500.	0.			FOR GENERAL SUPPORT.
<u>DAIDOLIONI, CI CCCCI</u>	00 1105575	301(0)(3)	37,300:	•			TOR CHARME BOTTORY.
CENTER FOR FAMILY JUSTICE, INC							
753 FAIRFIELD AVE							
BRIDGEPORT, CT 06604	06-0646991	501(C)(3)	72,000.	0.			FOR GENERAL SUPPORT.
CENTER FOR MUSICAL ARTS							
200 E BASELINE RD	04 0735716	E01/G\/3\	25 000	_			HOD GENEDAL GUDDOUT
LAFAYETTE, CO 80026	84-0735716	DUI(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
CENTRAL CONNECTICUT COAST YMCA							
1240 CHAPEL ST							
NEW HAVEN, CT 06511	06-0662195	501(C)(3)	237,316.	0.		1	FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other	455151811CE TO DOI	nesuc Organizations	and Domestic Go	verninents (SCN6	cuule i (FOIIII 990), Pa		1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAPMAN PARTNERSHIP							
1550 N MIAMI AVENUE							
MIAMI, FL 33136	65-0425069	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT.
•			1				-
CHARLEYS FUND, INC							
20 STOCKBRIDGE ROAD, SUITE #3							
GREAT BARRINGTON, MA 01230	20-2014968	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
CHARTER OAK CULTURAL CENTER							
21 CHARTER OAK AVENUE							
HARTFORD, CT 06106	06-1026597	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
CHILD ABUSE COUNCIL OF MUSKEGON							
COUNTY - 1781 PECK STREET -	20 0105001	501 (6) (2)	5 000	0			
MUSKEGON, MI 49441	38-2195091	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
CHILD AND FAMILY GUIDANCE CENTER							
180 FAIRFIELD AVE							
BRIDGEPORT, CT 06604	06-0669106	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
2.12.021.01.1, 01.0001	00 0003200	001(0)(0)	1,000.				Ton Sandania Bolloni.
CHILD GUIDANCE CENTER OF							
MID-FAIRFIELD COUNTY - 100 EAST							
AVE - NORWALK, CT 06851	06-0725052	501(C)(3)	125,000.	0.			FOR GENERAL SUPPORT.
CHILD GUIDANCE CENTER OF SOUTHERN							
CONNECTICUT - 103 WEST BROAD							
STREET - STAMFORD, CT 06902	06-0712058	501(C)(3)	78,100.	0.			FOR GENERAL SUPPORT.
_							
CHILDREN'S LEARNING CENTERS OF							
FAIRFIELD COUNTY, INC - 64 PALMERS							L
HILL RD - STAMFORD, CT 06902	06-0665191	501(C)(3)	92,286.	0.			FOR GENERAL SUPPORT.
CUDICE CUIDCU CDEPATA							
CHRIST CHURCH GREENWICH							
254 E PUTNAM AVE	06-0653366	501 (C) (3)	24 500	0.			EOD CENEDAT CURRORM
GREENWICH, CT 06830	06-0653266	ho1(c)(3)	34,500.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY CENTER DANBURY							
268 MAIN ST							
DANBURY, CT 06810	06-1290494	501(C)(3)	45,000.	0.			FOR GENERAL SUPPORT.
CITY LAX, INC							
65 WEST 89TH ST	00 4504466	504 (5) (0)					L
NEW YORK, NY 10024	20-4531166	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
CITY LIGHTS AND COMPANY							
130 ELM STREET							
BRIDGEPORT, CT 06604	20-5462244	501(C)(3)	34,697.	0.			FOR GENERAL SUPPORT.
CITY OF NORWALK							
125 EAST AVENUE, ROOM 202							
NORWALK, CT 06851	06-6011881	CITY OF NORWALK	25,000.	0.			FOR GENERAL SUPPORT.
GTWV GOVINGY TWG							
CITY SQUASH, INC PO BOX 619, FORDHAM STATION							
BRONX, NY 10458	42-1535583	501(C)(3)	21,000.	0.			FOR GENERAL SUPPORT.
DROWN, NT 10450	42 1333303	501(0)(3)	21,000.	0.			TON GENERAL BOTTONT.
CLASP HOMES, INC							
246 POST RD E							
WESTPORT, CT 06880	06-1074055	501(C)(3)	10,500.	0.			FOR GENERAL SUPPORT.
COALITION FOR RAINFOREST NATIONS							
52 VANDERBILT AVE, 14TH FL STE 1401	06 2004500	501/2)/2)					
NEW YORK, NY 10017	26-3221530	DUT(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
COLUMBIA UNIVERSITY							
622 WEST 113TH STREET, MC 4524							
NEW YORK, NY 10025	13-5598093	501(C)(3)	69,000.	0.			FOR GENERAL SUPPORT.
•			,				
COMMON GROUND							
358 SPRINGSIDE AVE							
NEW HAVEN, CT 06515	22-3171185	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dui	nestic Organizations	and Domestic Go	veriments (oche	Jac. 1 (1 01111 000), 1 a		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES OVERCOMING VIOLENT							
ENCOUNTERS - 906 E LUDINGTON AVE -							
LUDINGTON, MI 49431	38-2243550	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
,			,				
COMMUNITY CENTERS, INC OF							
GREENWICH - 2 ST ROCH AVENUE, 2ND							
FL GREENWICH, CT 06830	06-0703570	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
COMMUNITY FOUNDATION BOULDER							
COUNTY - 1123 SPRUCE STREET -							
BOULDER, CO 80302	84-1171836	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
COMMINITARY ELIND OF DARLEN							
COMMUNITY FUND OF DARIEN 30 OLD KINGS HIGHWAY SOUTH							
DARIEN, CT 06820	06-0737286	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT.
DIRELLIN, CI 00020	00 0/3/200	551(0)(3)	7,000.	0.			TON GENERAL BUFFORT.
COMMUNITY MINDFULNESS PROJECT							
PO BOX 1713							
NEW CANAAN, CT 06840	81-0944116	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
•			,	-			
CONGREGATION B'NAI ISRAEL							
2710 PARK AVENUE							
BRIDGEPORT, CT 06604	06-0653159	501(C)(3)	9,558.	0.			FOR GENERAL SUPPORT.
CONNECT US, INC							
855 MAIN STREET, 10TH FLOOR							
BRIDGEPORT, CT 06604	38-4043924	501(C)(3)	112,100.	0.			FOR GENERAL SUPPORT.
CONNECUTCUM AUDUDON COCTEMY							
CONNECTICUT AUDUBON SOCIETY							
314 UNQUOWA RD FAIRFIELD, CT 06824	06-0653531	501(C)(3)	121,000.	0.			FOR GENERAL SUPPORT.
AIRFIELD, CI 00024	00-0033331	501(0/(3/	121,000.	0.			FOR GENERAL SUFFORT.
CONNECTICUT BAR FOUNDATION							
31 PRATT ST STE 420							
HARTFORD, CT 06103	06-6079763	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance assistance (book, FMV, appraisal, other) CONNECTICUT COUNCIL FOR PHILANTHROPY - 75 CHARTER OAK AVE 23-7024016 501(C)(3) 0. STE 1-205 - HARTFORD, CT 06106 70,150 FOR GENERAL SUPPORT. CONNECTICUT FOODSHARE 2 RESEARCH PKWY 06-1063025 501(C)(3) 0. FOR GENERAL SUPPORT. WALLINGFORD, CT 06492 63,500 CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD NEWINGTON, CT 06111 06-0667605 501(C)(3) 51,500 0. FOR GENERAL SUPPORT. CONNECTICUT INSTITUTE FOR REFUGEES AND IMMIGRANTS - 670 CLINTON AVE -06-0669118 501(C)(3) 0. FOR GENERAL SUPPORT. BRIDGEPORT, CT 06605 56,500. CONNECTICUT LEGAL SERVICES, INC 62 WASHINGTON ST 06-0955461 501(C)(3) MIDDLETOWN, CT 06457 162,510. 0. FOR GENERAL SUPPORT. CONNECTICUT VETERANS LEGAL CENTER 114 BOSTON POST ROAD, GROUND FLOOR WEST HAVEN, CT 06516 27-0963659 501(C)(3) 15,000 0. FOR GENERAL SUPPORT. CONNECTICUT WORKER CENTER 1067 PARK AVE BRIDGEPORT, CT 06604 83-4260663 501(C)(3) 25 000 0. FOR GENERAL SUPPORT. CORNERSTONE COMMUNITY FOUNDATION 718 WEST AVENUE NORWALK, CT 06850 85-3724398 501(C)(3) 20,000. 0. FOR GENERAL SUPPORT. COS COB VOLUNTEER FIRE DEPARTMENT 200 POST ROAD 06-6064017 501(C)(3) 0. COS COB, CT 06807 35,326. FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OUNCIL OF CHURCHES OF GREATER							
BRIDGEPORT - 1718 CAPITOL AVENUE -							
BRIDGEPORT, CT 06604	06-0647008	501(C)(3)	18,062.	0.			FOR GENERAL SUPPORT.
·							
COVENANT HOUSE INTERNATIONAL							
TIMES SQUARE STATION, PO BOX 731							
NEW YORK, NY 10108	13-2725416	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
CREATIVE VISIONS FOUNDATION							
18820 PACIFIC COAST HWY	30 100001	F01/G1/21	100 000	_			HOD GHANDAI GUARAGE
MALIBU, CA 90265	39-1902814	DUI(C)(3)	100,000.	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.
BRIDGEFORT, CT 00003	43 3333007	301(0/(3/	25,000.	0.			FOR GENERAL BUTTORT.
CT QUEST FOR PEACE							
PO BOX 356							
GEORGETOWN, CT 06829	26-4439286	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
,			, -				-
CTDATA COLLABORATIVE							
10 CONSTITUTION PLAZA							
HARTFORD, CT 06103	45-2841472	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
					-		
CUREDUCHENNE							
1400 QUAIL ST, STE 110							
NEWPORT BEACH, CA 92660	20-0299958	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
avan ma a va a va a va a va a va a va a							
CURTAIN CALL							
1349 NEWFIELD AVE	0.0.10.1.1.1	E04 (E) (D)		_			
STAMFORD, CT 06905	06-1343144	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT.
DAMASCUS CITIZENS FOR							
SUSTAINABILITY - P.O. BOX 147 -							
MILANVILLE, PA 18443	26-2951372	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
HILLIA I TO TO TO TO	1 20 2931372	Po+(C/(J/	20,000.	٥.			TON GENERAL BUFFORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go		1		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANBURY ANIMAL WELFARE SOCIETY							
147 GRASSY PLAIN ST							
BETHEL, CT 06801	06-0945388	501(C)(3)	602,500.	0.			FOR GENERAL SUPPORT.
DANBURY GRASSROOTS ACADEMY							
196 MAIN ST							
DANBURY, CT 06810	20-4929313	501(C)(3)	16,000.	0.			FOR GENERAL SUPPORT.
DANBURY YOUTH SERVICES, INC							
91 WEST STREET							
DANBURY, CT 06810	06-0878252	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
DARTMOUTH COLLEGE							
6132 MCNUTT HALL, ROOM 103							
HANOVER, NH 03755	02-0222111	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
DEEPER STILL MISSIONS, INC							
P.O. BOX 343370	06 2016004	F01/91/21	20.000	0			
BARTLETT, TN 38133	26-3816224	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
DISCOVERY MUSEUM, INC.							
4450 PARK AVE							
BRIDGEPORT, CT 06604	06-0740527	501(C)(3)	21,000.	0.			FOR GENERAL SUPPORT.
DOCTORS WITHOUT BORDERS							
PO BOX 5030							
HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	12,500.	0.			FOR GENERAL SUPPORT.
DOMESTIC VIOLENCE CRISIS CENTER							
1111 SUMMER STREET, SUITE 203	06 1057256	E01/G\/3\	40.300	_			HOD GENERAL GURDOSS
STAMFORD, CT 06905	06-1057356	DUI(C)(3)	48,399.	0.			FOR GENERAL SUPPORT.
DOMUS KIDS INC							
83 LOCKWOOD AVE			_				
STAMFORD, CT 06902	06-0891998	501(C)(3)	596,123.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Schedule I (Form 990) INC.							6-1083893 Pa
Part II Continuation of Grants and Other	er Assistance to Dor	nestic Organizations	and Domestic Go	overnments (Scho	edule I (Form 990), Pa T	rt II.) T	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OONORSCHOOSE.ORG							
PO BOX 7247							
PHILADELPHIA, PA 19170	13-4129457	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
,			, ,	-			-
DOWNTOWN DE PERE INC							
117 N WISCONSIN ST							
DE PERE, WI 54115	45-5282625	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
DURHAM ACADEMY							
3601 RIDGE ROAD	56 0530010	501/61/21	10.000	_			
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)	21,000.	0.			FOR GENERAL SUPPORT.
,			,				
EDUCATE2ENVISION INTERNATIONAL							
PO BOX 223							
SAN LEANDRO, CA 94577	27-2998868	501(C)(3)	116,200.	0.			FOR GENERAL SUPPORT.
EDUCATORS FOR EXCELLENCE							
115 BOSTON AVE							
BRIDGEPORT, CT 06610	27-3382030	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
EL PUEBLO UNIDO							
131 MONICA ROAD							
GREENWICH, CT 06831	84-3950009	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
Manufell, el 00031	04 3330003	301(0)(3)	23,000.	· ·			TOK GENERAL BOTTOKT.
ELDERHOUSE							
7 LEWIS ST							
NORWALK, CT 06851	06-0963343	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
EMORY UNIVERSITY							
300 BOISFEUILLET JONES CENTER							
ATLANTA, GA 30322	58-0566256	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Doi	liestic Organizations	dia Domestic de	verninents (cond	5 dale 1 (1 61111 666), 1 d		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOTIONS MATTER, INC							
PO BOX 7642							
GARDEN CITY, NY 11530	81-1204538	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
ENCOURAGE KIDS FOUNDATION							
1560 BROADWAY	12 244224	504 (5) (0)	1				L
NEW YORK, NY 10036	13-3442216	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
ENGLISH LEARNER SUPPORT SERVICES							
OF FAIRFIELD COUNTY - 65 HIGH							
RIDGE RD - STAMFORD, CT 06905	81-4354687	501(C)(3)	9,000.	0.			FOR GENERAL SUPPORT.
,			,				
ENVIRONMENTAL DEFENSE FUND - NYC							
257 PARK AVE S							
NEW YORK, NY 10010	11-6107128	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
EVANS SCHOLARS FOUNDATION							
2501 PATRIOT BOULEVARD							
GLENVIEW, IL 60026-8022	36-2865979	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT.
FAIRFIELD COLLEGE PREPARATORY							
SCHOOL - 1073 N BENSON RD -							
FAIRFIELD, CT 06824-5157	06-0646623	501(C)(3)	54,131.	0.			FOR GENERAL SUPPORT.
•			,				
FAIRFIELD COUNTY 4-H							
67 STONY HILL ROAD							
BETHEL, CT 06801	47-3806389	501(C)(3)	7,500.	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							
P.O. BOX 320455	06.0646500	501/61/21	10.000				
FAIRFIELD, CT 06825	06-0646623	DOT(C)(3)	10,900.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITHACTS FOR EDUCATION							
857 POST ROAD							
FAIRFIELD, CT 06824	47-2150020	501(C)(3)	14,200.	0.			FOR GENERAL SUPPORT.
FAMILY AND CHILDREN'S AID							
75 WEST ST							
DANBURY, CT 06810	06-0888719	501(C)(3)	20,500.	0.			FOR GENERAL SUPPORT.
FAMILY & CHILDREN'S AGENCY							
9 MOTT AVE							
NORWALK, CT 06850	06-0970985	501(C)(3)	104,000.	0.			FOR GENERAL SUPPORT.
NORMALIN, CI 00030	00 0370303	301(0)(3)	101,000.	0.			TON CHIMINI BOTTONT.
FAMILY CENTERS, INC							
40 ARCH ST							
GREENWICH, CT 06830	06-0646656	501(C)(3)	22,980.	0.			FOR GENERAL SUPPORT.
,,							
FAMILY REENTRY							
75 WASHINGTON AVENUE							
BRIDGEPORT, CT 06604	04-3461434	501(C)(3)	8,500.	0.			FOR GENERAL SUPPORT.
,			,				
FEDERATION OF VIRGINIA FOOD BANKS							
1415 RHOADMILLER ST							
RICHMOND, VA 23220	54-1388664	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
FEEDING NEW YORK STATE							
25 ELK STREET							
ALBANY, NY 12207	20-2555423	501(C)(3)	100,014.	0.			FOR GENERAL SUPPORT.
FERGUSON LIBRARY							
1 PUBLIC LIBRARY PLAZA							
STAMFORD, CT 06904	06-0646528	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
FILLING IN THE BLANKS, INC							
346 MAIN AVE., SUITE 3A							
NORWALK, CT 06851	46-4980002	L	7,168.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FILM INDEPENDENT, INC							
5670 WILSHIRE BLVD 9TH FL							
LOS ANGELESE, CA 90036	95-3943485	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT.
·							
FIRST PRESBYTERIAN CHURCH OF NEW							
CANAAN - 178 OENOKE RIDGE ROAD -							
NEW CANAAN, CT 06840	06-0885172	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT.
FIVE FROGS, INC							
357 COMMERCE DRIVE	01 2272201	E01/G\/3\	266 000	_			EOD GENEDAL GUDDODE
FAIRFIELD, CT 06825	81-3273201	DOT(C)(2)	266,000.	0.			FOR GENERAL SUPPORT.
FOOD RESCUE US							
1127 HIGH RIDGE RD STE 338							
STAMFORD, CT 06905	27-4486556	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
FREE ARTS FOR ABUSED CHILDREN OF			,				
NEW YORK CITY, INC 1431							
BROADWAY 8TH FL - NEW YORK, NY							
10018	13-3958495	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
FRIENDS OF THE FERGUSON LIBRARY							
1 PUBLIC LIBRARY PLZ							
STAMFORD, CT 06904	06-1027077	501(C)(3)	56,769.	0.			FOR GENERAL SUPPORT.
EDIENDO OF MUE GEGOND COMPANY							
FRIENDS OF THE SECOND COMPANY GOVERNOR'S HORSE GUARD - 4							
WILDLIFE DRIVE - NEWTOWN, CT 06470	22-2786804	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
MIDDLIE DRIVE - MEMICWM, CI 004/0	22-2700004	501(0/(3/	10,000.	0.			FOR GENERAL SUFFORT.
FRIENDSHIP CIRCLE OF CONNECTICUT							
1074 HOPE STREET SUITE 201							
STAMFORD, CT 06907	26-1093886	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
,		,	= 1, 111				
FULL CIRCLE YOUTH EMPOWERMENT INC							
583-585 E MAIN ST							
BRIDGEPORT, CT 06608	83-1203756	501(C)(3)	13,500.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	π II.) Τ	Ī
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUND FOR WOMEN'S EQUALITY, INC							
1 THOMAS CIR STE 700							
WASHINGTON, DC 20005	47-1180199	501(C)(3)	150,000.	0.			FOR GENERAL SUPPORT.
,			,				
FUSION PARTNERSHIPS, INC							
1601 GUILFORD AVE 2 SOUTH							
BALTIMORE, MD 21202	52-2148413	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
FUTURE 5							
135 ATLANTIC ST							
STAMFORD, CT 06902	46-2986201	501(C)(3)	17,000.	0.			FOR GENERAL SUPPORT.
GIRL SCOUTS OF CONNECTICUT							
340 WASHINGTON ST							
HARTFORD, CT 06106	06-0662134	501(C)(3)	35,000.	0.			FOR GENERAL SUPPORT.
GIRLS WITH IMPACT							
15 E. PUTNAM AVE #276							
GREENWICH, CT 06830	83-1742762	501(C)(3)	17,500.	0.			FOR GENERAL SUPPORT.
a							
GIVEDIRECTLY, INC							
PO BOX 3221	27 1661007	F01/G1/21	20.000	0			HOD GENERAL GURRORE
NEW YORK, NY 10008	27-1661997	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
GRACE FARMS FOUNDATION, INC.							
365 LUKES WOOD ROAD							
NEW CANAAN, CT 06840	27-1401401	501(C)(3)	22,000.	0.			FOR GENERAL SUPPORT.
IIII CIMILLI, CI 00040	27 1401401	501(0)(3)	22,000.	0.			TON GENERAL BUFFORT.
GRAMBLING UNIVERSITY FOUNDATION,							
INC - PO BOX 587 - GRAMBLING, LA							
71245	05-0624523	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
·	03 0021323		23,300.				John School Stroker
GREATER BOSTON FOOD BANK, INC							
70 SOUTH BAY AVENUE							
BOSTON, MA 02118	04-2717782	E01/C)/2)	100,014.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sche	edule i (Form 990), Pa	π II.) Τ	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER BRIDGEPORT SYMPHONY							
SOCIETY - 446 UNIVERSITY AVE -							
BRIDGEPORT, CT 06604	06-6012460	501(C)(3)	7,168.	0.			FOR GENERAL SUPPORT.
			7,200				
GREATER CHICAGO FOOD DEPOSITORY							
4100 W ANN LURIE PL							
CHICAGO, IL 60632	36-2971864	501(C)(3)	100,014.	0.			FOR GENERAL SUPPORT.
			,				
GREATER FAIRFIELD COUNTY							
FOUNDATION - 65 HIGH RIDGE RD -							
STAMFORD, CT 06905	27-3151846	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT.
GREATER FRAMINGHAM COMMUNITY							
CHURCH - PO BOX 629 - FRAMINGHAM,							
MA 01704	04-3203768	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
GREEN VILLAGE INITIATIVE, INC							
135 CLARENCE STREET	0.5.4.4000.5.4	504 (5) (0)					
BRIDGEPORT, CT 06608	27-1439954	501(C)(3)	48,000.	0.			FOR GENERAL SUPPORT.
GREENFIELD HILL CONGREGATIONAL							
CHURCH - 1045 OLD ACADEMY RD -							
FAIRFIELD, CT 06824	06-6012213	501(C)(3)	6,700.	0.			FOR GENERAL SUPPORT.
TAIRFIELD, CI 00024	00 0012213	501(0/(5/	0,700.	0.			FOR GENERAL SOFFORT.
GREENS FARMS ACADEMY							
35 BEACHSIDE AVE							
WESTPORT, CT 06880	06-0733693	501(C)(3)	31,000.	0.			FOR GENERAL SUPPORT.
•			1				
GREENWICH ALLIANCE FOR EDUCATION							
48 MAPLE AVE							
GREENWICH, CT 06830	20-4356460	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT.
GREENWICH CENTER FOR HOPE &							
RENEWAL - 237 TACONIC RD -							
GREENWICH, CT 06831	20-5770507	501(C)(3)	9,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other A]		,		,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REENWICH COUNTRY DAY SCHOOL							
P.O. BOX 623							
GREENWICH, CT 06836	06-0646657	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
,			,				
GREENWICH EMERGENCY MEDICAL							
SERVICES, INC - 1111 EAST PUTNAM							
AVE - RIVERSIDE, CT 06878	22-2721171	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
GREENWICH SCHOLARSHIP ASSOCIATION							
PO BOX 4627							
GREENWICH, CT 06831	06-1467698	501(C)(3)	282,624.	0.			FOR GENERAL SUPPORT.
analimpilana prinancas							
GROUNDWORK BRIDGEPORT							
1001 MAIN ST	06 1556040	E01/G)/2)	33 500	_			EOD GENEDAL GUDDODE
BRIDGEPORT, CT 06604	06-1556949	DOT(C)(3)	33,500.	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.
HABITAT FOR HUMANITY INTERNATIONAL							
322 WEST LAMAR STREET							
AMERICUS, GA 31709	91-1914868	501(C)(3)	166,500.	0.			FOR GENERAL SUPPORT.
HALL NEIGHBORHOOD HOUSE							
52 GEORGE E PIPKINS WAY							
BRIDGEPORT, CT 06604	06-0676851	501(C)(3)	22,500.	0.			FOR GENERAL SUPPORT.
HANDEL AND HAYDN SOCIETY							
9 HARCOURT STREET	04 0405555	501 (7) (2)	10.00				
BOSTON, MA 02116	04-2126598	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
UNDMEADD FAIRIDAMIAN FOR BURITA							
HARTFORD FOUNDATION FOR PUBLIC							
GIVING - 10 COLUMBUS BLVD 8TH FL - HARTFORD, CT 06106	06-0699252	501(C)(3)	6,642.	0.			FOR GENERAL SUPPORT.
IMMITOND, CI 00100	00-0099232	Por(C)(3)	0,042.	٥.			FOR GENERAL BUFFORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTFORD HEALTHCARE AT HOME							
765 FAIRFIELD AVE							
BRIDGEPORT, CT 06604	06-0646938	501(C)(3)	9,759.	0.			FOR GENERAL SUPPORT.
,			, -				
HEART AND ARMOR FOUNDATION							
700 HARRIS STREET							
CHARLOTTESVILLE, VA 22903	82-4502174	501(C)(3)	125,000.	0.			FOR GENERAL SUPPORT.
HEDGE FUNDS CARE							
106 W. 32ND STREET, 2ND FLOOR							
NEW YORK, NY 10001	43-1959796	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
HELP FOR KIDS							
141 FRANKLIN ST	0.5 4.000440	504 (5) (0)	05.000				L
STAMFORD, CT 06901	06-1398440	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
HIGH SCHOOL SCHOLARSHIP FOUNDATION							
OF FAIRFIELD - PO BOX 682 -							
FAIRFIELD, CT 06824	06-1273415	501(C)(3)	13,429.	0.			FOR GENERAL SUPPORT.
	00 12,3113	301(0)(3)	13,123.				TON GENERAL BOTTONT.
HILLSIDE FOOD OUTREACH, INC							
4 EAGLE ROAD							
DANBURY, CT 06810	01-0712431	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
HISTORICAL SOCIETY OF THE TOWN OF							
GREENWICH - 47 STRICKLAND RD - COS							
СОВ, СТ 06807	06-6036049	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
HOLY FAMILY CATHOLIC CHURCH							
24 POPE AVE							
HILTON HEAD, SC 29928	57-0644999	501(C)(3)	5,503.	0.			FOR GENERAL SUPPORT.
HOMES FOR THE BRAVE							
655 PARK AVE	06 1520511	E01/G)/3)	22.000	_			HOD GENERAL GURRORE
BRIDGEPORT, CT 06604	06-1520511	DOT(C)(2)	22,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
					appraisal, other)		
HOMES WITH HOPE							
PO BOX 631							
WESTPORT, CT 06880	22-2534326	501(C)(3)	29,500.	0.			FOR GENERAL SUPPORT.
HOOAH INC							
5753 HWY 85N #1198							
CRESTVIEW, FL 32536	80-0723506	501/C\/3\	10,000.	0.			FOR GENERAL SUPPORT.
CRESIVIEW, FE 32330	00-0723300	501(0)(3)	10,000.	0.			FOR GENERAL SUFFORI.
HOPKINS SCHOOL							
986 FOREST RD							
NEW HAVEN, CT 06515-2501	06-0646674	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT.
·			, ,				
HORIZONS AT BRUNSWICK SCHOOL							
100 MAHER AVENUE							
GREENWICH, CT 06830	06-0646562	501(C)(3)	13,000.	0.			FOR GENERAL SUPPORT.
HORIZONS AT GREENS FARMS ACADEMY							
35 BEACHSIDE AVENUE							
GREENS FARMS, CT 06838-0998	06-0733693	501(C)(3)	54,000.	0.			FOR GENERAL SUPPORT.
HORIZONS AT NEW CANAAN COUNTRY							
SCHOOL - 635 FROGTOWN RD - NEW	06 0646765	E01/G\/3\	120 500	0			EOD GENEDAL GUDDODE
CANAAN, CT 06840	06-0646765	DUI(C)(3)	120,500.	0.			FOR GENERAL SUPPORT.
HORIZONS AT NORWALK COMMUNITY							
COLLEGE - PO BOX 244 - NORWALK, CT							
06853	81-4133542	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
	31 4133342	551(5)(5)	20,000.	0.			TON COMMINION BOTTONT.
HORIZONS AT SACRED HEART							
UNIVERSITY - 5151 PARK AVE -							
FAIRFIELD, CT 06825	06-0776644	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
,		,	,,,,,,,,				
HORIZONS NATIONAL							
120 POST RD W							
WESTPORT, CT 06880	06-1468129	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

(a) Name and address of	(b) EIN (c) IRC sectio	(c) IBC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(6) EIIV	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
HOUSATONIC COMMUNITY COLLEGE							
FOUNDATION - 900 LAFAYETTE BLVD -							
BRIDGEPORT, CT 06604-4704	06-1291848	501(C)(3)	137,500.	0.			FOR GENERAL SUPPORT.
HOUSATONIC VALLEY ASSOCIATION, INC							
PO BOX 28							
CORNWALL BRIDGE, CT 06754	06-6049295	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
HUNTER COLLEGE FOUNDATION							
695 PARK AVE							
NEW YORK, NY 10065	13-3598671	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
,			, -				
ICE HOCKEY IN HARLEM							
153 E 110TH STREET							
NEW YORK, NY 10029	13-3577519	501(C)(3)	5,300.	0.			FOR GENERAL SUPPORT.
IDAHO CONSERVATION LEAGUE							
PO BOX 844	00 6040470	F01/G1/21	11 630	0			HOD GHNHDAI GUDDODH
BOISE, ID 83701	82-6042478	501(C)(3)	11,639.	0.			FOR GENERAL SUPPORT.
IDAHO FOODBANK							
3630 E COMMERCIAL CT							
MERIDIAN, ID 83642	82-0425400	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
IDEAL SCHOOL OF MANHATTAN							
314 WEST 91ST STREET							
NEW YORK, NY 10024	76-0800603	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
TIMITODANIII TIIGIITOO GODDG							
IMMIGRANT JUSTICE CORPS							
17 BATTERY PLACE, SUITE 1234	46-4879076	E01/G\/3\	350 000	_			EOD GENEDAL GUDDODE
NEW YORK, NY 10004	40-48/90/6	DOT(C)(2)	250,000.	0.			FOR GENERAL SUPPORT.
IMPACT FAIRFIELD COUNTY							
PO BOX 7666							
GREENWICH, CT 06836	47-2770533	501(C)(3)	6,500.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance assistance (book, FMV, appraisal, other) INNER-CITY SCHOLARSHIP FUND 1011 FIRST AVE 51-0453629 501(C)(3) 12,700 0. FOR GENERAL SUPPORT. NEW YORK, NY 10022-4134 INSPIRICA, INC 141 FRANKLIN ST STAMFORD, CT 06901 06-1172535 501(C)(3) 102,761 0. FOR GENERAL SUPPORT. INTEMPO 58 CHURCH ST STAMFORD, CT 06906 90-0725572 501(C)(3) 94,500 0. FOR GENERAL SUPPORT. INTERNATIONAL JUSTICE MISSION PO BOX 96961 54-1722887 501(C)(3) 0. FOR GENERAL SUPPORT. WASHINGTON, DC 20090 6,000. INTERNATIONAL RESCUE COMMITTEE PO BOX 6068 13-5660870 501(C)(3) 11,000. ALBERT LEA, MN 56007 0. FOR GENERAL SUPPORT. INTERNATIONAL SENIOR LAWYERS PROJECT - 110 WEST 40TH STREET -52-2241212 501(C)(3) NEW YORK, NY 10018 10,000 0. FOR GENERAL SUPPORT. IRIS - INTEGRATED REFUGEE & IMMIGRANT SERVICES - 235 NICOLL STREET - NEW HAVEN, CT 06511 06-0653044 501(C)(3) 10,000 0. FOR GENERAL SUPPORT. ITALIAN CENTER OF STAMFORD, INC. 1620 NEWFIELD AVENUE STAMFORD, CT 06905 06-0646684 501(C)(3) 20,000. 0. FOR GENERAL SUPPORT. IWILGO PO BOX 893 PHOENIX, AZ 85001 81-1950620 501(C)(3) 0. 12,000. FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JAZZREACH PERFORMING ARTS &							
EDUCATION - 45 MAIN ST - BROOKLYN,							
NY 11201	11-3179208	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
JESUIT REFUGEE SERVICE							
1627 K STREET, NW							
WASHINGTON, DC 20006	52-1355257	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
JEWISH SENIOR SERVICES FOUNDATION							
4200 PARK AVE							
BRIDGEPORT, CT 06604	06-0846991	501(C)(3)	15,260.	0.			FOR GENERAL SUPPORT.
,							
JOB OPPORTUNITIES TASK FORCE							
201 N. CHARLES STREET							
BALTIMORE, MD 21201	52-2278450	501(C)(3)	106,406.	0.			FOR GENERAL SUPPORT.
KALAMAZOO VALLEY COMMUNITY COLLEGE							
FOUNDATION - 6767 W O AVE -							
KALAMAZOO, MI 49009-7402	38-2307720	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
VENDUCKY COADD INTVENCION							
KENTUCKY STATE UNIVERSITY							
FOUNDATION INC - PO BOX 4210 -	23-7351574	E01/G)/3)	25,000.	0.			HOD GENTEDAL GUDDODE
FRANKFORT, KY 40604	23-7331374	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
KEYS, INC							
PO BOX 532							
NEW CANAAN, CT 06840	20-4846463	501(C)(3)	27,000.	0.			FOR GENERAL SUPPORT.
,			, ,				
KIDS HELPING KIDS							
347 STILLWATER AVE							
STAMFORD, CT 06902	27-1224284	501(C)(3)	14,500.	0.			FOR GENERAL SUPPORT.
KIDS IN CRISIS, INC							
1 SALEM ST							
COS COB, CT 06807	06-1027885	501(C)(3)	29,794.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance assistance (book, FMV, appraisal, other) KLEIN MEMORIAL AUDITORIUM FOUNDATION - 910 FAIRFIELD AVE -BRIDGEPORT, CT 06605 06-1474233 501(C)(3) 25,000 0. FOR GENERAL SUPPORT. KOREAN AMERICAN ASSOCIATION OF GREATER NEW YORK INC - 149 WEST 24TH STREET - NEW YORK, NY 10011 23-7329822 501(C)(3) 0. FOR GENERAL SUPPORT. 50,000 LAKE WARAMAUG TASK FORCE, INC 50 CEMETERY ROAD WARREN, CT 06754 06-1063687 501(C)(3) 6,500 0. FOR GENERAL SUPPORT. LESBIAN, GAY, BISEXUAL & TRANSGENDER COMMUNITY CENTER - 208 13-3217805 501(C)(3) 0 FOR GENERAL SUPPORT. W 13TH ST - NEW YORK, NY 10011 50,000 LIBERATION PROGRAMS, INC 339 WEST AVENUE 06-0867006 501(C)(3) BRIDGEPORT, CT 06604 7,000. 0. FOR GENERAL SUPPORT. LIFEBRIDGE COMMUNITY SERVICES 475 CLINTON AVE 06-0646974 501(C)(3) BRIDGEPORT, CT 06605 112,948, 0. FOR GENERAL SUPPORT. LIFTING UP WESTCHESTER 35 ORCHARD STREET 13-3121606 501(C)(3) 11,000. WHITE PLAINS, NY 10603 0. FOR GENERAL SUPPORT. LIVEGIRL 237 ELM STREET NEW CANAAN, CT 06878 81-0872133 501(C)(3) 21,000. 0. FOR GENERAL SUPPORT. LONG ISLAND COMMUNITY FOUNDATION 909 WALT WHITMAN RD MELVILLE, NY 11747 13-6089923 501(C)(3) 0. 25,000. FOR GENERAL SUPPORT.

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(a) Description of	(h) Durages of great
		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OST TREE VILLAGE CHARITABLE							
FOUNDATION - 8 CHURCH LANE - NORTH							
PALM BEACH, FL 33408	59-2104920	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
LOUISIANA HOSPITALITY FOUNDATION							
PO BOX 24046							
NEW ORLEANS, LA 70184	20-4728582	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT.
LOUNSBURY HOUSE							
316 MAIN STREET	06 0601000	E01/91/21	6 000	0			
RIDGEFIELD, CT 06877	06-0691290	501(C)(3)	6,089.	0.			FOR GENERAL SUPPORT.
LUCKY DOG REFUGE							
36 PULASKI STREET							
STAMFORD, CT 06902	84-4146698	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
,			, -				-
MAKE THE ROAD NEW YORK							
301 GROVE ST							
BROOKLYN, NY 11237	11-3344389	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT.
MAKE THE ROAD STATES INC							
301 GROVE ST	84-3988830	501/C\/3\	30,000.	0.			FOR GENERAL SUPPORT.
BROOKLYN, NY 11237-5664	04-3900030	501(0)(3)	30,000.	0.			FOR GENERAL SUFFORT.
MAKE-A-WISH FOUNDATION OF							
CONNECTICUT - 56 COMMERCE DRIVE -							
FRUMBULL, CT 06611-1300	22-2710919	501(C)(3)	8,702.	0.			FOR GENERAL SUPPORT.
·			, ,	-			
MALTA HOUSE							
139 WEST ROCKS ROAD							
EAST NORWALK, CT 06851	06-1604710	501(C)(3)	16,500.	0.			FOR GENERAL SUPPORT.
MAD INTERNATIONAL							
MAP INTERNATIONAL 4700 GLYNCO PARKWAY							
BRUNSWICK, GA 31525	36-2586390	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARITIME AQUARIUM AT NORWALK							
LO N WATER ST							
NORWALK, CT 06854	06-1062912	501(C)(3)	35,000.	0.			FOR GENERAL SUPPORT.
MARK TWAIN LIBRARY							
439 REDDING RD							
REDDING, CT 06896	06-0776655	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.
MARY & ELIZA FREEMAN CENTER							
1019 MAIN ST., STE. 210							
BRIDGEPORT, CT 06604	27-1427856	501(C)(3)	11,500.	0.			FOR GENERAL SUPPORT.
·			·				
MARYLAND FOOD BANK, INC							
PO BOX 17379							
BALTIMORE, MD 21297	52-1135690	501(C)(3)	218,954.	0.			FOR GENERAL SUPPORT.
MAGTIPHEN GONGONITHE GENTER							
MCGIVNEY COMMUNITY CENTER PO BOX 5220							
BRIDGEPORT, CT 06610	22-3059815	501 (C) (3)	25,000.	0.			FOR GENERAL SUPPORT.
BRIDGEFORT, CT 00010	22 3033013	501(0/(5/	25,000.	· ·			FOR GENERAL BUTTORI.
MEMORIAL SLOAN-KETTERING CANCER							
CENTER - PO BOX 27106 - NEW YORK,							
NY 10087-7106	91-2154267	501(C)(3)	34,428.	0.			FOR GENERAL SUPPORT.
MERCY LEARNING CENTER OF							
BRIDGEPORT, INC - 637 PARK AVE							
BRIDGEPORT, CT 06604	22-2859879	501(C)(3)	33,918.	0.			FOR GENERAL SUPPORT.
METROPOLITAN GOLF ASSOCIATION							
FOUNDATION - 49 KNOLLWOOD RD -							
ELMSFORD, NY 10523	13-6100835	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
	13 3233033		25,500.	••			
MICHAEL J. FOX FOUNDATION							
PO BOX 5014							
HAGERSTOWN, MD 21741	13-4141945	501(C)(3)	26,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Doi	nestic Organizations	and Domestic Go	vernments (Sche	edule i (Form 990), Pa	π II.) Τ	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDDLEBURY COLLEGE							
700 EXCHANGE STREET							
MIDDLEBURY, VT 05753	03-0179298	501(C)(3)	12,500.	0.			FOR GENERAL SUPPORT.
MILL RIVER PARK COLLABORATIVE							
1010 WASHINGTON BLVD	0.5 4505.40	504 (5) (0)					L
STAMFORD, CT 06901	06-1507648	501(C)(3)	79,500.	0.			FOR GENERAL SUPPORT.
MISS HALL'S SCHOOL							
492 HOLMES RD							
PITTSFIELD, MA 01202	04-2104273	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
MISSION							
PO BOX 566				_			
SOUTHPORT, CT 06890	20-2777748	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
MISSISSIPPI PRISON CHAPEL							
FOUNDATION, INC - 1888 MAIN ST STE							
C #279 - MADISON, WI 39110	85-2821349	501(C)(3)	45,000.	0.			FOR GENERAL SUPPORT.
,							•
MONTANA LAND RELIANCE							
PO BOX 355							
HELENA, MT 59624	81-0369262	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
MS. PRESIDENT US INC.							
PO BOX 238	82-2508937	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
RIDGEFIELD, CT 06877	02-2300937	501(0)(3)	20,000.	0.			FOR GENERAL SUFFORT.
MULTIPLE MYELOMA RESEARCH							
FOUNDATION - P.O. BOX 414238 -							
BOSTON, MA 02241-4238	06-1504413	501(C)(3)	35,000.	0.			FOR GENERAL SUPPORT.
MULTIPLE SCLEROSIS ASSOCIATION OF							
AMERICA - 375 KINGS HIGHWAY NORTH							
- CHERRY HILL, NJ 08034	22-1912812	501(C)(3)	6,136.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Schedule I (Form 990) INC.				•			06-1083893 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSTS HAVEN THE							
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)	5,500.	0.			FOR GENERAL SUPPORT.
MUSICARES							
3030 OLYMPIC BLVD.							
SANTA MONICA, CA 90404	95-4470909	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
NATIONAL CENTER FOR THE							
IMPROVEMENT OF EDUCATIONAL							
ASSESSMENT - 31 MOUNT VERNON							
STREET - DOVER, NH 03820	02-0501917	501(C)(3)	38,000.	0.			FOR GENERAL SUPPORT.
NATIONAL PSORIASIS FOUNDATION							
6600 SW 92ND AVE	00 0554450	504 (5) (0)	10.000				
PORTLAND, OR 97223-7195	93-0571472	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
NEAR & FAR AID ASSOCIATION, INC							
PO BOX 717							
SOUTHPORT, CT 06890-1710	23-7036523	501 (C) (3)	10,000.	0.			FOR GENERAL SUPPORT.
	23 7030323	501(0)(3)	10,000.	0.			TON GENERAL BUTTORT.
NEIGHBOR TO NEIGHBOR							
248 E PUTNAM AVE							
GREENWICH, CT 06830	06-6071605	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
·			,				
NEIGHBORHOOD STUDIOS OF FAIRFIELD							
COUNTY - 150 ELM STREET -							
BRIDGEPORT, CT 06604	06-0993269	501(C)(3)	45,900.	0.			FOR GENERAL SUPPORT.
NEIGHBORSHARE, INC							
60 W PARISH RD							
WESTPORT, CT 06880	85-0811667	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NETWORK FOR TEACHING							
ENTREPRENEURSHIP - 120 WALL							
STREET, 18TH FLOOR - NEW YORK, NY	42 2400	504 (5) (0)					L
10005	13-3408731	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
NEW CANAAN COUNTRY SCHOOL							
635 FROGTOWN ROAD							
NEW CANAAN, CT 06840	06-0646765	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
NEW CANAAN HIGH SCHOOL SCHOLARSHIP							
FOUNDATION - 11 FARM ROAD - NEW							
CANAAN, CT 06840	23-7102732	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
NEW CANAAN NAMIDE CENMED							
NEW CANAAN NATURE CENTER 144 OENOKE RDG							
	06-0775150	E01/G\/2\	7,500.	0.			FOR GENERAL SUPPORT.
NEW CANAAN, CT 06840	06-0775150	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.
NEW FAIRFIELD COMMUNITY FOUNDATION							
1 BRUSH HILL RD							
NEW FAIRFIELD, CT 06812-2618	06-1528030	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
,			,				
NEW NEIGHBORHOODS INC.							
76 PROGRESS DR							
STAMFORD, CT 06902	06-0864050	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
NEW REACH, INC							
269 PECK STREET	22 2025454	F01/G1/31	100 500	_			HOD GHANDAI GARAGE
NEW HAVEN, CT 06513	22-3037451	DU1(C)(3)	183,590.	0.			FOR GENERAL SUPPORT.
NEW YORK CITY CENTER							
130 WEST 56TH STREET							
NEW YORK, NY 10019	13-2867442	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
,			10,000.	•••			DOLLOW!
NEW YORK PHILHARMONIC							
10 LINCOLN CENTER PLAZA							
NEW YORK, NY 10023	13-1664054	501(C)(3)	150,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEWFIELD PARK YOUTH BASEBALL							
56 TAFT AVE							
BRIDGEPORT, CT 06606	85-3425702	501(C)(3)	11,000.	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.
NEW TOTAL MONTH AND FINALLY GERMANIA							
NEWTOWN YOUTH AND FAMILY SERVICES							
15 BERKSHIRE ROAD	06-1082115	501/C)/3)	16 315	0.			FOR GENERAL SUPPORT.
SANDY HOOK, CT 06482	06-1082115	501(0)(3)	16,315.	0.			FOR GENERAL SUPPORT.
NO US WITHOUT YOU LA							
768 S BOYLE AVE							
LOS ANGELES, CA 90023-1239	85-0878455	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT.
NOROTON PRESBYTERIAN CHURCH							
2011 POST RD							
DARIEN, CT 06820	54-0994577	501(C)(3)	22,000.	0.			FOR GENERAL SUPPORT.
,		,	,				
NORWALK ACTS INC							
9 MOTT AVENUE							
NORWALK, CT 06850	82-5334443	501(C)(3)	80,000.	0.			FOR GENERAL SUPPORT.
NORWALK ART SPACE INC							
455 WEST AVE							
NORWALK, CT 06850	86-3340267	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
	30 3310207		20,000.	· ·			THE SHIPMIN BOLLOKI.
NORWALK COMMUNITY COLLEGE							
FOUNDATION - 188 RICHARDS AVE STE							
E 311 - NORWALK, CT 06854-1634	06-6080293	501(C)(3)	85,500.	0.			FOR GENERAL SUPPORT.

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Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.) T	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ORWALK COMMUNITY HEALTH CENTER							
20 CONNECTICUT AVE							
NORWALK, CT 06854-1525	06-1436620	501(C)(3)	46,500.	0.			FOR GENERAL SUPPORT.
NORWALK EDUCATION FOUNDATION							
125 EAST AVE	06 1400007	E01/Q\/2\	32 000	0			HOD GENEDAL GUDDODE
NORWALK, CT 06852-6001	06-1498087	501(C)(3)	32,000.	0.			FOR GENERAL SUPPORT.
NORWALK HOSPITAL FOUNDATION							
34 MAPLE ST							
NORWALK, CT 06856-9968	22-2577707	501(C)(3)	10,226.	0.			FOR GENERAL SUPPORT.
NORWALK RIVER WATERSHED							
ASSOCIATION - PO BOX 7114 -							
WILTON, CT 06897	06-1483326	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
NORWALK SENIOR CENTER							
11 ALLEN ROAD	23-7121169	E01/Q\/2\	20.055	0.			HOD GENERAL GURRORM
NORWALK, CT 06851	23-7121169	501(C)(3)	29,955.	0.			FOR GENERAL SUPPORT.
NORWALK/STAMFORD GRASSROOTS TENNIS							
E EDUCATION, INC - 11 INGALLS AVE							
NORWALK, CT 06854	06-1570097	501(C)(3)	65,000.	0.			FOR GENERAL SUPPORT.
NURSE-FAMILY PARTNERSHIP							
1900 GRANT STREET, 4TH FLOOR							
DENVER, CO 80203	20-0234163	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
ONEPULSE FOUNDATION INC							
PO BOX 2126	01 2140045	E01/G\/2\	50.000	_			HOD GHANDAT GUARAGE
DRLANDO, FL 32802	81-3142847	DUI(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
OPEN DOORS							
4 MERRITT STREET							
NORWALK, CT 06854	22-2536909	501(C)(3)	101,500.	0.			FOR GENERAL SUPPORT.

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(a) Name and address of	(6) =151	(a) IDO!	/al\ A	(-) ()	(4) Madie1 - 4	(a) Description ((Is) D
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION FUEL							
75 CHARTER OAK AVE							
HARTFORD, CT 06106	06-1253091	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
OPERATION HOPE OF FAIRFIELD, INC							
636 OLD POST ROAD							
FAIRFIELD, CT 06824	06-1193489	501(C)(3)	18,000.	0.			FOR GENERAL SUPPORT.
OPTIMUS HEALTH CARE, INC.							
982 E MAIN ST	06 0072166	E01/G\/3\	105 040	2			HOD GENEDAL GUDDODE
BRIDGEPORT, CT 06608-2409	06-0972166	DUI(C)(3)	195,948.	0.			FOR GENERAL SUPPORT.
OREGON FOOD BANK, INC							
7900 NE 33RD DRIVE							
PORTLAND, OR 97211	93-0785786	501(C)(3)	25,003.	0.			FOR GENERAL SUPPORT.
,		(. , (. ,					
PACIFIC HOUSE							
597 PACIFIC STREET							
STAMFORD, CT 06902	06-1144355	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.
PACKAGES FROM HOME							
5643 N. 52ND AVENUE							
GLENDALE, AZ 85301	20-1124013	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
PANORAMA GLOBAL							
PANORAMA GLOBAL 2101 4TH AVE STE 2100							
SEATTLE, WA 98121	81-4204119	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
DIMITIE, NA JOIZI	01 4204119	501(0)(3)	23,000.	0.			ON GENERAL SUFFORT.
PARK COUNTY COMMUNITY FOUNDATION							
104 S MAIN ST							
LIVINGSTON, MT 59047	20-5581763	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT.
,		,	1 , , , , , , ,				
PARTNERSHIP TO END HUMAN							
TRAFFICKING (PEHT) - 152 E PUTNAM							
AVE - COS COB, CT 06807	81-2175815	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other	พออเจเสมเ ตย เบ มิ 01	nesuc Organizations	and Domestic Go	verninents (SCH	-uuie i (Fuilli 990), Pa		1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAT TILLMAN FOUNDATION							
222 W MERCHANDISE MART PLAZA							
CHICAGO, IL 60654	20-1072336	501(C)(3)	100,014.	0.			FOR GENERAL SUPPORT.
PECONIC HOCKEY FOUNDATION							
P.O. BOX 374							
WADING RIVER, NY 11792-0374	47-5633677	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
PERSON-TO-PERSON							
1864 POST RD							
DARIEN, CT 06820-5802	06-1422248	501(C)(3)	46,750.	0.			FOR GENERAL SUPPORT.
PET ANIMAL WELFARE SOCIETY OF							
CONNECTICUT, INC - 504 MAIN AVE -							L
NORWALK, CT 06851-1038	06-6067445	501(C)(3)	7,264.	0.			FOR GENERAL SUPPORT.
PINK BOOTS SOCIETY							
3285 NORTHWOOD CIR STE 100							
SAINT PAUL, MN 55121-4206	80-0345318	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
<u> </u>	00 0313310	301(0)(3)	13,000.				TON COMMINIC BOTTONT.
PLANNED PARENTHOOD FEDERATION OF							
AMERICA, INC - PO BOX 97166 -							
WASHINGTON, DC 20090	13-1644147	501(C)(3)	26,000.	0.			FOR GENERAL SUPPORT.
PLANNED PARENTHOOD OF ARIZONA							
2255 N WYATT DRIVE							
TUCSON, AZ 85712	86-0146520	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
PLANNED PARENTHOOD OF SOUTHERN NEW							
ENGLAND - 345 WHITNEY AVE - NEW							
HAVEN, CT 06511-2384	06-0263565	501(C)(3)	133,500.	0.			FOR GENERAL SUPPORT.
DODM GUEGMED GADVED GENMED							
PORT CHESTER CARVER CENTER							
400 WESTCHESTER AVE	13-1832949	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
PORT CHESTER, NY 10573	13-10343	Por(C)(3)	10,000.	U .		1	FOR GENERAL SUFFORT.

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Part II Continuation of Grants and Oth	her Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	urt II.) T	1
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PROJECT MAIN STREET							
244 5TH AVE							
NEW YORK, NY 10001	20-4534598	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT.
,			,				
PROJECT MORRY							
1 GATEWAY PLAZA							
PORT CHESTER, NY 10573	13-3851126	501(C)(3)	20,900.	0.			FOR GENERAL SUPPORT.
PROJECT MUSIC							
1127 HIGH RIDGE ROAD							
STAMFORD, CT 06905	81-2610342	501(C)(3)	22,000.	0.			FOR GENERAL SUPPORT.
PT BARNUM FOUNDATION, INC							
1070 MAIN ST							L
BRIDGEPORT, CT 06604	06-0712601	501(C)(3)	6,141.	0.			FOR GENERAL SUPPORT.
QUINNIPIAC UNIVERSITY							
275 MOUNT CARMEL AVE							
HAMDEN, CT 06518-1908	06-0646701	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
	00 0040701	301(0/(3/	23,000.	<u> </u>			FOR GENERAL BUTTORT.
REACH WESTERN CT							
117 OLD STATE ROAD							
BROOKFIELD, CT 06804	46-0849304	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
·			<u> </u>				
READYCT							
350 CHURCH ST							
HARTFORD, CT 06103	27-4704040	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
REAL FOOD SHARE, INC.							
11 ORCHARD HILL RD							
NEWTOWN, CT 06470	84-3229199	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
REDWOOD PARKS CONSERVANCY							
1111 SECOND STREET							
CRESCENT CITY, CA 95531	68-0084901	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.

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REENO FOUNDATION COMPANY							
PO BOX 1							
LOWELL, VT 05847-0001	87-1076663	501(C)(3)	20,981.	0.			FOR GENERAL SUPPORT.
REGINALD F LEWIS MUSEUM OF			,				
MARYLAND AFRICAN AMERICAN HISTORY							
AND CULTURE - 830 E PRATT ST -							
BALTIMORE, MD 21202	52-2107879	501(C)(3)	350,000.	0.			FOR GENERAL SUPPORT.
REGIONAL YMCA OF WESTERN							
CONNECTICUT - 246 FEDERAL RD., STE							
B-21 - BROOKFIELD, CT 06804	06-6051610	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
REGIONAL YOUTH ADULT SOCIAL ACTION							
PARTNERSHIP - 2470 FAIRFIELD AVE -							
BRIDGEPORT, CT 06605-2647	06-1357699	501(C)(3)	102,500.	0.			FOR GENERAL SUPPORT.
RENEWAL HOUSE							
18 AARON SAMUELS BLVD DANBURY, CT 06813	22-3221915	501/0)/3)	15,000.	0.			FOR GENERAL SUPPORT.
DANBORI, CI 00013	22-3221913	501(0)(3)	13,000.	0.			FOR GENERAL SUFFORT.
RESILIENCE: ADVOCATES FOR ENDING							
VIOLENCE - 411 BUTTERNUT DR -							
HOLLAND, MI 49424	38-2181204	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
RETIRED PROFESSIONAL FOOTBALL			,				
PLAYERS CHARITABLE FOUNDATION INC							
- 62 RIDGELAND DRIVE - STARKVILLE,							
MS 38759	46-4240832	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
RIDGEFIELD PLAYHOUSE							
80 E RIDGE AVE							
RIDGEFIELD, CT 06877	06-1463501	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
RISE AGAINST HUNGER							
4801 GLENWOOD AVE							
RALEIGH, NC 27612	16-1541024	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.

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Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	t II.)	T
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IVER HOUSE ADULT DAY CENTER 25 RIVER RD EXT OS COB, CT 06807	06-1066787	501(C)(3)	33,500.	0.			FOR GENERAL SUPPORT.
ROCKEFELLER PHILANTHROPY ADVISORS WEST 48TH STREET WEW YORK, NY 10036	13-3615533		26,250.	0.			FOR GENERAL SUPPORT.
RONALD MCDONALD HOUSE CHARITIES, INC - 26345 NETWORK PLACE - CHICAGO, IL 60673-1263	36-2934689	501(C)(3)	5,804.	0.			FOR GENERAL SUPPORT.
RUSH UNIVERSITY MEDICAL CENTER L201 W HARRISON ST STE 300 CHICAGO, IL 60607-3319	36-2174823	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
SAINT JOSEPH PARENTING CENTER 90 FAIRFIELD AVENUE STAMFORD, CT 06902	27-0490589	501(C)(3)	27,000.	0.			FOR GENERAL SUPPORT.
SAINT VINCENT'S MEDICAL CENTER 2800 MAIN STREET BRIDGEPORT, CT 06606	83-2550272	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
SAINTS AND PELICANS GULF COAST RENEWAL - 5800 AIRLINE DR - METAIRIE, LA 70003-3876	20-3423114	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
SALVATION ARMY - BRIDGEPORT CORPS 30 ELM STREET BRIDGEPORT, CT 06605	13-5562351	501(c)(3)	5,263.	0.			FOR GENERAL SUPPORT.
SALVATION ARMY, SOUTHERN NEW ENGLAND DIVISION - 855 ASYLUM AVE - HARTFORD, CT 06105	13-5562351	501(C)(3)	30,678.	0.			FOR GENERAL SUPPORT.

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SANDY HOOK PROMISE FOUNDATION							
PO BOX 3489							
NEWTOWN, CT 06470	46-1657101	501(C)(3)	10,500.	0.			FOR GENERAL SUPPORT.
,							
SAVE THE CHILDREN							
501 KINGS HWY E							
FAIRFIELD, CT 06825	06-0726487	501(C)(3)	115,500.	0.			FOR GENERAL SUPPORT.
SCHOLARSHIP AMERICA, INC							
PO BOX 772514							
DETROIT, MI 48277-2514	04-2296967	501(C)(3)	228,363.	0.			FOR GENERAL SUPPORT.
SCORE FAIRFIELD COUNTY							
101 EAST AVE							
NORWALK, CT 06851	52-1067290	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
SEATTLE CHINATOWN INTERNATIONAL							
DISTRICT PRESERVATION AND							
DEVELOPMENT AUTHORITY - PO BOX							
3302 - SEATTLE, WA 98114	91-1645126	501(C)(3)	2,500,000.	0.			FOR GENERAL SUPPORT.
SECOND HARVEST FOOD BANK OF							
CENTRAL FLORIDA, INC 411 MERCY							
DRIVE - ORLANDO, FL 32805	59-2142315	501(C)(3)	53,954.	0.			FOR GENERAL SUPPORT.
SECOND HARVEST INLAND NORTHWEST							
1234 EAST FRONT AVENUE	02 7472000	F01/G1/31	25.000				HOD GHANDAZ GYPROTE
SPOKANE, WA 99202	23-7173826	DU1(C)(3)	25,003.	0.			FOR GENERAL SUPPORT.
CECOND HADVECT OF CTITCON VALLEY							
SECOND HARVEST OF SILICON VALLEY							
750 CURTNER AVE	04 2614101	E01/G\/3\	15 000	_			EOD GENEDAL GUDDODE
SAN JOSE, CA 95125	94-2614101	DUI(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
SHATTERPROOF							
101 MERRITT 7, CORPROATE PARK	45-4619712	501/C\/3\	6 500	0.			EOD CENEDAL CUDDODA
NORWALK, CT 06851	42-4013/12	ho1(c)(3)	6,500.	l 0.			FOR GENERAL SUPPORT.

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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.
SILVERMINE ARTS CENTER							
1037 SILVERMINE RD							
NEW CANAAN, CT 06840	06-0674168	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
STI VEDSOUDCE THE							
SILVERSOURCE, INC 2009 SUMMER ST							
STAMFORD, CT 06905-5519	06-0646916	501(C)(3)	19,000.	0.			FOR GENERAL SUPPORT.
	00 0040310	301(0)(3)	13,000.	0.			FOR GENERAL BUTTORT.
SIMPLIFYCT							
25 OLD KINGS HWY N STE 13							
DARIEN, CT 06820	85-1504162	501(C)(3)	60,000.	0.			FOR GENERAL SUPPORT.
SMITH COLLEGE							
STODDARD ANNEX, 23 ELM STREET							
NORTHAMPTON, MA 01063	04-1843040	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
·			·				
SOCIAL VENTURE PARTNERS							
CONNECTICUT, INC - 50 CHARLES							
STREET - WESTPORT, CT 06880	85-1704762	501(C)(3)	274,500.	0.			FOR GENERAL SUPPORT.
SOLES4SOULS							
319 MARTINGALE DR							
OLD HICKORY, TN 37138	20-4023482	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
SOUNDWATERS							
1281 COVE RD	06.1550:=	504 (5) (0)		_			L
STAMFORD, CT 06902	06-1263947	PUI(C)(3)	21,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH END COMMUNITY CENTER							
19 BATES STREET							
STRATFORD, CT 06615	06-6002103	501(C)(3)	18,000.	0.			FOR GENERAL SUPPORT.
SOUTH FLORIDA AUDUBON SOCIETY							
10871 W. CLAIRMONT CIRCLE							
TAMARAC, FL 33321	59-6196137	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
SOUTHERN INVITATIONAL SMOKE							
3912 BUTE STREET, UNIT 2	01 2422050	E01/Q\/2\	F0 000	0			EOD GENEDAL GUDDODE
HOUSTON, TX 77006	81-2423050	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
SOUTHERN POVERTY LAW CENTER							
400 WASHINGTON AVE							
MONTGOMERY, AL 36104	63-0598743	501(C)(3)	26,000.	0.			FOR GENERAL SUPPORT.
,			<u> </u>				
SOUTHWESTERN CT AGENCY ON AGING							
1000 LAFAYETTE BOULEVARD							
BRIDGEPORT, CT 06604	06-0916407	501(C)(3)	99,675.	0.			FOR GENERAL SUPPORT.
SPECIAL EDUCATION LEGAL FUND INC							
1 NAWTHORNE ROAD							
OLD GREENWICH, CT 06870	83-1467673	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
one distantion, of oddit	03 110,0,3	301(0)(3)	13,000.	•••			TON CEMENTE BOTTONT.
ST. FRANCIS IN THE VALLEY CHURCH							
600 S LA CANADA DR							
GREEN VALLEY, AZ 85614	86-6193946	501(C)(3)	61,356.	0.			FOR GENERAL SUPPORT.
ST. JOSEPH HIGH SCHOOL							
2320 HUNTINGTON TPKE							
TRUMBULL, CT 06611-5099	06-1560973	501(C)(3)	43,829.	0.			FOR GENERAL SUPPORT.
ST. LUKES EPISCOPAL CHURCH							
100 WASHINGTON AVENUE							
NEWTOWN, PA 18940	99-0109957	501(C)(3)	61,356.	0.			FOR GENERAL SUPPORT.

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ET. LUKE'S PARISH							
1864 POST ROAD							
DARIEN, CT 06820-8128	06-0662180	501(C)(3)	23,500.	0.			FOR GENERAL SUPPORT.
ST. LUKE'S SCHOOL							
377 N WILTON RD				_			
NEW CANAAN, CT 06840-2317	23-7099149	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
ST. MARK'S DAY CARE CENTER							
368-370 NEWFIELD AVENUE							
BRIDGEPORT, CT 06607	06-0862926	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
·			,				
ST. MARK'S EPISCOPAL CHURCH							
111 OENOKE RIDGE							
NEW CANAAN, CT 06840	06-1545884	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
ST. MARK'S EPISCOPAL CHURCH							
14646 SHERMAN WAY	05 0054040	504 (5) (0)	5 500				
VAN NUYS, CA 91405	95-2371212	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
ST. MARY'S FOOD BANK							
2831 N 31ST AVE							
PHOENIX, AZ 85009	23-7353532	501(C)(3)	53,954.	0.			FOR GENERAL SUPPORT.
ST. PAUL'S EPISCOPAL CHURCH							
FAIRFIELD - 661 OLD POST RD -							
FAIRFIELD, CT 06824	06-0655484	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
ST. THERESA SCHOOL							
55 ROSEMOND TERRACE							
	06-0737923	501(C)(3)	26,729.	0.			FOR GENERAL SUPPORT.
TRUMBULL, CT 06611	00-0737323	201(0)(3)	20,729.	0.			FOR GENERAL SUPPORT.
STAMFORD HIGH SCHOOL							
55 STRAWBERRY HILL AVE							
STAMFORD, CT 06902	06-1107366	501(C)(3)	8,053.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

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 (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance (book, FMV, assistance appraisal, other) STAMFORD HOSPITAL FOUNDATION 3001 SUMMER ST 2ND FL STAMFORD, CT 06950-4317 06-0646917 501(C)(3) 115,500 0. FOR GENERAL SUPPORT. STAMFORD MUSEUM & NATURE CENTER 39 SCOFIELDTOWN RD STAMFORD, CT 06903 06-0653148 501(C)(3) 0. FOR GENERAL SUPPORT. 53,071 STAMFORD PUBLIC EDUCATION FOUNDATION, INC - 177 BROAD STREET, 3RD FLOOR - STAMFORD, CT 06901 06-1462359 501(C)(3) 10,000 0. FOR GENERAL SUPPORT. STAMFORD SENIOR CENTER 888 WASHINGTON BLVD 06-1456561 501(C)(3) 0 FOR GENERAL SUPPORT. STAMFORD, CT 06901 15,000. STAMFORD YOUTH SERVICES BUREAU -CITY OF STAMFORD - 888 WASHINGTON 06-6001536 501(C)(3) BLVD - STAMFORD, CT 06904-2152 25,000. 0. FOR GENERAL SUPPORT. STAPLES HIGH SCHOOL TUITION GRANTS COMMITTEE - PO BOX 5159 -51-0182993 501(C)(3) WESTPORT, CT 06881-5159 8,686. 0. FOR GENERAL SUPPORT. STARFISH CONNECTION, INC 1127 HIGH RIDGE RD 26-2410124 501(C)(3) STAMFORD CT 06905 12 000 0. FOR GENERAL SUPPORT. STATEWIDE LEGAL SERVICES OF CT 1290 SILAS DEANE HIGHWAY WETHERSFIELD, CT 06109 06-1445097 501(C)(3) 35,000. 0. FOR GENERAL SUPPORT. STEPPING STONES MUSEUM FOR CHILDREN - 303 WEST AVE - NORWALK 22-3199269 501(C)(3) 0. CT 06850 35 000 FOR GENERAL SUPPORT.

Schedule I (Form 990)

(a) Name and address of	(b) FIN	(b) EIN (c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(6) EIIV	if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
STERLING HOUSE COMMUNITY CENTER							
2283 MAIN ST							
STRATFORD, CT 06615	06-0665192	501(C)(3)	27,000.	0.			FOR GENERAL SUPPORT.
STUTTERING FOUNDATION OF AMERICA							
P.O. BOX 11749							
MEMPHIS, TN 38111	62-6047678	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
TBICO							
6 FINANCE DRIVE							
DANBURY, CT 06810	06-1377246	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
TEACH FOR AMERICA - CT							
PO BOX 398520				_			
SAN FRANCISCO, CA 94139	13-3541913	501(C)(3)	16,000.	0.			FOR GENERAL SUPPORT.
TEAM WOOFGANG & CO, INC							
2490 BLACK ROCK TPKE, STE 401							
FAIRFIELD, CT 06824	82-2473868	501(C)(3)	21,000.	0.			FOR GENERAL SUPPORT.
TEMPLE SINAI							
458 LAKESIDE DR							
STAMFORD, CT 06903-5098	06-6008252	501(C)(3)	7,070.	0.			FOR GENERAL SUPPORT.
,			,,,,,,,				
TEMPLE UNIVERSITY							
1803 N. BROAD STREET, 216 CARNELL H							
PHILADELPHIA, PA 19122	23-1365971	501(C)(3)	85,000.	0.			FOR GENERAL SUPPORT.
MUE / CMEANULAMING VOLING MINOS							
THE (STEAMULATING YOUNG MINDS							
IMAGINATION) SYMI ACADEMY - 246	47-5294115	E01/G\/3\	30 000	0			EOD GENEDAL GUDDODE
LENOX AVE BRIDGEPORT , CT 06605	41-5294115	DOT(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
THE 1864 FUND							
763 BURNSIDE AVENUE							
EAST HARTFORD, CT 06108	82-2934099	501(C)(3)	13,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other A				(50110		,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ALLIANCE IN LIMITING STRAYS (TAILS) - PO BOX 2277 - WESTPORT,	06.1616064	501 (g) (2)	7 705				Top graven gyanon
CT 06880	06-1616864	501(C)(3)	7,785.	0.			FOR GENERAL SUPPORT.
THE HOPE PROGRAM 1 SMITH ST 4TH FL BROOKLYN, NY 11201	13-3268539	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
THE HOUSING COLLECTIVE (FORMERLY SUPPORTIVE HOUSING WORKS) - 815							
MAIN STREET - BRIDGEPORT, CT 06604	20-5529890	501(C)(3)	189,000.	0.			FOR GENERAL SUPPORT.
THE JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS - 2700 F STREET NW - WASHINGTON, DC 20566	53-0245017	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
WIGHTHOUN, De 2000	33 0243017	301(0)(3)	10,000.	•••			TOR CHARREN BOTTORT.
THE KENNEDY CENTER, INC 2440 RESERVOIR AVE							
TRUMBULL, CT 06611	06-0709295	501(C)(3)	87,900.	0.			FOR GENERAL SUPPORT.
THE MARET SCHOOL 3000 CATHEDRAL AVE WASHINGTON, DC 20008	53-0211355	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
THE MISSION CONTINUES							
SAINT LOUIS, MO 63104	20-8742553	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
THE NORWALK ART SPACE 455 WEST AVENUE							
NORWALK, CT 06850	86-3340267	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
THE RISEUP GROUP INC. 942 MAIN ST							
HARTFORD, CT 06105	45-5512480	501(C)(3)	15,500.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
THE ROWAN CENTER							
1111 SUMMER ST.							
STAMFORD, CT 06901	06-1037583	501(C)(3)	45,500.	0.			FOR GENERAL SUPPORT.
THE STAMFORD PARTNERSHIP							
2 LANDMARK SQUARE							
STAMFORD, CT 06901	06-0993590	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
THE WORKPLACE							
1000 LAFAYETTE BOULEVARD							
BRIDGEPORT, CT 06604	22-2484517	501(C)(3)	32,500.	0.			FOR GENERAL SUPPORT.
·							
TRANSGENDER LAW CENTER							
PO BOX 741803							
LOS ANGELES, CA 90074-1803	05-0544006	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
TRIANGLE COMMUNITY CENTER							
650 WEST AVENUE							
NORWALK, CT 06850	22-3079559	501(C)(3)	17,000.	0.			FOR GENERAL SUPPORT.
TRINITY EPISCOPAL CHURCH (NICHOLS)							
1734 HUNTINGTON TPKE							
TRUMBULL, CT 06611	06-6042592	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
, , , , , , , , , , , , , , , , , , , ,							
TRUMBULL LIBRARY							
33 QUALITY ST							
TRUMBULL, CT 06611	23-7098043	501(C)(3)	6,908.	0.			FOR GENERAL SUPPORT.
TRUSTEES OF THE UNIVERSITY OF							
PENNSYLVANIA - 3451 WALNUT STREET							
- PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	62,356.	0.			FOR GENERAL SUPPORT.
,		, ,	12,220.				
UNITED JEWISH FEDERATION OF							
GREATER STAMFORD, INC - 1035							
NEWFIELD AVE - STAMFORD, CT 06905	06-0923384	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other	ASSISTANCE TO DOI	nesuc Organizations	and Domestic Go	verninents (SCN6	cuule i (FOIIII 990), Pa		1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JNITED WAY OF COASTAL FAIRFIELD							
COUNTY - 855 MAIN ST - BRIDGEPORT,							
CT 06604-4915	06-0864341	501(C)(3)	74,854.	0.			FOR GENERAL SUPPORT.
			,				
UNITED WAY OF WESTERN CONNECTICUT							
301 MAIN ST							
DANBURY, CT 06810	06-0646577	501(C)(3)	45,000.	0.			FOR GENERAL SUPPORT.
UNITED WE DREAM NETWORK INC							
PO BOX 33231							
WASHINGTON, DC 20033	46-2216565	501(C)(3)	42,000.	0.			FOR GENERAL SUPPORT.
THIRTY GOAL THION GOAL THIONING							
UNITY COALITION COALITIONUNIDA							
777 BRICKELL AVE	26-3327254	E01/G\/2\	10,000.	0.			FOR GENERAL SUPPORT.
MIAMI, FL 33131	20-3327234	301(0/(3/	10,000.	0.			FOR GENERAL SUFFORI.
UNIVERSITY OF CONNECTICUT							
FOUNDATION - 2390 ALUMNI DR -							
STORRS, CT 06269	06-6070722	501(C)(3)	130,000.	0.			FOR GENERAL SUPPORT.
•			,				
USBG NATIONAL CHARITY FOUNDATION							
2654 W HORIZON RIDGE PKWY							
HENDERSON, NV 89052	46-1309986	501(C)(3)	150,000.	0.			FOR GENERAL SUPPORT.
VAIL MOUNTAIN SCHOOL							
3000 BOOTH FALLS RD							
VAIL, CO 81657	84-0533775	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT.
WALLEY BODGE WILLIAMY AGADEMY .							
VALLEY FORGE MILITARY ACADEMY &							
COLLEGE - 1001 EAGLE RD - WAYNE,	23-1178880	501/C\/3\	15 000	0.			FOR GENERAL SUPPORT.
PA 19087-3613	23-11/0000	201(C)(3)	15,000.	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.

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKEMAN BOYS & GIRLS CLUB							
268 POST RD							
FAIRFIELD , CT 06824	06-0662198	501(C)(3)	77,500.	0.			FOR GENERAL SUPPORT.
WATERSIDE SCHOOL							
770 PACIFIC ST							
STAMFORD, CT 06902	06-1609222	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT.
WCSU FOUNDATION INC							
181 WHITE STREET, UNIVERSITY HALL,							
DANBURY, CT 06810	06-1086725	501(C)(3)	15,000.	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.
WESTON LACROSSE							
206 STEEP HILL ROAD							
WESTON, CT 06883	06-1555400	501(C)(3)	16,400.	0.			FOR GENERAL SUPPORT.
WESTONARTS, INC							
PO BOX 1124	FO 2014F4F	E01/G)/2)	6.660				TOD GENERAL GURRORM
WESTON, CT 06883	59-3814545	501(C)(3)	6,668.	0.			FOR GENERAL SUPPORT.
WESTPORT BOOK SALE VENTURE, INC.							
20 JESUP ROAD							
WESTPORT, CT 06880	84-2095392	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
WESTPORT LIBRARY							
20 JESUP RD	06.057070	501 (7) (2)					
WESTPORT, CT 06880	06-0672798	501(C)(3)	9,438.	0.			FOR GENERAL SUPPORT.
WILDLIFE IN CRISIS, INC							
PO BOX 1246							
WESTON, CT 06883	22-3020015	501(C)(3)	16,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOMEN FOR WOMEN INTERNATIONAL							
PO BOX 9224							
CENTRAL ISLIP, NY 11722	52-1838756	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
WOMEN IN SPORTS AND EVENTS INC							
244 FIFTH AVE #2087							
NEW YORK, NY 10001-7604	13-4119533	501(C)(3)	56,000.	0.			FOR GENERAL SUPPORT.
WOMEN'S BUSINESS DEVELOPMENT							
COUNCIL - 184 BEDFORD ST STE 201 -							
STAMFORD, CT 06901	06-1493737	501(C)(3)	73,000.	0.			FOR GENERAL SUPPORT.
NOMEN'S RESOURCE CENTER							
720 S ELMWOOD AVE STE 2							
TRAVERSE CITY, MI 49684	38-2164580	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
WORLD CENTRAL KITCHEN							
200 MASS AVE NW 7TH FL							
WASHINGTON, DC 20001	27-3521132	501(C)(3)	14,000.	0.			FOR GENERAL SUPPORT.
WPKN INC							
277 FAIRFIELD AVENUE							
BRIDGEPORT, CT 06604	22-3162248	501(C)(3)	19,000.	0.			FOR GENERAL SUPPORT.
YMCA CAMP HI-ROCK							
544 EAST STREET							
MOUNT WASHINGTON, MA 01258	06-0662195	501(C)(3)	26,000.	0.			FOR GENERAL SUPPORT.
YOUTH ARTS IN ACTION							
95 BIG CHIEF TRL							
BOZEMAN, MT 59718	20-2551492	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT.
VOLUMU DUCTNESS INTELLATIVE							
YOUTH BUSINESS INITIATIVE 304 MAIN AVENUE #147							
NORWALK, CT 06851	85-0594373	501(C)(3)	18,386.	0.			FOR GENERAL SUPPORT.
AORHILLE, CI 00031	1 33 0374373	201(0)(3)	10,300.	ı		l	TON GENERAL BUTTORI.

Schedule I (Form 990)

Schedule I (Form 990) INC.							06-1083893 Pag
Part II Continuation of Grants and Oth	er Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIGA CDEDNIITGU							
WCA GREENWICH 59 E PUTNAM AVE							
REENWICH, CT 06830	06-0646992	501(C)(3)	25,500.	0.			FOR GENERAL SUPPORT.
MEDIATION, CT 00030	00 0040332	301(0)(3)	23,300.	<u> </u>			TON GENERAL BOTTONT.
WCA METROPOLITAN CHICAGO							
N LASALLE ST							
HICAGO, IL 60602	36-2179765	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
,			,				

Page 2

Schedule I	(Form 990) 2021 INC.	06-1083893	Page
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
CHOLARSHIPS TO RESIDENTS OF FAIRFIELD COUNTY FOR					
POST-SECONDARY EDUCATION IN A 2 OR 4 YEAR					
ACCREDITED INSTITUTION	323	752,112.	0.		
	1	722,222			

SIGNIFICANT GRANTS MADE FROM DONOR ADVISED FUNDS.

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

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

Schedule I (Form 990) INC.	06-1083893 Page 2
Part IV Supplemental Information	
THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS ATTENDING	G ELIGIBLE
EDUCATIONAL INSTITUTIONS. CHECKS ARE ISSUED DIRECTLY TO	THE SCHOOL IN ORDER
MO ENGLIDE MUAM MUE EUNDO ADE LIGED EOD OUALTELED EDUCAMT.	ON DELAMED EXDENCEC
TO ENSURE THAT THE FUNDS ARE USED FOR QUALIFIED EDUCATION	ON-RELATED EXPENSES.
THE MAJORITY OF APPLICATIONS RECEIVED ARE REVIEWED AND	EVALUATED BY AN
INDEPENDENT THIRD PARTY TO ENSURE THE SELECTION PROCESS	TO EXTR AND
INDEPENDENT THIRD PARTY TO ENSURE THE SELECTION PROCESS	15 FAIR AND
IMPARTIAL.	

Schedule I (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

➤ Attach to Form 990.

2021

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

INC.

Employer identification number 06-1083893

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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:			
а	The organization?	6a		X
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2021

INC.

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.

		(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990		
(1) JUANITA JAMES	(i)	284,152.	0.	0.	14,372.	18,015.	316,539.	0.	
	(ii)	0.	0.	0.	0.	0.	0.	0.	
(2) KAREN BROWN	(i)	181,801.	11,300.	0.	9,500.	28,019.		0.	
VP, INNOVATION & STRATEGIC LEARNING	(ii)	0.	0.	0.	0.	0.	0.	0.	
(3) WILLIAM ANDREWS	(i)	172,640.	3,800.	0.	9,225.	28,713.	214,378.	0.	
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.	
(4) MENDI BLUE	(i)	174,127.	4,275.	0.	9,137.	18,615.	206,154.	0.	
VP, COMMUNITY IMPACT	(ii)	0.	0.	0.	0.	0.	0.	0.	
(5) MICHAEL ROSEN, CHIEF BUSINESS	(i)	159,206.	0.	0.	8,543.	23,786.	191,535.	0.	
DEVELOPMENT OFFICER THRU SEPT 2021	(ii)	0.	0.	0.	0.	0.		0.	
(6) ELAINE MINTZ	(i)	168,633.	3,600.	0.	8,482.	1,882.	182,597.	0.	
VP, OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
CERTAIN INDIVIDUALS INCLUDED IN SCHEDULE J, PART II RECEIVED A
DISCRETIONARY BONUS DURING CALENDAR YEAR 2021 WHICH WAS INCLUDED IN COLUMN
B(II) HEREIN AND IN THEIR 2021 FORM W-2, BOX 5, AS TAXABLE MEDICARE WAGES.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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

Pai	rt I Types of Property						
		(a) Check if	(b) Number of	(c) Noncash contribution	(d) Method of dete	rminina	
		applicable	contributions or	amounts reported on Form 990, Part VIII, line 1g	noncash contributio		ts
_	Aut. Marke of out		literns continbuted	Form 990, Fart viii, line 19			
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	X	16	1 604 020	AVG. SELLING	DDTC	
9	Securities - Publicly traded		10	1,034,333.	AAG. SETITING	PKIC.	<u> </u>
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 organiz	-	•			•	
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29		0	1
						Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date		l contribution, and	which isn't required to be us			l
	exempt purposes for the entire holding period?					30a	X
	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p				ions?	31 X	
32a	Does the organization hire or use third parties of	or related or	ganizations to solid	cit, process, or sell noncash			,,
	contributions?				3	32a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is che	ked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

Schedu	ıle M (Fo	rm 990		INC							06-1083893	Page 2
Part		apple	mental	Infor	mation. P	rovide	the infor	mation require	d by F	Part I, lines 30b, 32b, and	33, and whether the organiza	tion
	IS I	eportii	ng in Part	I, colui	mn (b), the n	umber	of contr	ibutions, the n	umber	of items received, or a co	mbination of both. Also comp	olete
	tni	s part	ior any ad	uitiona	l information	1.						
SCHE	DULE	Μ,	PART	Ι,	COLUM	1 (B	3):					
THE	ORGA	NIZ.	ATION	IS	REPORT	ING	THE	NUMBER	OF	CONTRIBUTORS	•	

Schedule M (Form 990) 2021

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SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

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: (THE "COMMUNITY FOUNDATION") FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, PARTNERS WITH OUR COMMUNITY TO CREATE A FAIRFIELD COUNTY WHERE EVERY PERSON HAS AN EQUITABLE OPPORTUNITY TO THRIVE. 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 COUNSEL AND PROFESSIONAL DEVELOPMENT/LEADERSHIP AND OTHER - GRANTS, TRAINING TO LOCAL NONPROFITS - RESEARCH ON NONPROFITS AND CAUSES, DUE DILIGENCE AND CONSULTATION AND MONITORING AND EVALUATION OF GRANT PROGRAMS AND WITH AGENCIES, FOUNDATION INITIATIVES. FORM 990, PART III, LINE 1: FAIRFIELD COUNTY'S COMMUNITY FOUNDATION (THE "COMMUNITY FOUNDATION") PARTNERS WITH OUR COMMUNITY TO CREATE A FAIRFIELD COUNTY WHERE EVERY PERSON HAS AN EQUITABLE OPPORTUNITY TO THRIVE. THE OVERARCHING GOAL OF THE COMMUNITY FOUNDATION IS TO CLOSE THE OPPORTUNITY GAP IN FAIRFIELD COUNTY. THIS MEANS ELIMINATING DISPARITIES IN INCOME, EDUCATION, EMPLOYMENT, HOUSING AND HEALTH. TO THIS TRANSFORMATIVE WORK, THE COMMUNITY FOUNDATION FOSTERS AND

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

Schedule O (Form 990) 2021

- THE TERMS OF OFFICERS HAVE BEEN AMENDED TO PROVIDE THAT NO OFFICER SHALL SERVE IN THE SAME POSITION FOR MORE THAN THREE (3) CONSECUTIVE YEARS;
- 2. A PROVISION THAT PROVIDES THAT THE BOARD SHALL EMPLOY A PRESIDENT WHO

SHALL BE THE CEO OF THE FOUNDATION. IN ADDITION, THE BOARD MAY ELECT OTHER

Schedule O (Form 990) 2021 Page **2**

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

Employer identification number 06-1083893

ADDITIONAL OFFICERS AS NECESSARY

3. A PROVISION THAT PROVIDES THAT IN THE CASE OF THE LOSS, ABSENCE, OR

ILLNESS OF ANY OFFICER OF THE BOARD OR FOUNDATION, THE BOARD MAY DELEGATE

AND ASSIGN THE POWERS AND DUTIES OF THAT OFFICER TO ANY OTHER OFFICER OF

THE BOARD OR FOUNDATION

- 4. A PROVISION THAT PROVIDES A FORMAL PROCESS FOR THE REMOVAL OF ANY
 OFFICER OF THE FOUNDATION OR OF THE BOARD
- 5. A NEW ARTICLE SECTION THAT PROVIDES THAT THE FOUNDATION SHALL HAVE A

 CONFLICT OF INTEREST POLICY AND THAT THE POLICY SHALL BE REVIEWED AND

 ACKNOWLEDGED ANNUALLY BY EACH DIRECTOR, OFFICER, AND EMPLOYEE. THE

 FOUNDATION PREVIOUSLY HAD A CONFLICT OF INTEREST POLICY IN PLACE HOWEVER

 THIS SECTION WAS CREATED SO THAT THIS WOULD BE A ORGANIZATIONAL

 REQUIREMENT.

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

Schedule O (Form 990) 2021 Page 2

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

Employer identification number 06-1083893

AND ENFORCES. THE BOARD MANDATES THAT ALL FOUNDATION BOARD MEMBERS, COMMITTEE MEMBERS AND STAFF ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED CONFLICT OF INTEREST POLICY IS SUBMITTED TO THE CEO/PRESIDENT, WHO REVIEWS THE SIGNED ATTESTATIONS FOR POTENTIAL OR ACTUAL CONFLICTS. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, IT IS THE RESPONSIBILITY OF EACH BOARD MEMBER, COMMITTEE MEMBER AND STAFF PERSON TO INFORM THE PRESIDENT OF ANY DUAL OR CONFLICTING ROLES THEY MAY HAVE OR HAVE KNOWLEDGE OF, IF SUCH ARE NOT OTHERWISE MADE KNOWN IN THE FOREGOING PROCESS. IT IS THEN THE RESPONSIBILITY OF THE PRESIDENT TO INFORM THE CHAIRPERSON OF THE BOARD AND/OR AFFECTED COMMITTEE CHAIRS OF THE DUAL OR CONFLICTING ROLES, FOR DISCUSSION AND RESOLUTION BY THE BOARD AT ITS NEXT SCHEDULED MEETING. IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST, THE INTERESTED PERSON WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT UNTIL SUCH TIME AS THERE IS NO LONGER A CONFLICT.

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

FCCF HAS ESTABLISHED A WRITTEN COMPENSATION POLICY 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

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Schedule O (Form 990) 2021 Page **2**

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

Employer identification number 06-1083893

EMPLOYEES AS WELL. THE EXECUTIVE COMMITTEE'S COMPENSATION RECOMMENDATION IS

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 HUMAN RESOURCES 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 2022.

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

-4,608.

FORM 990, PART XII, LINE 2C:

Schedule O (Form 990) 2021	Page 2
Name of the organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.	Employer identification number 06-1083893
THE FOUNDATION HAS AN AUDIT COMMITTEE THAT OVERSEES THE AU	DIT OF ITS
FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDIT	OR. THE
PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	