

Form **990**

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)

OMB No. 1545-0047

2015
Open to Public Inspection

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 383 MAIN AVENUE City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06851 F Name and address of principal officer: JUANITA T. JAMES SAME AS C ABOVE	D Employer identification number 06-1083893 E Telephone number (203) 750-3200 G Gross receipts \$ 44,219,617. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FCCFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1992		M State of legal domicile: CT

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	27
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	38
	6	Total number of volunteers (estimate if necessary)	6	150
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,810.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	4,454.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	19,995,452.	14,379,340.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,943.	83,940.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,248,052.	6,407,737.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-62,189.	35,206.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,226,258.	20,906,223.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	13,538,376.	13,353,458.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,566,832.	2,754,984.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 762,488.	30,900.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,967,901.	2,840,570.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,104,009.	18,949,012.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	13,122,249.	1,957,211.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	189,251,073.	175,494,767.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,177,091.	1,664,415.
			187,073,982.	173,830,352.

Part II Signature Block

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

Sign Here	Signature of officer JOSEPH BAKER, VP, FINANCE Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 01/04/17	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945			
	Firm's address ▶ 500 MAMARONECK AVENUE HARRISON, NY 10528-1633	Phone no. 914-381-8900			

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 13,242,674. including grants of \$ 13,242,674.) (Revenue \$ 83,940.) GRANTS - THE ORGANIZATION AWARDED AND MADE GRANTS TO 501(C)(3) ORGANIZATIONS TO PROMOTE EDUCATION AND YOUTH DEVELOPMENT, COMMUNITY & ECONOMIC DEVELOPMENT, THE ARTS, HEALTH AND HUMAN SERVICES, THE ENVIRONMENT, EMPOWER WOMEN AND GIRLS, AND NONPROFIT CAPACITY BUILDING. IN FISCAL YEAR 2016, THE ORGANIZATION AWARDED: 755 GRANTS FOR EDUCATION AND YOUTH DEVELOPMENT TOTALING \$6,096,983, 481 GRANTS FOR THATS INCREASE ECONOMIC OPPORTUNITY FOR COUNTY RESIDENTS TOTALING \$4,572,352, 127 GRANTS FOR THE ARTS TOTALING \$822,929, 82 GRANTS FOR ENVIRONMENT TOTALING \$607,566, 21 GRANTS FOR WOMEN & GIRLS PROGRAMS TOTALING \$488,000, 45 GRANTS FOR NONPROFIT CAPACITY BUILDING TOTALING \$207,087 AND 94 GRANTS FOR OTHER PROGRAMS TOTALING \$447,757.

4b (Code:) (Expenses \$ 1,857,078. including grants of \$ 110,784.) (Revenue \$) COMMUNITY LEADERSHIP - FCCF PROMOTES AND SUPPORTS COLLABORATIONS, PARTNERSHIPS AND INITIATIVES TO INCREASE FAMILY ECONOMIC SECURITY, HELP YOUNG PEOPLE BECOME SELF-SUFFICIENT, EMPOWER WOMEN AND GIRLS, PROTECT THE LOCAL ENVIRONMENT, AND SUPPORT THE VIBRANCY OF THE ARTS. FCCF STRENGTHENS FAIRFIELD COUNTY NONPROFITS BY PROVIDING WORKSHOPS, TRAININGS AND TECHNICAL ASSISTANCE TO AGENCIES AND THEIR STAFF & VOLUNTEERS THROUGH THE FOUNDATION'S CENTER FOR NONPROFIT EXCELLENCE. THE CENTER FOR NONPROFIT EXCELLENCE PROVIDED SERVICES TO 872 INDIVIDUALS REPRESENTING 377 NONPROFIT ORGANIZATIONS. WE SPONSORED 19 PROFESSIONAL DEVELOPMENT WORKSHOPS AND 12 ROUTABLE/NETWORKING EVENTS FOR NONPROFIT STAFF AND BOARD MEMBERS. WE ALSO CONDUCTED 11 EXECUTIVE LEADERSHIP COACHING SESSIONS FOR LEADERS OF HIGH IMPACT ORGANIZATIONS

4c (Code:) (Expenses \$ 702,594. including grants of \$) (Revenue \$) FINANCIAL RESOURCE DEVELOPMENT - THE ORGANIZATION EDUCATES DONORS, AGENCIES AND THE COMMUNITY TO INCREASE LOCAL PHILANTHROPY TO PROVIDE A STRONG BASE OF SUPPORT FOR FAIRFIELD COUNTY NON-PROFIT ORGANIZATIONS NOW AND IN THE FUTURE. FCCF INITIATED FC GIVES, A COMMUNITY-WIDE DAY OF GIVING THAT RAISED \$1,240,000 IN GIVING TO LOCAL CHARITIES.

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

4e Total program service expenses 15,802,346.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Includes rows for backup withholding, employee counts, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 27		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 27		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CT**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **JOSEPH BAKER, VP OF FINANCE - 203-750-3200**
C/O 383 MAIN AVENUE, NORWALK, CT 06851-1543

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VICKI CRAVER BOARD VICE CHAIR	3.00	X		X				0.	0.	0.
(2) GREG HARTCH BOARD TREASURER	4.00	X		X				0.	0.	0.
(3) KATHARINE WELLING BOARD SECRETARY	2.00	X		X				0.	0.	0.
(4) LIZANNE MEGRUE BOARD CHAIR	4.00	X		X				0.	0.	0.
(5) JOHN BAILEY BOARD MEMBER	3.00	X						0.	0.	0.
(6) MAXWELL BONNIE BOARD MEMBER	2.00	X						0.	0.	0.
(7) BRIGGS L. TOBIN BOARD MEMBER	1.00	X						0.	0.	0.
(8) ANNIE BURLEIGH BOARD MEMBER	3.00	X						0.	0.	0.
(9) BRANDON L. CARDWELL BOARD MEMBER	2.00	X						0.	0.	0.
(10) ABELARDO S. CURDUMI BOARD MEMBER	2.00	X						0.	0.	0.
(11) AMY DOWNER BOARD MEMBER	3.00	X						0.	0.	0.
(12) BOB EYDT BOARD MEMBER	3.00	X						0.	0.	0.
(13) CLAYTON H. FOWLER BOARD MEMBER	2.00	X						0.	0.	0.
(14) BRUNCE WINNINGHAM BOARD MEMBER	2.00	X						0.	0.	0.
(15) JOHN FREEMAN BOARD MEMBER	0.50	X						0.	0.	0.
(16) MITCHELLE KAY GARVEY BOARD MEMBER	2.00	X						0.	0.	0.
(17) STEVEN GOLDSTEIN BOARD MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID L. LEVINSON, PHD BOARD MEMBER	2.00	X						0.	0.	0.
(19) GERALD M. FOX BOARD MEMBER	1.00	X						0.	0.	0.
(20) DON KENDALL, JR. BOARD MEMBER	2.00	X						0.	0.	0.
(21) MAYA LOUISE TICHIO BOARD MEMBER	2.00	X						0.	0.	0.
(22) JACQUELINE MILLAN BOARD MEMBER	3.00	X						0.	0.	0.
(23) JONATHAN MOFFLY BOARD MEMBER	2.00	X						0.	0.	0.
(24) ELISABETH MORTEN BOARD MEMBER	2.00	X						0.	0.	0.
(25) MARTHA OLSON BOARD MEMBER	3.00	X						0.	0.	0.
(26) M. SUZETTE RECINOS BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								972,265.	0.	98,143.
d Total (add lines 1b and 1c)								972,265.	0.	98,143.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEPC, LLC. 255 STATE STREET, BOSTON, MA 02109	INVESTMENT ADVISOR	225,695.
SILCHESTER INTERNATIONAL INVESTORS, 780 THURD AVENUE, 42ND FLOOR, NEW YORK, NY	INVESTMENT MANAGEMENT SERVICES	195,124.
DISCOVERY GLOBAL, 100-5900 HUNRONTARIO STREET, MISSISSAUGA, ONTARIO, CANADA	INVESTMENT MANAGEMENT SERVICES	170,912.
DOT THINK DESIGN 29 PARKWAY DRIVE, STRATFORD, CT 06614	MARKETING CONSULTANT	115,464.
NEUBERGER BERMAN 605 THIRD AVENUE, NEW YORK, NY 10158	INVESTMENT MANAGEMENT SERVICES	113,957.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	441,739.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,937,601.				
	g Noncash contributions included in lines 1a-1f: \$		945,764.				
	h Total. Add lines 1a-1f		14,379,340.				
Program Service Revenue	2 a WORKSHOP INCOME AND SYMPOSIUM FEE	Business Code 900099	83,940.	83,940.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		83,940.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,730,322.		-2,587.	1,732,909.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	6,522.				
		(ii) Personal					
		Less: rental expenses	0.				
	c Rental income or (loss)		6,522.				
	d Net rental income or (loss)		6,522.			6,522.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	27,845,895.				
		(ii) Other					
		Less: cost or other basis and sales expenses	23,168,480.				
		c Gain or (loss)	4,677,415.				
	d Net gain or (loss)		4,677,415.		11,397.	4,666,018.	
	8 a Gross income from fundraising events (not including \$ 441,739. of contributions reported on line 1c). See Part IV, line 18	a	173,198.				
		b Less: direct expenses	144,914.				
c Net income or (loss) from fundraising events			28,284.			28,284.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER INCOME	900099	400.			400.		
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		400.					
12 Total revenue. See instructions.		20,906,223.	83,940.	8,810.	6,434,133.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,628,898.	12,628,898.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	724,560.	724,560.		
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	421,088.	188,886.	181,853.	50,349.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,914,254.	1,128,919.	430,586.	354,749.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	92,899.	54,848.	20,806.	17,245.
9 Other employee benefits	160,434.	97,715.	32,044.	30,675.
10 Payroll taxes	166,309.	94,464.	42,741.	29,104.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	71,850.		71,850.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,240,791.		1,240,791.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	459,666.	289,714.	130,843.	39,109.
12 Advertising and promotion	60,503.	34,275.	3,255.	22,973.
13 Office expenses	120,525.	74,737.	28,243.	17,545.
14 Information technology	169,576.	96,319.	43,581.	29,676.
15 Royalties				
16 Occupancy	378,033.	214,723.	97,154.	66,156.
17 Travel	12,895.	7,324.	3,314.	2,257.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	141,080.	80,133.	36,258.	24,689.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,135.	2,348.	1,063.	724.
23 Insurance	10,907.	2,052.	8,223.	632.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EVENT EXPENSE	126,151.	57,020.	242.	68,889.
b PROGRAM INITIATIVE EXPE	21,692.	12,321.	5,575.	3,796.
c MISCELLANEOUS	15,965.	9,068.	4,103.	2,794.
d REPAIRS & MAINTENANCE	6,801.	4,022.	1,653.	1,126.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	18,949,012.	15,802,346.	2,384,178.	762,488.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	241,121.	1	383,747.
	2 Savings and temporary cash investments	6,377,546.	2	10,930,675.
	3 Pledges and grants receivable, net	2,173,872.	3	63,887.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	146,670.	9	163,409.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 123,070.		
	b Less: accumulated depreciation	10b 110,562.	10c	12,508.
	11 Investments - publicly traded securities	65,627,560.	11	59,231,040.
	12 Investments - other securities. See Part IV, line 11	114,582,872.	12	104,677,339.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	91,689.	15	32,162.
16 Total assets. Add lines 1 through 15 (must equal line 34)	189,251,073.	16	175,494,767.	
Liabilities	17 Accounts payable and accrued expenses	170,594.	17	333,641.
	18 Grants payable	1,901,777.	18	1,252,545.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	104,720.	25	78,229.
	26 Total liabilities. Add lines 17 through 25	2,177,091.	26	1,664,415.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,043,820.	27	3,715,448.
	28 Temporarily restricted net assets	182,030,162.	28	170,114,904.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	187,073,982.	33	173,830,352.	
34 Total liabilities and net assets/fund balances	189,251,073.	34	175,494,767.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,906,223.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,949,012.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,957,211.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	187,073,982.
5	Net unrealized gains (losses) on investments	5	-15,244,425.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	43,584.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	173,830,352.

Part XII Financial Statements and Reporting

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

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

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,403,480.	11,909,531.	14,619,662.	19,995,952.	14,379,340.	78,307,965.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	17,403,480.	11,909,531.	14,619,662.	19,995,952.	14,379,340.	78,307,965.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,109,174.
6 Public support. Subtract line 5 from line 4.						69,198,791.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	17,403,480.	11,909,531.	14,619,662.	19,995,952.	14,379,340.	78,307,965.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,298,897.	2,555,771.	2,410,204.	1,675,240.	1,736,844.	10,676,956.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		4,091.	2,663.	9,008.		15,762.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	40,315.	20,151.	22,580.	309.	400.	83,755.
11 Total support. Add lines 7 through 10						89,084,438.
12 Gross receipts from related activities, etc. (see instructions)					12	373,476.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	77.68 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	64.03 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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

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

OTHER INCOME

2011 AMOUNT: \$ 40,315.

2012 AMOUNT: \$ 20,151.

2013 AMOUNT: \$ 22,580.

2014 AMOUNT: \$ 309.

2015 AMOUNT: \$ 400.

Multiple horizontal lines for providing additional information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION

Employer identification number

06-1083893

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

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

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION	Employer identification number 06-1083893
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ <u>1,500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ <u>2,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ <u>591,367.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ <u>999,686.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION	Employer identification number 06-1083893
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>511,410.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>454,824.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>380,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>340,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	<hr/> <hr/> <hr/>	\$ <u>335,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION	Employer identification number 06-1083893
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<hr/> <hr/> <hr/> <hr/>	\$ 316,280.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION	Employer identification number 06-1083893
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>4</u>	STOCK _____ _____ _____	\$ <u>401,523.</u>	<u>01/19/16</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION	Employer identification number 06-1083893
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

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.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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

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

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

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

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

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

Name of organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION	Employer identification number 06-1083893
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

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532041
10-05-15

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	1,283.													
c	Total lobbying expenditures (add lines 1a and 1b)	1,283.													
d	Other exempt purpose expenditures	18,185,241.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	18,186,524.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount	1,000,000.	942,367.	1,000,000.	1,000,000.	3,942,367.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,913,551.
c Total lobbying expenditures				1,283.	1,283.
d Grassroots nontaxable amount	250,000.	235,592.	250,000.	250,000.	985,592.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,478,388.
f Grassroots lobbying expenditures					

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

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

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

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

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

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

Part IV Supplemental Information

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

FORM 990, SCHEDULE C, PART II-A

THE FOUNDATION HAS MADE AN ELECTION UNDER 501(H). DURING FISCAL YEAR 2016 THE FOUNDATION EXPENDED \$1,283 ON DIRECT LOBBYING EFFORTS DIRECTED THROUGH THE "FOUNDATIONS ON THE HILL" CONFERENCE.

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.**

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	195	
2 Aggregate value of contributions to (during year)	9,012,136.	
3 Aggregate value of grants from (during year)	7,345,205.	
4 Aggregate value at end of year	68,797,680.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2015

532051
11-02-15

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	185,287,196.	177,956,551.	155,723,154.	146,321,147.	151,341,376.
b Contributions	12,496,533.	16,185,159.	13,267,475.	10,890,596.	17,326,533.
c Net investment earnings, gains, and losses	-8,984,946.	5,133,848.	22,593,760.	19,137,911.	-3,188,253.
d Grants or scholarships	13,353,458.	13,538,376.	11,441,996.	18,562,518.	16,652,521.
e Other expenditures for facilities and programs					
f Administrative expenses	4,272,956.	449,986.	2,185,842.	2,063,982.	2,505,988.
g End of year balance	171,172,369.	185,287,196.	177,956,551.	155,723,154.	146,321,147.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment .13 %
- b Permanent endowment .00 %
- c Temporarily restricted endowment 99.87 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		123,070.	110,562.	12,508.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				12,508.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LIMITED TRUST		
(B) PARTNERSHIPS	76,994,339.	END-OF-YEAR MARKET VALUE
(C) SILCHESTER INTERNATIONAL		
(D) VALUE	19,102,733.	END-OF-YEAR MARKET VALUE
(E) DISCOVERY GLOBAL		
(F) OPPORTUNITIES	8,580,267.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	104,677,339.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER SPLIT-INTEREST	
(3) AGREEMENTS	3,286.
(4) DEFERRED RENT	74,943.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	78,229.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,173,651.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-15,244,425.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	764,644.	
e	Add lines 2a through 2d	2e		-14,479,781.
3	Subtract line 2e from line 1	3		19,653,432.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,240,791.	
b	Other (Describe in Part XIII.)	4b	12,000.	
c	Add lines 4a and 4b	4c		1,252,791.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		20,906,223.

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

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

1	Total expenses and losses per audited financial statements		1	17,443,805.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	144,913.	
e	Add lines 2a through 2d	2e		144,913.
3	Subtract line 2e from line 1	3		17,298,892.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,240,791.	
b	Other (Describe in Part XIII.)	4b	409,329.	
c	Add lines 4a and 4b	4c		1,650,120.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		18,949,012.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE COMMUNITY FOUNDATION'S ENDOWMENT CONSISTS OF 579 INDIVIDUAL FUNDS ESTABLISHED BY HUNDREDS OF DONORS TO PROVIDE GRANTS, SCHOLARSHIPS AND OTHER SERVICES TO IMPROVE THE QUALITY OF LIFE IN FAIRFIELD COUNTY AND BEYOND. THE ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED FUNDS AND BOARD-DESIGNATED FUNDS THAT FUNCTION AS ENDOWMENTS. THE COMMUNITY FOUNDATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT SEEK TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO ORGANIZATIONS AND PROGRAMS SUPPORTED BY ITS ENDOWMENT, WHILE MAINTAINING THE PURCHASING POWER OF THE ENDOWMENT ASSETS. TO SATISFY ITS LONG-TERM RATE-OF-RETURN OBJECTIVES, THE COMMUNITY FOUNDATION RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH

Part XIII Supplemental Information (continued)

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 2013.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON PART VIII, LINE 8B: 144,913.

Part XIII Supplemental Information (continued)

AGENCY FUNDS-EARNING 531,978.

AGENCY FUNDS-OTHER EXPENSES 87,193.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 560.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 764,644.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUNDS-CONTRIBUTIONS 12,000.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON PART VIII, LINE 8B: 144,913.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUNDS-GRANTS MADE 366,305.

FORFEITED SCHOLARSHIPS 43,024.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 409,329.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION	Employer identification number 06-1083893
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		57,485,873.
3 a Sub-total	0	0			57,485,873.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			57,485,873.

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

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

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

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Schedule F (Form 990) 2015

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.

PART IV, LINE 1:

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

PART IV, LINE 3:

THE ORGANIZATION IS NOT REQUIRED TO FILE FORMS 5471 OR FORM 8621 BECAUSE IT DOES NOT MEET THE APPLICABLE THRESHOLD OWNERSHIP OR OTHER FILING REQUIREMENTS.

PART IV, LINE 5:

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

SCHEDULE G
(Form 990 or 990-EZ)

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, lines 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.**

▶ **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION

Employer identification number

06-1083893

Part I

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

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

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

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		FUN FOR WOMEN AND GIMARY'S GOLF		1	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	446,827.	121,185.	46,925.	614,937.
	2	Less: Contributions	394,825.	32,939.	13,975.	441,739.
	3	Gross income (line 1 minus line 2)	52,002.	88,246.	32,950.	173,198.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	43,775.	12,400.	11,358.	67,533.
	8	Entertainment	44,844.	9,312.		54,156.
	9	Other direct expenses	23,030.	195.		23,225.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				144,914.
	11	Net income summary. Subtract line 10 from line 3, column (d)				28,284.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

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

Name ▶ _____

Address ▶ _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

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

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABCD, INC. 1070 PARK AVENUE BRIDGEPORT, CT 06604	06-0797841	501(C)(3)	22,363.	0.			FOR GENERAL SUPPORT.
ACADEMY FOR TEACHERS 10 WEST 90TH ST NEW YORK, NY 10024	45-4681404	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
ACHIEVEMENT FIRST 403 JAMES STREET NEW HAVEN, CT 06513	65-1203744	501(C)(3)	222,228.	0.			FOR GENERAL SUPPORT.
ALS ASSOCIATION - CT CHAPTER 4 OXFORD ROAD, UNIT E-4 MILFORD, CT 06460	04-3417472	501(C)(3)	5,000.	0.			FOR FUNDING OF THE WALK EVENT
ALS WORLDWIDE 5808 DAWLEY DRIVE FITCHBURG, WI 53711	26-3632267	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
ALZHEIMER'S ASSOCIATION 225 NORTH MICHIGAN AVENUE 17TH FLOOR CHICAGO, IL 60601	13-3039601	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **381.**

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

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

Schedule I (Form 990) (2015)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY SOUTHERN NEW ENGLAND REGION - 38 RICHARDS AVENUE - NORWALK, CT 06854	13-1788491	501(C)(3)	46,664.	0.			FOR GENERAL SUPPORT.
AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST AT 79TH STREET NEW YORK, NY 10024	13-6162659	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT.
AMERICARES FOUNDATION, INC 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501(C)(3)	231,000.	0.			FOR GENERAL SUPPORT.
ANDREW SHAW MEMORIAL TRUST AND SCOUT CABIN - P.O. BOX 2315 - DARIEN, CT 06820	06-6444446	501(C)(3)	6,027.	0.			FOR GENERAL SUPPORT.
ANN'S PLACE, INC 80 SAW MILL ROAD DANBURY, CT 06810	22-3181832	501(C)(3)	18,230.	0.			FOR GENERAL SUPPORT.
ARCHIPELAGO, INC P.O. BOX 112016 STAMFORD, CT 06902	20-3800166	501(C)(3)	23,020.	0.			FOR GENERAL SUPPORT.
ARI OF CONNECTICUT, INC. 174 RICHMOND HILL AVENUE STAMFORD, CT 06902	06-0712017	501(C)(3)	11,500.	0.			FOR GENERAL SUPPORT.
ARTS FOR HEALING 24 GROVE STREET NEW CANAAN, CT 06840	06-1595505	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
AT HOME IN DARIEN, INC 2 RENSHAW ROAD DARIEN, CT 06820	27-2250386	501(C)(3)	15,500.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTIC SALMON FEDERATION PO BOX 807 CALAIS, ME 04619	13-2618801	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.
AUDUBON CONNECTICUT 613 RIVERSVILLE ROAD GREENWICH, CT 06831	13-1624102	501(C)(3)	59,000.	0.			FOR GENERAL SUPPORT.
BACKCOUNTRY JAZZ 15 EAST PUTNAM AVENUE, #397 GREENWICH, CT 06830	20-8523846	501(C)(3)	20,500.	0.			FOR MUSIC EDUCATION INITIATIVE, BRIDGEPORT.
BALLET SCHOOL OF STAMFORD INC. 175 ATLANTIC STREET STAMFORD, CT 06901	06-1517402	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
BARTLETT ARBORETUM AND GARDENS 151 BROOKDALE ROAD STAMFORD, CT 06903	06-6079591	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
BECKET ATHENAEUM 3367 MAIN STREET BECKET, MA 01223	04-3458519	501(C)(3)	8,000.	0.			FOR SUMMER 2016 CAMP SCHOLARSHIP FUNDING.
BEST BUDDIES CONNECTICUT ONE LONG WHARF DRIVE #302 NEW HAVEN, CT 06511	52-1614576	501(C)(3)	15,000.	0.			FOR FAIRFIELD COUNTY MIDDLE AND HIGH SCHOOL PROJECT
BIBLIO CHARITABLE WORKS, INC. 78 1/2 PATTON AVENUE ASHEVILLE, NC 28801	20-3349067	501(C)(3)	12,800.	0.			FOR GENERAL SUPPORT
BLOSSOM HILL FOUNDATION 33 SOUNDVIEW LANE NEW CANAAN, CT 06840	26-4094865	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOTTOM LINE - NEW YORK 44 COURT STREET STE. 300 BROOKLYN, NY 11201	04-3351427	501(C)(3)	8,100.	0.			FOR GENERAL SUPPORT
BOY SCOUTS OF AMERICA, CONNECTICUT YANKEE COUNCIL - 60 WELLINGTON ROAD - MILFORD, CT 06460	06-0646793	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
BOYS & GIRLS CLUB OF GREENWICH 4 HORSENECK LANE GREENWICH, CT 06830	06-0646655	501(C)(3)	35,000.	0.			FOR THE ANNUAL APPEAL
BOYS AND GIRLS CLUB OF HAWAII 345 QUEEN STREET SUITE 900 HONOLULU, HI 96813	99-6005407	501(C)(3)	27,500.	0.			FOR GENERAL SUPPORT.
BRADY CENTER TO PREVENT GUN VIOLENCE - 840 FIRST STREET, NE, SUITE 400 - WASHINGTON, DC 20002	52-1285097	501(C)(3)	10,500.	0.			FOR GENERAL SUPPORT.
BRAVO VAIL MUSIC FESTIVAL 2271 N FRONTAGE RD W SUITE C VAIL, CO 81657	84-1389134	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
BREAST CANCER ALLIANCE 48 MAPLE AVENUE GREENWICH, CT 06830	06-1453500	501(C)(3)	28,200.	0.			FOR MEDICAL RESEARCH AND EDUCATION
BRIDGEPORT CARIBE YOUTH LEAGUE 1067 PARK AVENUE BRIDGEPORT, CT 06604	20-0421577	501(C)(3)	20,000.	0.			FOR YOUTH ATHLETIC AND ENRICHMENT PROGRAM
BRIDGEPORT CHILD ADVOCACY COALITION - 2470 FAIRFIELD AVE C/O BURROUGHS CC - BRIDGEPORT, CT 06605	55-0823238	501(C)(3)	113,544.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGEPORT HOSPITAL FOUNDATION 267 GRANT ST BRIDGEPORT, CT 06610	22-2908698	501(C)(3)	88,900.	0.			FOR YOUTH ATHLETIC AND ENRICHMENT PROGRAM
BRIDGEPORT NEIGHBORHOOD TRUST, INC. - 570 STATE STREET - BRIDGEPORT, CT 06604	22-2809353	501(C)(3)	33,500.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT PUBLIC EDUCATION FUND 446 UNIVERSITY AVENUE BRIDGEPORT, CT 06604	06-1379383	501(C)(3)	13,741.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT PUBLIC SCHOOLS 45 LYON TERRACE BRIDGEPORT, CT 06604	06-6001865	501(C)(3)	9,400.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT REGIONAL BUSINESS COUNCIL - 10 MIDDLE STREET - BRIDGEPORT, CT 06601	06-0271980	501(C)(3)	15,000.	0.			FOR CREATIVE PLACEMAKING AT HISTORIC MCLEVY GREEN
BRIDGEPORT RESCUE MISSION 1088 FAIRFIELD AVENUE BRIDGEPORT, CT 06605	06-1362705	501(C)(3)	11,500.	0.			FOR GENERAL SUPPORT.
BUSINESS COUNCIL OF FAIRFIELD COUNTY - ONE LANDMARK SQUARE, SUITE 300 - STAMFORD, CT 06901	06-0986055	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
CAMP TLC/JOEY DIPAOLO AIDS FOUNDATION - 812 N. MARTELL AVENUE APT. 1 - LOS ANGELES, CA 90046	22-3453810	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
CAPE ELEUTHERA FOUNDATION 89 SOUTH STREET STE. 203 BOSTON, MA 02111	31-1591503	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARAMOOR CENTER FOR MUSIC AND THE ARTS - 149 GIRDLE RIDGE ROAD BOX 816 - KATONAH, NY 10536	13-5643627	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
CARDINAL SHEHAN CENTER 1494 MAIN STREET BRIDGEPORT, CT 06604	06-1101081	501(C)(3)	5,846.	0.			FOR GENERAL SUPPORT.
CAROLINE HOUSE 574 STILLMAN STREET BRIDGEPORT, CT 06608	06-1455101	501(C)(3)	12,000.	0.			FOR SUPPORT THE MOTHER & CHILD LITERACY PROGRAM
CARVER FOUNDATION 7 ACADEMY STREET NORWALK, CT 06850	06-0862072	501(C)(3)	49,000.	0.			FOR FRESHMAN SUMMER SUCCESS ACADEMY AND YOUTH DEVELOPMENT
CATHOLIC CHARITIES OF FAIRFIELD COUNTY - 238 JEWETT AVENUE - BRIDGEPORT, CT 06606	06-0653053	501(C)(3)	17,000.	0.			FOR GENERAL SUPPORT.
CAYUGA MEDICAL CENTER FOUNDATION 101 DATES DRIVE ITHACA, NY 14850	16-1072414	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
CENTER FOR CHILDREN'S ADVOCACY, INC. - 65 ELIZABETH STREET - HARTFORD, CT 06105	06-1489575	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
CENTER FOR REPRODUCTIVE RIGHTS 120 WALL STREET 14TH FLOOR NEW YORK, NY 10005	13-3669731	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
CF LEADS 1055 BROADWAY SUITE 130 KANSAS CITY, MO 64105	43-1645180	501(C)(3)	5,000.	0.			FOR 2016 MEMBERSHIP CONTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHARITY: WATER 40 WORTH STREET, STE 330 NEW YORK, NY 10013	22-3936753	501(C)(3)	6,500.	0.			FOR INSTALLATION OF CLEAN WATER SYSTEM IN CAMBODIA
CHARTER OAK CULTURAL CENTER 21 CHARTER OAK AVENUE HARTFORD, CT 06106	06-1026597	501(C)(3)	22,000.	0.			FOR GENERAL SUPPORT.
CHELSEA PIERS SCHOLARSHIP FUND PIER 62 THE FIELD HOUSE NEW YORK, CT 10011	13-399-8842	501(C)(3)	7,500.	0.			FOR AUGUST 2016 GIRLS LEADERSHIP CAMP
CHILD ADVOCATES OF CONNECTICUT 383 MAIN AVENUE SUITE 409 NORWALK, CT 06851	27-2518861	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
CHILD GUIDANCE CENTER OF SOUTHERN CT, INC. - 196 GREYROCK PLACE - STAMFORD, CT 06951	06-0712058	501(C)(3)	115,750.	0.			FOR SUPPORT THE CHILD & FAMILY THERAPY PROGRAM.
CHILD HEALTH AND DEVELOPMENT INSTITUTE OF CT - 270 FARMINGTON AVENUE SUITE 367 - FARMINGTON, CT 06032	06-1504725	501(C)(3)	9,000.	0.			FOR GENERAL SUPPORT.
CHILDCARE LEARNING CENTERS, INC. 64 PALMER'S HILL ROAD STAMFORD, CT 06902	06-0665191	501(C)(3)	130,706.	0.			FOR SUPPORT THE VITA CO-EDUCATORS
CHILDREN'S RESCUE MISSION 3 PAPP STREET NORWALK, CT 06854	06-1532209	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
CHRIST CHURCH GREENWICH 254 E. PUTNAM AVENUE GREENWICH, CT 06830	06-0653266	501(C)(3)	10,000.	0.			FOR THE CAPITAL CAMPAIGN.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CICATRICAL ALOPECIA RESEARCH FDN 303 WEST STATE STREET GENEVA, IL 60134	20-2049037	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
CITY LAX, INC 65 WEST 89TH STREET NEW YORK, NY 10024	20-4531166	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
CITY LIGHTS AND COMPANY 37 MARKLE COURT BRIDGEPORT, CT 06604	20-5462244	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
CITY OF NORWALK 125 EAST AVENUE NORWALK, CT 06851	06-6011881	501(C)(3)	30,000.	0.			FOR MAYOR'S SUMMER YOUTH EMPLOYMENT PROGRAM
CITY SQUASH, INC. PO BOX 619 FORDHAM STATION BRONX, NY 10458	42-1535583	501(C)(3)	60,100.	0.			FOR GENERAL SUPPORT.
CITYCENTER, DANBURY 186 MAIN STREET DANBURY, CT 06810	06-1033623	501(C)(4)	34,000.	0.			FOR THE DANBURY FARMERS MARKET COLLABORATIVE.
COLGATE UNIVERSITY 13 OAK DRIVE ATTN: FINANCIAL AID OF HAMILTON, NY 13346	15-0532078	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
COLLEGE SUMMIT, INC 1763 COLUMBIA ROAD NW 2ND FL WASHINGTON, DC 20009	52-2007028	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
COLONIAL WILLIAMSBURG FOUNDATION FUND - POST OFFICE BOX 1776 - WILLIAMSBURG, VA 23187	54-0505888	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CENTERS, INC. 61 EAST PUTNAM AVENUE GREENWICH, CT 06830	06-0703570	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
COMMUNITY FOUNDATION OF GREATER CHATTANOOGA - 1270 MARKET ST. - CHATTANOOGA, TN 37402	62-6045999	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
COMMUNITY FUND OF DARIEN 701 POST ROAD P.O. BOX 926 DARIEN, CT 06820	06-0737286	501(C)(3)	51,000.	0.			FOR GENERAL SUPPORT.
COMPREHENSIVE DEVELOPMENT, INC. 240 SECOND AVENUE NEW YORK, NY 10003	13-3861648	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
CONGREGATION B'NAI ISRAEL 2710 PARK AVENUE BRIDGEPORT, CT 06604	06-0653159	501(C)(3)	7,575.	0.			FOR GENERAL SUPPORT.
CONNECTICUT ASSOCIATION FOR HUMAN SERVICES - 110 BARTHOLOMEW AVENUE SUITE 4030 - HARTFORD, CT 06105	06-0653158	501(C)(3)	20,000.	0.			FOR VOLUNTEER INCOME TAX PROGRAM
CONNECTICUT AUDUBON SOCIETY STATE HEADQUARTERS - 314 UNQUOWA ROAD - FAIRFIELD, CT 06824	06-0653531	501(C)(3)	10,000.	0.			FOR THE SMITH RICHARDSON PRESERVE CLEAN UP PROJECT.
CONNECTICUT BALLET 20 ACOSTA STREET STAMFORD, CT 06902	06-1039302	501(C)(3)	5,000.	0.			FOR DANCE EDUCATION PROGRAMS.
CONNECTICUT BEARDSLEY ZOO 1875 NOBLE AVENUE BRIDGEPORT, CT 06610	23-7068821	501(C)(3)	15,245.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT CENTER FOR SCHOOL CHANGE - 151 NEW PARK AVENUE SUITE 203 - HARTFORD, CT 06106	06-1525201	501(C)(3)	20,000.	0.			FOR LEADERSHIP FOR THE BRIDGEPORT PUBLIC SCHOOLS
CONNECTICUT COALITION FOR ACHIEVEMENT NOW (CONNCAN) - 85 WILLOW STREET SUITE 4 - NEW HAVEN, CT 06511	20-1612161	501(C)(3)	150,500.	0.			FOR GENERAL SUPPORT.
CONNECTICUT COALITION TO END HOMELESSNESS - 257 LAWRENCE STREET - HARTFORD, CT 06106	06-1126880	501(C)(3)	20,000.	0.			FOR CT STATEWIDE HOMELESS YOUTH COUNT
CONNECTICUT COUNCIL FOR PHILANTHROPY - 221 MAIN STREET - HARTFORD, CT 06106	23-7024016	501(C)(3)	19,084.	0.			FOR ANNUAL MEMBERSHIP DUES
CONNECTICUT FOOD BANK, INC 2 RESEARCH PARKWAY WALLINGFORD, CT 06492	06-1063025	501(C)(3)	13,500.	0.			FOR THE BACKPACK PROGRAM.
CONNECTICUT FUND FOR THE ENVIRONMENT - 900 CHAPEL STREET SUITE 2202 - NEW HAVEN, CT 06510	06-0990195	501(C)(3)	166,750.	0.			FOR CFE/SAVE THE SOUND'S GREEN INFRASTRUCTURE CONSULTANCY
CONNECTICUT IMMIGRANT RIGHTS ALLIANCE - 169 GRAND AVENUE - NEW HAVEN, CT 06513	23-7066862	501(C)(3)	10,000.	0.			FOR COMMUNITY OUTREACH TO DACA AND DAPA CT RESIDENTS.
CONNECTICUT LEGAL SERVICES 62 WASHINGTON STREET MIDDLETOWN, CT 06457	06-0955461	501(C)(3)	40,000.	0.			FOR SUPPORTING WORK WITH PT PARTNERS AND PT BARNUM RESIDENTS
CONNECTICUT MIRROR 36 RUSS STREET HARTFORD, CT 06106	27-0583046	501(C)(3)	9,500.	0.			FOR GENERAL SUPPORT.

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT VOICES FOR CHILDREN 33 WHITNEY AVENUE NEW HAVEN, CT 06510	06-1435280	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT
CORPORATION FOR SUPPORTIVE HOUSING 77 BUCKINGHAM STREET HARTFORD, CT 06106	13-3600232	501(C)(3)	25,000.	0.			FOR SOCIAL INNOVATION FUND PILOT IN FAIRFIELD COUNTY
COS COB VOLUNTEER FIRE DEPARTMENT 200 POST ROAD COS COB, CT 06807	06-6064017	501(C)(3)	27,998.	0.			FOR GENERAL SUPPORT.
COUNCIL OF CHURCHES OF GREATER BRIDGEPORT, INC. - 1100 BOSTON AVENUE BUILDING 5A - BRIDGEPORT, CT 06610	06-0647008	501(C)(3)	38,965.	0.			FOR GENERAL SUPPORT.
CREATIVE YOUTH PRODUCTIONS INC. 53 DAVIS AVENUE 1ST FLOOR BRIDGEPORT, CT 06605	45-3539007	501(C)(3)	35,000.	0.			FOR YOUTH LEADERSHIP THROUGH THE ARTS.
CT CENTER FOR PATIENT SAFETY 857 POST ROAD #220 FAIRFIELD, CT 06824	20-1517678	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
CULTURAL ALLIANCE OF WESTERN CONNECTICUT - 287 MAIN STREET - DANBURY, CT 00610	26-0811232	501(C)(3)	10,000.	0.			FOR ACCESSIBLE ART PROJECT
CURTAIN CALL 1349 NEWFIELD AVENUE STAMFORD, CT 06905	06-1343144	501(C)(3)	26,000.	0.			FOR GIVING DAY PRIZES
DANBURY SCHOOL AND BUSINES COLLABORATIVE - 63 BEAVER BROOK ROAD DANBURY PUBLIC SCHOOLS - DANBURY, CT 06810	06-1590417	501(C)(3)	5,000.	0.			FOR WORKPLACE LEARNING E-MENTORING PROGRAM

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DARIEN EMS-POST 53 P.O. BOX 2066 DARIEN, CT 06820	06-1625224	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
DARIEN YMCA 2420 POST ROAD DARIEN, CT 06820	06-0859795	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE C/O GIFT RECORDING OFFICE - HANOVER, NH 03755	02-0222111	501(C)(3)	200,500.	0.			FOR GENERAL SUPPORT.
DARTMOUTH COLLEGE, FRIENDS OF DARTMOUTH SQUASH - 6083 ALUMNI GYMNASIUM - HANOVER, NH 03755	02-0222111	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
DATAHAVEN 129 CHURCH STREET 6TH FLOOR NEW HAVEN, CT 06510	06-1567201	501(C)(3)	44,000.	0.			FOR COMMUNITY WELLBEING REPORT
DISCOVERY MUSEUM AND PLANETARIUM 4450 PARK AVENUE BRIDGEPORT, CT 06604	06-0740527	501(C)(3)	28,000.	0.			FOR UPGRADES TO THE PLANETARIUM.
DOMUS KIDS, INC. 83 LOCKWOOD AVENUE STAMFORD, CT 06902	06-0891998	501(C)(3)	131,756.	0.			FOR GENERAL SUPPORT.
DWIGHT HALL AT YALE P.O. BOX 209008 NEW HAVEN, CT 06520	06-0653140	501(C)(3)	10,000.	0.			FOR THE J-Z AMP PARTNERSHIP.
EARTHPLACE, INC 10 WOODSIDE LANE WESTPORT, CT 06680	06-0740523	501(C)(3)	80,250.	0.			FOR THE HARBOR WATCH PROGRAM.

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EASTER SEALS, INC (HEADQUARTERS) 233 SOUTH WACKER DRIVE, SUITE 2400 CHICAGO, IL 60606	36-2171729	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
ELDERHOUSE 7 LEWIS STREET NORWALK, CT 06851	06-0963343	501(C)(3)	24,000.	0.			FOR GENERAL SUPPORT.
ELIM PARK 140 COOK HILL ROAD CHESHIRE, CT 06410	06-0658099	501(C)(3)	5,000.	0.			FOR THE RESIDENT BENEVOLENCE FUND.
EMORY UNIVERSITY 200 DOWMAN DRIVE, SUITE 300 ATLANTA, GA 30322	58-0566256	501(C)(3)	18,000.	0.			FOR GENERAL SUPPORT.
ENCOURAGE KIDS FOUNDATION 1560 BROADWAY SUITE 600 NEW YORK, NY 10036	13-3442216	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
ENVIRONMENTAL DEFENSE FUND 257 PARK AVENUE SOUTH NEW YORK, NY 10010	11-6107128	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT.
EPILEPSY THERAPY PROJECT P.O. BOX 742 MIDDLEBURG, VA 20118	20-8640700	501(C)(3)	80,000.	0.			FOR GENERAL SUPPORT.
EQUINE VOICES RESCUE & SANCTUARY P.O. BOX 1685 GREEN VALLEY, AZ 85622	74-3127794	501(C)(3)	10,000.	0.			FOR THE CARE OF THE HORSES.
EVANS SCHOLARS FOUNDATION 1 BRIAR ROAD GOLF, IL 60029	36-2865979	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.

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EXCEL BRIDGEPORT 1057 BROAD STREET SUITE 302 BRIDGEPORT, CT 06604	45-0824113	501(C)(3)	19,500.	0.			FOR PARENT AND STUDENTS ORGANIZING AND LEADERSHIP ACADEMY.
EXCHANGE CLUB PARENTING SKILLS CENTER - 141 FRANKLIN STREET - STAMFORD, CT 06901	06-1398440	501(C)(3)	32,500.	0.			FOR HOME BASED HOPE EDUCATE LOVE HELP FOR KIDS.
FACING ADDICTION, INC 100 MILL PLAIN ROAD, 3RD FLOOR DANBURY, CT 06811	27-0163591	501(C)(3)	54,768.	0.			FOR GENERAL SUPPORT.
FACING HISTORY AND OURSELVES 16 HURD ROAD BROOKLINE, MA 02445	04-2761636	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
FAIRFIELD THEATRE COMPANY, NC 70 SANFORD STREET FAIRFIELD, CT 06824	06-1594125	501(C)(3)	40,750.	0.			FOR GENERAL SUPPORT.
FAIRFIELD UNIVERSITY 1073 NORTH BENSON ROAD FAIRFIELD, CT 06824	06-0646623	501(C)(3)	19,181.	0.			FOR GENERAL SUPPORT.
FAMILY & CHILDREN'S AGENCY 9 MOTT AVENUE NORWALK, CT 06850	06-0970985	501(C)(3)	37,000.	0.			FOR GIVING DAY PRIZES
FAMILY CENTERS, INC 40 ARCH STREET PO BOX 7550 GREENWICH, CT 068230	06-0646656	501(C)(3)	15,447.	0.			FOR THE ANNUAL APPEAL.
FAMILY REENTRY 9 MOTT AVENUE, STE. 104 NORWALK, CT 06850	06-1196124	501(C)(3)	11,500.	0.			FOR THE ANNUAL APPEAL.

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FELLOWSHIP FOUNDATION, INC DBA INTERNATIONAL FOUNDATION - P.O. BOX 23813 - WASHINGTON, DC 20026	53-0204604	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT.
FERGUSON LIBRARY ONE PUBLIC LIBRARY PLAZA STAMFORD, CT 06904	06-0646528	501(C)(3)	16,000.	0.			FOR GENERAL SUPPORT.
FIRST PRESBYTERIAN CHURCH OF NEW CANAAN - 178 OENOKE RIDGE - NEW CANAAN, CT 06840	06-0767791	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
FOOD BANK OF LOWER FAIRFIELD COUNTY - 461 GLENBROOK ROAD - STAMFORD, CT 06906	02-0684220	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
FOOD TANK 317 ROYAL STREET STE. 4 NEW ORLEANS, LA 70130	46-0970124	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
FRACTURED ATLAS 248 WEST 35TH STREET, 10TH FLOOR NEW YORK, NY 10001	11-3451703	501(C)(3)	5,000.	0.			FOR REBIRTH ARTS FESTIVAL
FRANKLIN STREET WORKS 41 FRANKLIN STREET STAMFORD, CT 06901	03-0410556	501(C)(3)	15,500.	0.			FOR GET UP AND GIVE LAUNCH PRIZE
FRIENDS OF NATHANIEL WITHERELL, INC. - 70 PARSONAGE ROAD - GREENWICH, CT 06830	22-3934788	501(C)(3)	5,500.	0.			FOR THE ANNUAL APPEAL.
FRIENDS OF THE FERGUSON LIBRARY ONE PUBLIC LIBRARY PLAZA STAMFORD, CT 06904	06-1027077	501(C)(3)	47,993.	0.			FOR GENERAL SUPPORT.

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FUTURE 5 135 ATLANTIC STREET STAMFORD, CT 06902	46-2986201	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
GEORGETOWN UNIVERSITY DEPARTMENT NUMBER 0734 GIFT PROCESS WASHINGTON, DC 20073	53-0196603	501(C)(3)	106,500.	0.			FOR GENERAL SUPPORT.
GILDER LEHRMAN INSTITUTE OF AMERICAN HISTORY - 49 W. 45TH STREET 6TH FLOOR - NEW YORK, NY 10036	13-3795391	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
GIRL SCOUTS OF CONNECTICUT 340 WASHINGTON STREET HARTFORD, CT 06106	06-0662134	501(C)(3)	16,000.	0.			FOR GENERAL SUPPORT.
GLOBAL LYME ALLIANCE 222 RAILROAD AVENUE STE. 2B GREENWICH, CT 06830	06-1559393	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE APRIL 2, 2016 GALA.
GOT OCEAN, INC P.O. BOX 1027 PENTWATER, MI 49449	47-2787337	501(C)(3)	5,000.	0.			FOR ANNUAL APPEAL.
GREAT COMMISSION FOUNDATION OF CAMPUS CRUSADE FOR CHRIST, INC - 100 LAKE HART DRIVE #3600 - ORLANDO, FL 32832	95-2814920	501(C)(3)	10,500.	0.			FOR GENERAL SUPPORT.
GREATER BRIDGEPORT SYMPHONY SOCIETY - 446 UNIVERSITY AVENUE - BRIDGEPORT, CT 06604	06-6012460	501(C)(3)	13,276.	0.			FOR GENERAL SUPPORT.
GREATER FRAMINGHAM COMMUNITY CHURCH - P.O. BOX 629 - FRAMINGHAM, MA 01704	04-3203768	501(C)(3)	15,400.	0.			FOR GENERAL SUPPORT.

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GREEN VILLAGE INITIATIVE 325 LAFAYETTE STREET UNIT 9101 BRIDGEPORT, CT 06604	27-1439954	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT.
GREENS FARMS ACADEMY 35 BEACHSIDE AVENUE P.O. BOX 998 GREENS FARMS, CT 06438	06-0733693	501(C)(3)	41,000.	0.			FOR GENERAL SUPPORT.
GREENWICH ADULT DAY CARE 125 RIVER ROAD EXTENSION COS COB, CT 06807	06-1066787	501(C)(3)	23,500.	0.			FOR THE 2016 GARDEN PARTY
GREENWICH ALLIANCE FOR EDUCATION 48 MAPLE AVENUE GREENWICH, CT 06830	20-4356460	501(C)(3)	24,000.	0.			FOR GENERAL SUPPORT.
GREENWICH COUNTRY DAY SCHOOL P.O. BOX 623 GREENWICH, CT 06830	06-0646657	501(C)(3)	56,000.	0.			FOR GENERAL SUPPORT.
GREENWICH HISTORICAL SOCIETY 39 STRICKLAND ROAD COS COB, CT 06807	06-6036049	501(C)(3)	10,000.	0.			FOR THE ANNUAL APPEAL.
GREENWICH HOSPITAL C/O GREENWICH HOSPITAL FOUNDATION - 5 PERRYRIDGE ROAD - GREENWICH, CT 06830	06-0646659	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT.
GREENWICH LAND TRUST 370 ROUND HILL ROAD GREENWICH, CT 06831	06-0950851	501(C)(3)	6,500.	0.			FOR GENERAL SUPPORT.
GREENWICH LIBRARY 101 WEST PUTNAM AVENUE TRUSTEES OFF GREENWICH, CT 06830	06-6002281	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.

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GREENWICH SCHOLARSHIP ASSOCIATION P.O. BOX 4627 GREENWICH, CT 06831	06-1467698	501(C)(3)	220,474.	0.			FOR 2016 SCHOLARSHIP AWARDS.
GREENWICH TOWN PARTY, INC P.O. BOX 59 OLD GREENWICH, CT 06870	45-3555667	501(C)(3)	5,000.	0.			FOR HELP WITH GREENWICH TOWN PARTY.
HARLEM ACADEMY 1330 FIFTH AVENUE NEW YORK, NY 10026	56-2454573	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
HARLEM CHILDREN'S ZONE 35 EAST 125TH STREET NEW YORK, NY 10035	23-7112974	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
HARTFORD PERFORMS 233 PEARL STREET CITY ARTS ON PEARL HARTFORD, CT 06103	46-1484114	501(C)(3)	20,000.	0.			FOR SUPPORT HARTFORD PERFORMS'
HARVARD BUSINESS SCHOOL SOLDIERS FIELD DEVELOPMENT OPER -TE BOSTON, MA 02163	04-2103580	501(C)(3)	80,000.	0.			FOR GENERAL SUPPORT.
HARVARD GLEE CLUB FOUNDATION, INC 1753 MASSACHUSETTS AVENUE, 3RD FLOOR CAMBRIDGE, MA 02140	04-2313930	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
HARVARD UNIVERSITY C/O OFFICE OF THE RECORDING SECRETARY - 124 MT. AUBURN STREET, SUITE 430 N. - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.
HEALTHY EYES ALLIANCE 129 CHURCH STREET SUITE 820 NEW HAVEN, CT 06510	06-1273415	501(C)(3)	15,000.	0.			FOR HEALTHY EYES FOR FAIRFIELD

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HIGH SCHOOL SCHOLARSHIP FOUNDATION OF FAIRFIELD - PO BOX 682 - FAIRFIELD, CT 06824	06-1273415	501(C)(3)	10,734.	0.			FOR GENERAL SUPPORT.
HIGH WATER WOMEN FOUNDATION C/O CORBIN CAPITAL PARTNERS 590 MADISON AVE, 31ST FLOOR - NEW YORK, NY 10022	20-3609323	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
HOBART & WILLIAM SMITH COLLEGES OFFICE OF ADVANCEMENT 300 PULTENEY GENEVA, NY 14456	16-0743040	501(C)(3)	10,000.	0.			FOR THE ALUMNI FUND.
HOLE IN THE WALL GANG CAMP 555 LONG WHARF DRIVE NEW HAVEN, CT 06511	06-1157655	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
HOMEFRONT, INC. 88 HAMILTON AVENUE STAMFORD, CT 06902	30-0281085	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
HOMES WITH HOPE 49 RICHMONDVILLE AVENUE SUITE 112 WESTPORT, CT 06880	22-2534326	501(C)(3)	77,750.	0.			FOR GENERAL SUPPORT.
HORIZONS AT SACRED HEART UNIVERSITY - 5151 PARK AVENUE - FAIRFIELD, CT 06825	06-0776644	501(C)(3)	21,000.	0.			FOR GENERAL SUPPORT.
HORIZONS NATIONAL 120 POST ROAD WEST SUITE 202 WESTPORT, CT 06880	06-1468129	501(C)(3)	335,000.	0.			FOR THE ANNUAL APPEAL.
HORIZONS STUDENT ENRICHMENT PROGRAM - NEW CANAAN COUNTRY SCHOOL - 635 FROGTOWN ROAD - NEW CANAAN, CT 06840	06-0646765	501(C)(3)	32,000.	0.			FOR GENERAL SUPPORT.

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HORIZONS STUDENT ENRICHMENT PROGRAM, GREENS FARMS ACADEMY - 35 BEACHSIDE AVENUE PO BOX 998 - GREENS FARMS, CT 06838	06-0733693	501(C)(3)	67,500.	0.			FOR HORIZONS AT GFA 2016 SUMMER PROGRAM
HOUSATONIC COMMUNITY COLLEGE FOUNDATION - 900 LAFAYETTE BOULEVARD - BRIDGEPORT, CT 06604	06-1291848	501(C)(3)	375,000.	0.			FOR LEONHARDT SCHOLARS PROGRAM
HOUSATONIC VALLEY ASSOCIATION, INC. - P.O. BOX 28 - CORNWALL BRIDGE, CT 06754	06-6049295	501(C)(3)	20,000.	0.			FOR STILL RIVER YOUTH STEWARDSHIP PROGRAM
HOUSING DEVELOPMENT FUND, INC. 100 PROSPECT STREET, SUITE 100 STAMFORD, CT 06901	06-1276156	501(C)(3)	5,000.	0.			FOR THE FIRST-TIME HOMEBUYER PROGRAM
HUMAN SERVICES COUNCIL INC. ONE PARK STREET NORWALK, CT 06851	06-6102160	501(C)(3)	20,000.	0.			FOR SCHOOL BASED HEALTH CENTERS
HUMANE SOCIETY OF THE UNITED STATES - 2100 L STREET, NW - WASHINGTON, DC 20037	53-0225390	501(C)(3)	21,000.	0.			FOR GENERAL SUPPORT.
ICE HOCKEY IN HARLEM 127 W 127TH STREET STE. 415 NEW YORK, NY 10027	13-3577519	501(C)(3)	5,100.	0.			FOR GENERAL SUPPORT.
IMENTOR 30 BROAD STREET 9TH FLOOR NEW YORK, NY 10004	30-0105507	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
IMPACT WATER, INC P.O. BOX 780025 SAN ANTONIO, TX 78278	74-2504163	501(C)(3)	31,000.	0.			FOR INSTALLATION OF A CLEAN WATER SYSTEM IN HONDURAS

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INDEPENDENCE CHARTER SCHOOL 1600 LOMBARD STREET PHILADELPHIA, PA 19146	23-3060261	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
INDIAN HARBOR YACHT CLUB FOUNDATION - 710 STEAMBOAT ROAD - GREENWICH, CT 06830	27-3193524	501(C)(3)	10,000.	0.			FOR THE WATERFRONT IMPROVEMENT PROJECT
INSPIRICA, INC 141 FRANKLIN STREET STAMFORD, CT 06901	06-1172535	501(C)(3)	105,000.	0.			FOR GENERAL SUPPORT.
INSTITUTE FOR HUMANE STUDIES 3434 WASHINGTON BLVD. MS 1C5 ARLINGTON, VA 22201	94-1623852	501(C)(3)	15,100.	0.			FOR GENERAL SUPPORT.
INTERNATIONAL CHILDREN'S HEART FOUNDATION - 275 S WALNUT BEND ROAD, SUITE 102 - MEMPHIS, TN 38018	62-1570622	501(C)(3)	10,000.	0.			FOR FREE PEDIATRIC CARDIAC SURGERY ABROAD.
INTERNATIONAL INSTITUTE OF CONNECTICUT - 670 CLINTON AVENUE - BRIDGEPORT, CT 06605	06-0669118	501(C)(3)	64,000.	0.			FOR REFUGEE RESETTLEMENT.
INTERNATIONAL RESCUE COMMITTEE 122 E. 42ND STREET NEW YORK, NY 10168	13-5660870	501(C)(3)	101,500.	0.			FOR GENERAL SUPPORT.
JACOB BURNS FILM CENTER 405 MANVILLE ROAD PLEASANTVILLE, NY 10570	13-4038441	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
JEWISH CENTER FOR COMMUNITY SERVICES - 431 POST ROAD EAST, SUITE 17 - WESTPORT, CT 06880	06-0655499	501(C)(3)	9,243.	0.			FOR FY16 ANNUAL DISTRIBUTION.

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JEWISH HIGH SCHOOL OF CONNECTICUT 1937 WEST MAIN STREET STAMFORD, CT 06902	20-5952939	501(C)(3)	10,000.	0.			FOR EDUCATIONAL SUPPORT.
JEWISH SENIOR SERVICES FOUNDATION 175 JEFFERSON STREET FAIRFIELD, CT 06825	06-0846991	501(C)(3)	7,397.	0.			FOR GENERAL SUPPORT.
JWV COMMUNITY SCHOLARSHIPS INC. 22 FIRST STREET C/O RICHARD REDNISS STAMFORD, CT 06905	20-8421057	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - P.O. BOX 928 - LAWRENCE, KS 66044	48-0547734	501(C)(3)	8,000.	0.			FOR THE BENEFIT OF WEF.
KENNEDY CENTER 2440 RESERVOIR AVENUE TRUMBULL, CT 06611	06-0709295	501(C)(3)	75,934.	0.			FOR GENERAL SUPPORT.
KENT CONGREGATIONAL CHURCH 97 NORTH MAIN STREET P.O. BOX 306 KENT, CT 06757	06-6042383	501(C)(3)	13,000.	0.			FOR GENERAL SUPPORT.
KIDS EMPOWERED BY YOUR SUPPORT P.O. BOX 532 NEW CANAAN, CT 06840	20-4846463	501(C)(3)	20,000.	0.			FOR MUSIC FOR LIFE PROGRAM
KIDS IN CRISIS ONE SALEM STREET COS COB, CT 06807	06-1027885	501(C)(3)	42,777.	0.			FOR GENERAL SUPPORT.
KLEIN FOUNDATION 910 FAIRFIELD AVENUE BRIDGEPORT, CT 06605	06-1474233	501(C)(3)	34,364.	0.			FOR THE BENEFIT OF AFTER SCHOOL AT THE KLEIN.

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAUREL HOUSE 1616 WASHINGTON BOULEVARD STAMFORD, CT 06902	22-2511467	501(C)(3)	21,000.	0.			FOR THINKING WELL PROGRAM
LEARNING THROUGH AN EXPANDED ARTS PROGRAM - 441 WEST END AVENUE STE. 2G - NEW YORK, NY 10024	13-2925233	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
LEARY FIREFIGHTERS FOUNDATION 594 BROADWAY, STE 409 NEW YORK, NY 10012	13-4125074	501(C)(3)	223,800.	0.			FOR GENERAL SUPPORT.
LET'S GET READY 50 BROADWAY 25TH FLOOR NEW YORK, NY 10004	31-1698832	501(C)(3)	8,000.	0.			FOR NORWALK LGR
LEUKEMIA & LYMPHOMA SOCIETY 3601 EISENHOWER AVENUE STE 450 ALEXANDRIA, VA 22304	13-5644916	501(C)(3)	10,000.	0.			FOR THE "EVERY SAVE COUNTS"
LIBERATION PROGRAMS, INC. 129 GLOVER AVENUE 1ST FLOOR NORWALK, CT 06850	06-0867006	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
LIFEBRIDGE COMMUNITY SEERVICES 475 CLINTON AVENUE BRIDGEPORT, CT 06605	06-0646974	501(C)(3)	125,461.	0.			FOR GENERAL SUPPORT.
LINCOLN CENTER FOR THE PERFORMING ARTS - 70 LINCOLN CENTER PLAZA - NEW YORK, NY 10023	13-1847137	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
LISC-LOCAL INITIATIVES SUPPORT CORP. - 75 CHARTER OAK AVENUE SUITE 2-250 - HARTFORD, CT 06106	13-3030229	501(C)(3)	170,000.	0.			FOR AFFORDABLE HOUSING.

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LITERACY CENTER OF MILFORD, INC. 16 DIXON STREET MILFORD, CT 06460	06-1402186	501(C)(3)	7,500.	0.			FOR STRENGTHENING ENGLISH IN ADULTS PROJECT
LITERACY LAB P.O. BOX 3462 WASHINGTON, DC 20010	27-1777117	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
LITERACY VOLUNTEERS OF AMERICA STAMFORD/GREENWICH - 44 ARCH STREET - GREENWICH, CT 06830	51-0207941	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
LITTLE KIDS ROCK 271 GROVE AVE., BLDG E2 VERONA, NJ 07044	94-3396568	501(C)(3)	70,000.	0.			FOR CONNECTICUT IMPLEMENTATION AND NATIONAL PROGRAM
LONG NOW FOUNDATION 2 MARINA BLVD FORT MASON CENTER BLD SAN FRANCISCO, CA 94123	68-0384748	501(C)(3)	20,000.	0.			FOR THE HEATH HEN PROJECT.
MARC COMMUNITY RESOURCES 124 WASHINGTON STREET MIDDLETOWN, CT 06457	06-6011968	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
MARITIME AQUARIUM 10 NORTH WATER STREET NORWALK, CT 06854	06-1062912	501(C)(3)	25,000.	0.			FOR TEMPEST PROGRAM
MASONIC CHARITY FOUNDATION OF CT P.O. BOX 70 WALLINGFORD, CT 06492	06-1435920	501(C)(3)	52,000.	0.			FOR GENERAL SUPPORT.
MCGIVNEY COMMUNITY CENTER P.O. BOX 5220 BRIDGEPORT, CT 06610	22-3059815	501(C)(3)	21,000.	0.			FOR GENERAL SUPPORT.

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MEDIA MATTERS FOR AMERICA P.O. BOX 52155 WASHINGTON, DC 20091	47-0928008	501(C)(3)	50,000.	0.			FOR ENVIRONMENTAL ISSUES.
MERCY LEARNING CENTER OF BRIDGEPORT, INC. - 637 PARK AVENUE - BRIDGEPORT, CT 06604	22-2859879	501(C)(3)	40,168.	0.			FOR GENERAL SUPPORT.
MESERVE-KUNHARDT FOUNDATION 48 WHEELER AVENUE, 3RD FLOOR PLEASANTVILLE, NY 10570	20-2412662	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
MIAMI UNIVERSITY 725 E. CHESTNUT STREET PANUSKA DEVELOPMENT CENTER - OXFORD, OH 45056	31-6402089	501(C)(3)	25,000.	0.			FOR THE LINDMOR PROFESSORSHIP FUND
MILL RIVER COLLABORATIVE 1010 WASHINGTON BLVD. STAMFORD, CT 06901	06-1507648	501(C)(3)	26,080.	0.			FOR CAPITAL SUPPORT.
MISS HALL'S SCHOOL 492 HOLMES ROAD PITTSFIELD, MA 01202	04-2104273	501(C)(3)	50,000.	0.			FOR THE ANNUAL FUND.
MULLY CHILDREN'S FAMILY USA, INC 3000 OLD ALABAMA STE 119-302 ALPHARETTA, GA 30022	20-4105702	501(C)(3)	13,821.	0.			FOR GENERAL SUPPORT.
MUSIC HAVEN, INC P.O. BOX 207332 NEW HAVEN, CT 06520	01-0870395	501(C)(3)	24,500.	0.			FOR FELLOWSHIP SUPPORT FOR PARTICIPATION
NAMI CONNECTICUT 576 FARMINGTON AVENUE HARTFORD, CT 06105	22-2605701	501(C)(3)	15,000.	0.			FOR CHILDREN'S MENTAL HEALTH INITIATIVE

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NARAL PRO-CHOICE AMERICA 1156 15TH STREET NW WASHINGTON, DC 20005	52-1100361	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
NATL SOC DAUGHTERS OF AM REV 1776 D STREET NW WASHINGTON, DC 20006	53-0205923	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
NATURE CONSERVANCY-COLORADO OFFICE 2424 SPRUCE STREET BOULDER, CO 80302	53-0242652	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
NAUGATUCK VALLEY COMMUNITY COLLEGE FOUNDATION - 750 CHASE PKWY - WATERBURY, CT 06708	23-7165869	501(C)(3)	100,000.	0.			FOR LEONHARDT SCHOLARS PROGRAM
NEAR & FAR AID ASSOCIATION, INC P.O. BOX 717 SOUTHPORT, CT 06890	23-7036523	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
NEIGHBOR-TO-NEIGHBOR 248 EAST PUTNAM AVENUE GREENWICH, CT 06830	06-6071605	501(C)(3)	57,700.	0.			FOR NEIGHBOR TO NEIGHBOR 2016 STRATEGIC PLAN
NEIGHBORHOOD STUDIOS OF FAIRFIELD COUNTY - 391 EAST WASHINGTON AVENUE - BRIDGEPORT, CT 06608	06-0993269	501(C)(3)	52,750.	0.			FOR ARTS EDUCATION.
NEIGHBORS LINK STAMFORD 75 SELLECK STREET STAMFORD, CT 06902	27-5024317	501(C)(3)	29,000.	0.			FOR EXPANDED SUMMER READING
NEW BEGINNINGS FAMILY ACADEMY 184 GARDEN STREET SUITE 110 BRIDGEPORT, CT 06605	06-1578214	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.

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NEW CANAAN COUNTRY SCHOOL 545 PONUS RIDGE P.O. BOX 997 NEW CANAAN, CT 06840	06-0646765	501(C)(3)	9,500.	0.			FOR THE ANNUAL FUND.
NEW CANAAN HIGH SCHOOL 11 FARM ROAD NEW CANAAN, CT 06850	06-6002043	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
NEW FAIRFIELD COMMUNITY FOUNDATION ONE BRUSH HILL ROAD BOX 307 NEW FAIRFIELD, CT 06812	06-1528030	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
NEW PROFIT, INC 200 CLARENDON STREET, 29TH FLOOR BOSTON, MA 02116	04-3396766	501(C)(3)	15,000.	0.			FOR SUPPORT TO THE EARLY LEARNING FUND
NEW REACH, INC. 153 EAST STREET 3RD FLOOR NEW HAVEN, CT 06511	22-3037451	501(C)(3)	170,000.	0.			FOR FAIRFIELD COUNTY HOUSING FIRST PROGRAM
NEW STORY, INC 870 MARKET STREET SUITE 1246 SAN FRANCISCO, CA 94102	47-2529408	501(C)(3)	31,600.	0.			FOR CONSTRUCTION OF A HOUSE IN LEVEQUE, HAITI.
NORWALK ACTS C/O STEPPING STONES MUSEUM - 303 WEST AVENUE - NORWALK, CT 06854	31-0671799	501(C)(3)	35,000.	0.			FOR GENERAL SUPPORT.
NORWALK COMMUNITY COLLEGE 188 RICHARDS AVENUE ATTN: FINANCIAL AID OFFICE - NORWALK, CT 06854	06-6080293	501(C)(3)	216,000.	0.			FOR GENERAL SUPPORT.
NORWALK GRASSROOTS TENNIS, INC. 394 WEST AVENUE NORWALK, CT 06850	06-1570097	501(C)(3)	10,000.	0.			FOR NORWALK GRASSROOTS TENNIS &

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NORWALK HOSPITAL FOUNDATION 34 MAPLE STREET NORWALK, CT 06856	22-2577707	501(C)(3)	12,605.	0.			FOR GENERAL SUPPORT.
NORWALK HOUSING FOUNDATION 24 1/2 MONROE STREET PO BOX 508 NORWALK, CT 06856	06-0962362	501(C)(3)	12,500.	0.			FOR 2016 SCHOLARSHIP PROGRAM
NORWALK SENIOR CENTER 11 ALLEN ROAD NORWALK, CT 06851	23-7121169	501(C)(3)	14,451.	0.			FOR SENIOR HOUSING ASSISTANCE FUND
NPH USA 265 WILLARD STREET 3RD FLOOR QUINCY, MA 02129	65-1229309	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
OBIE HARRINGTON-HOWES FOUNDATION P.O. BOX 2221 DARIEN, CT 06820	13-3980775	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
OMPRAKASH FOUNDATION 112 ROSEBROOK ROAD NEW CANAAN, CT 06840	20-8655418	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
OPEN DOOR SHELTER 4 MERRITT STREET NORWALK, CT 06854	22-2536909	501(C)(3)	45,000.	0.			FOR GENERAL SUPPORT.
OPERATION HOPE 636 OLD POST ROAD FAIRFIELD, CT 06824	06-1193489	501(C)(3)	26,000.	0.			FOR GENERAL SUPPORT.
ORTHOPAEDIC FOUNDATION FOR ACTIVE LIFESTYLES - 2777 SUMMER STREET, - STAMFORD, CT 06905	06-1605002	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.

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OUR PIECE OF THE PIE, INC. 20-28 SARGEANT STREET 2ND FLOOR HARTFORD, CT 06105	06-0939659	501(C)(3)	80,469.	0.			FOR PATHWAYS TO CAREER
PACKAGES FROM HOME 1201 S. 7TH. AVE. STE 50 PHOENIX, AZ 85007	20-1124013	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
PALACE THEATRE (STAMFORD CENTER FOR THE ARTS) - 61 ATLANTIC STREET - STAMFORD, CT 06901	06-1048684	501(C)(3)	15,159.	0.			FOR GET UP AND GIVE LAUNCH PRIZE
PARENT PROJECT MUSCULAR DYSTROPHY (PPMD) - 401 HACKENSACK AVENUE 9TH FLOOR - HACKENSACK, NJ 07601	31-1405490	501(C)(3)	50,000.	0.			FOR MEDICAL RESEARCH.
PARTNERS IN HEALTH P.O. BOX 845578 BOSTON, MA 02284	04-3567502	501(C)(3)	10,500.	0.			FOR THE ANNUAL APPEAL.
PARTNERSHIP FOR STRONG COMMUNITIES 227 LAWRENCE STREET THE LYCEUM HARTFORD, CT 06106	20-0882009	501(C)(3)	20,000.	0.			FOR HOME CAMPAIGN
PENCILS OF PROMISE 37 WEST 28TH STREET 3RD FLOOR NEW YORK, NY 10001	26-3618722	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
PEQUOT LIBRARY 720 PEQUOT AVENUE SOUTHPORT, CT 06890	06-0672790	501(C)(3)	15,356.	0.			FOR GENERAL SUPPORT.
PERSON-TO-PERSON 1864 POST ROAD DARIEN, CT 06820	06-1422248	501(C)(3)	179,691.	0.			FOR GENERAL SUPPORT.

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PHILLIPS EXETER ACADEMY NATHANIEL GILMAN ALUMNI/AE HOUSE 20 EXETER, NH 03833	02-0222174	501(C)(3)	150,000.	0.			FOR GENERAL SUPPORT.
PILATES METHOD ALLIANCE, INC. 1666 KENNEDY CAUSEWAY, SUITE 402 NORTH BAY VILLAGE, FL 33141	65-1074374	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
PINK AID, INC PO BOX 5157 WESTPORT, CT 06880	13-3848582	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
PIVOT MINISTRIES 485 JANE STREET BRIDGEPORT, CT 06608	06-0839030	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
PLANNED PARENTHOOD FEDERATION OF AMERICA, INC - 434 WEST 33RD STREET - NEW YORK, NY 10001	13-1644147	501(C)(3)	6,500.	0.			FOR GENERAL SUPPORT.
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVENUE - NEW HAVEN, CT 06511	06-0263565	501(C)(3)	72,200.	0.			FOR GENERAL SUPPORT.
POSITIVE DIRECTIONS 420 POST ROAD WEST WESTPORT, CT, CT 06880	06-0935732	501(C)(3)	8,250.	0.			FOR GENERAL SUPPORT.
POSSE FOUNDATION 14 WALL STREET, SUITE 8A-6 NEW YORK, NY 10005	13-3840394	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
PRINCETON UNIVERSITY P.O. BOX 591, 220 WEST COLLEGE FINANCIAL AID - PRINCETON, NJ 08542	21-0634501	501(C)(3)	41,000.	0.			FOR LACROSSE AND FIELD HOCKEY CONSTRUCTION PROJECT.

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PROJECT MORRY 350 EXECUTIVE BLVD. SUITE 125 ELMSFORD, NY 10523	13-3851126	501(C)(3)	20,000.	0.			FOR YEAR-ROUND YOUTH DEVELOPMENT
PROSPECTS, OPPORTUNITY AND ENRICHMENT, INC. - 25 PROSPECT STREET - RIDGEFIELD, CT 06877	46-1904997	501(C)(3)	15,000.	0.			FOR THE PROSPECTOR'S JOB TRAINING PROGRAM
PROTECT OUR DEFENDERS FOOUNDATION 20 PARK ROAD, SUITE E BURLINGAME, CA 94010	45-4044997	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
QUINNIPIAC UNIVERSITY OFFICE OF FINANCIAL AID - 275 MOUNT CARMEL AVENUE - HAMDEN, CT 06518	06-0646701	501(C)(3)	1,000.	0.			FOR GENERAL SUPPORT.
REACH PREP ONE DOCK STREET SUITE 100 STAMFORD, CT 06905	06-1438889	501(C)(3)	80,500.	0.			FOR GENERAL SUPPORT.
READ TO A CHILD 20 WILLIAM STREET #G25 WELLESLEY, MA 02841	20-3526239	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
REGIONAL YMCA OF WESTERN CONNECTICUT - 246 FEDERAL ROAD UNIT B21 - BROOKFIELD, CT 06804	06-6051610	501(C)(3)	21,000.	0.			FOR 2016 CAMP GREENKNOLL
RENEWAL HOUSE 18 AARON SAMUELS BOULEVARD PO BOX 6 DANBURY, CT 06813	22-3221915	501(C)(3)	20,000.	0.			FOR RENEWAL HOUSE PROGRAM
RESILIENCY CENER OF NEWTOWN 153 SOUTH MAIN STREET NEWTOWN, CT 06470	47-3404300	501(C)(3)	15,000.	0.			FOR RESILIENCY CENTERS MENU OF TRAUMA THERAPIES.

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RHODE ISLAND COMMUNITY FOUNDATION ONE UNION STATION PROVIDENCE, RI 02903	22-2604963	501(C)(3)	9,323.	0.			FOR TO BE ADDED TO DAN LEVINSON'S RI FOUNDATION ACCOUNT
RIDGEFIELD PLAYHOUSE 80 EAST RIDGE RIDGEFIELD, CT 06877	06-1463501	501(C)(3)	10,000.	0.			FOR THE TICKET OUTREACH PROGRAM.
RIDGEFIELD SYMPHONY ORCHESTRA 90 EAST RIDGE AVENUE RIDGEFIELD, CT 06877	06-6098657	501(C)(3)	6,000.	0.			FOR RSO/SPHERE PROGRAM
RINGLING COLLEGE OF ART AND DESIGN OFFICE OF ADVANCEMENT 2700N. TAMIAM SARASOTA, FL 34234	59-0637903	501(C)(3)	34,167.	0.			FOR GENERAL SUPPORT.
ROGER WILLIAMS UNIVERSITY ONE OLD FERRY ROAD OFFICE OF STUDENT FINANCIAL AID - BRISTOL, RI 02809	05-0277222	501(C)(3)	1,000.	0.			FOR SCHOLARSHIP FOR SAMANTHA ROCCA, ID# 1143832
ROOT CAPITAL 130 BISHOP ALLEN DRIVE 2ND FLOOR CAMBRIDGE, MA 02139	04-3478123	501(C)(3)	10,000.	0.			FOR SOCIAL ENTREPRENEURS LEADERSHIP FORUM.
ROTARY CLUB OF BRIDGEPORT 16 CENTERVIEW DRIVE SHELTON, CT 06484	20-5655260	501(C)(3)	5,726.	0.			FOR GENERAL SUPPORT.
RYASAP (REGIONAL YOUTH AND ADULT SOCIAL ACTION PARTNERSHIP) - 2470 FAIRFIELD AVENUE - BRIDGEPORT, CT 06605	06-1357699	501(C)(3)	45,000.	0.			FOR THE STREET SAFE MENTORING PROGRAM
SACRED HEART UNIVERSITY 5151 PARK AVENUE STUDENT FINANCIAL ASSISTANCE OFFICE - FAIRFIELD, CT 06825	06-0776644	501(C)(3)	1,123.	0.			FOR SCHOLARSHIP SUPPORT FOR NURSING PROGRAM.

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SAINT ANN'S SCHOOL 129 PIERREPONT STREET ATTN: DEVELOPMENT OFFICE - BROOKLYN, NY 11201	11-2606681	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
SAINT JOSEPH PARENTING CENTER 566 ELM STREET 2ND FLOOR STAMFORD, CT 06902	27-0490589	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
SALVATION ARMY 30 ELM STREET BRIDGEPORT, CT 06605	13-5562351	501(C)(3)	21,450.	0.			FOR GENERAL SUPPORT.
SAVE THE CHILDREN 501 KINGS HIGHWAY EAST SUITE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	10,003.	0.			FOR GENERAL SUPPORT.
SCHOLARSHIP AMERICA, INC ONE SCHOLARSHIP WAY ST. PETER, MN 56082	04-2296967	501(C)(3)	191,889.	0.			FOR GENERAL SUPPORT.
CHILD AND FAMILY GUIDANCE CENTER 180 FAIRFIELD AVENUE BRIDGEPORT, CT 06604	06-0669106	501(C)(3)	17,000.	0.			FOR GENERAL SUPPORT.
SERIOUSFUN CHILDREN'S NETWORK 228 SAUGATUCK AVENUE WESTPORT, CT 06880	31-1794455	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
SHELTER FOR THE HOMELESS 137 HENRY STREET, SUITE 205 STAMFORD, CT 06901	06-1144355	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
SHEPHERDS, INC 299 WASHINGTON AVENUE BRIDGEPORT, CT 06604	31-1724639	501(C)(3)	26,150.	0.			FOR GENERAL SUPPORT.

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SMITH COLLEGE PO BOX 340029 BOSTON, MA 02241	04-1843040	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT.
SOUNDWATERS 1281 COVE RD STAMFORD, CT 06902	06-1263947	501(C)(3)	79,500.	0.			FOR GENERAL SUPPORT.
SOUTH END COMMUNITY CENTER 19 BATES STREET STRATFORD, CT 06615	06-6002103	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
SOUTHERN CONNECTICUT STATE UNIVERSITY - 501 CRESCENT STREET OFFICE OF FINANCIAL AID - NEW HAVEN, CT 06515	23-7208882	501(C)(3)	3,600.	0.			FOR GENERAL SUPPORT.
SOUTHPORT CONGREGATIONAL CHURCH 524 PEQUOT AVENUE P.O. BOX 366 SOUTHPORT, CT 06490	13-1957221	501(C)(3)	5,357.	0.			FOR GENERAL SUPPORT.
SOUTHWESTERN CT AREA AGENCY ON AGING, INC. - 1000 LAFAYETTE BOULEVARD 9TH FLOOR - BRIDGEPORT, CT 06604	06-0916407	501(C)(3)	39,840.	0.			FOR GENERAL SUPPORT.
SQUASH HAVEN 70 TOWER PARKWAY NEW HAVEN, CT 06520	20-5500876	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
SQUASHBUSTERS 795 COLUMBUS AVENUE ROXBURY CROSSING, MA 02120	04-3330698	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
ST. JOSEPH HIGH SCHOOL 2320 HUNTINGTON TURNPIKE TRUMBULL, CT 06611	06-1560973	501(C)(3)	15,000.	0.			FOR 16 DISTRIBUTION FOR SCHOLARSHIP SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. LUKE'S EPISCOPAL CHURCH 1864 POST ROAD DARIEN, CT 06820	06-0662180	501(C)(3)	56,750.	0.			FOR THE COLUMBARIUM CAPITAL PROJECT
ST. LUKE'S SCHOOL 377 NORTH WILTON ROAD DEVELOPMENT NEW CANAAN, CT 06840	23-7099149	501(C)(3)	7,000.	0.			FOR YOUR CAPITAL CAMPAIGN.
ST. PAUL'S EPISCOPAL CHURCH 661 OLD POST ROAD FAIRFIELD, CT 06824	06-0655484	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
ST. PIUS X PARISH 834 BROOKSIDE DRIVE FAIRFIELD, CT 06824	06-0772959	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
ST. THERESA SCHOOL 55 ROSEMOND TERRACE TRUMBULL, CT 06611	06-0737923	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
ST. VINCENT'S MEDICAL CENTER FOUNDATION - 2800 MAIN STREET - BRIDGEPORT, CT 06606	22-2558132	501(C)(3)	46,000.	0.			FOR GENERAL SUPPORT.
STAMFORD HISTORICAL SOCIETY 1508 HIGH RIDGE ROAD STAMFORD, CT 06903	06-6039238	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
STAMFORD HOSPITAL 1351 WASHINGTON BLVD STAMFORD, CT 06902	06-0737923	501(C)(3)	128,000.	0.			FOR GENERAL SUPPORT.
STAMFORD MUSEUM & NATURE CENTER 39 SCOFIELDTOWN ROAD STAMFORD, CT 06903	06-0653148	501(C)(3)	22,636.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STAMFORD SYMPHONY ORCHESTRA 263 TRESSER BOULEVARD STAMFORD, CT 06901	06-6100039	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT.
STAMFORD YOUTH SERVICES BUREAU - CITY OF STAMFORD - 888 WASHINGTON BOULEVARD P.O. BOX 10152 - STAMFORD, CT 06904	06-6001536	501(C)(3)	30,000.	0.			FOR MAYOR'S YOUTH SUMMER EMPLOYMENT PROGRAM
STANWICH CONGREGATIONAL CHURCH 202 TACONIC ROAD GREENWICH, CT 06831	06-0860015	501(C)(3)	10,000.	0.			FOR THE ANNUAL FUND.
STAR, INC., LIGHTING THE WAY 182 WOLFPIT AVENUE NORWALK, CT 06852	06-0726489	501(C)(3)	35,000.	0.			FOR FIRST JOB PROGRAM
STARFISH CONNECTION 1127 HIGH RIDGE ROAD #255 STAMFORD, CT 06905	26-2410124	501(C)(3)	8,500.	0.			FOR GENERAL SUPPORT.
STARLIGHT STARBRIGHT CHILDREN'S FOUNDATION - 2049 CENTURY PARK EAST SUITE 4320 - LOS ANGELES, CA 90067	95-3802159	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
CONNECTICUT OFFICE OF HIGHER ED 61 WOODLAND STREET HARTFORD, CT 06105	06-6000798	501(C)(3)	5,297.	0.			FOR GENERAL SUPPORT.
STEPPING STONES MUSEUM FOR CHILDREN - MATHEWS PARK 303 WEST AVENUE - NORWALK, CT 06850	22-3199269	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
STERLING HOUSE 2283 MAIN STREET STRATFORD, CT 06615	06-0665192	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STORYVILLE CENTER FOR THE SPOKEN WORD - 481 BROADWAY, 3RD FLOOR - NEW YORK, NY 10013	13-3880953	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
SUMMER ON THE HILL, INC. 4662 TIBBETT AVENUE RIVERDALE, NY 10471	65-1232087	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
SUNRISE ROTARY 21ST CENTURY FOUNDATION, INC - P.O. BOX 43 - WESTPORT, CT 06881	06-1616012	501(C)(3)	19,820.	0.			FOR GENERAL SUPPORT.
SUPPORT CENTER FOR NONPROFIT MANAGEMENT - 42 BROADWAY 20TH FLOOR - NEW YORK, NY 10004	13-3911548	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
TEACH FOR AMERICA 370 JAMES STREET SUITE 404 NEW HAVEN, CT 06513	13-3541913	501(C)(3)	56,100.	0.			FOR GENERAL SUPPORT.
TEAK FELLOWSHIP 16 W 22ND STREET, 3RD FLOOR NEW YORK, NY 10010	13-4011465	501(C)(3)	75,000.	0.			FOR GENERAL SUPPORT.
TELEMACHUS FOUNDATION, INC 21 DEMPSEY LANE GREENWICH, CT 06830	45-1841414	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
THE CENTER FOR FAMILY JUSTICE, INC 753 FAIRFIELD AVENUE BRIDGEPORT, CT 06604	06-0646991	501(C)(3)	21,500.	0.			FOR GENERAL SUPPORT.
THE CHILDREN'S SCHOOL 118 SCOFIELDTOWN ROAD STAMFORD, CT 06903	06-1104354	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HEARING & SPEECH AGENCY OF METROPOLITAN BALTIMORE - 5900 METRO DR HENRY&JEANETTE WEINBERG BUILDING - BALTIMORE, MD 21215	52-0591577	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
THE JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS - PO BOX 101510 - ARLINGTON, VA 22210	53-0245017	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
THE WORKPLACE, INC. 350 FAIRFIELD AVENUE BRIDGEPORT, CT 06604	22-2484517	501(C)(3)	20,000.	0.			FOR PLATFORM TO EMPLOYMENT YOUTH
THIRTEEN/WNET 825 EIGHTH AVENUE NEW YORK, NY 10019	13-1945149	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
TREETOPS CHAMBER MUSIC SOCIETY -- NY OFFICE - PO BOX 735 - NEW YORK, NY 10033	20-4519702	501(C)(3)	8,200.	0.			FOR ARTISTS MENTOR YOUTH--A TREETOPS CMS MUSIC OUTREACH
TRINITY COLLEGE 300 SUMMIT STREET STUDENT ACCOUNTS HARTFORD, CT 06106	06-0646927	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
TRINITY EPISCOPAL CHURCH (NICHOLS) 1734 HUNTINGTON TURNPIKE TRUMBULL, CT 06611	06-6042592	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
TROMBONE SHORTY FOUNDATION 650 POYDRAS STREET, SUITE 2245 NEW ORLEANS, LA 70130	45-4524559	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
TRUMBULL LIBRARY 33 QUALITY STREET TRUMBULL, CT 06611	23-7098043	501(C)(3)	5,475.	0.			FY16 ANNUAL DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF RESERVATIONS 572 ESSEX STREET BEVERLY, MA 01915	04-2105780	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
TUFTS UNIV - SCH OF OCC THERAPY 26 WINTHROP STREET MEDFORD, MA 02155	04-2103634	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
UJA/FEDERATION OF GREENWICH ONE HOLLY HILL LANE GREENWICH, CT 06830	06-6068624	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
UN MUNDO 250 VINCENT DRIVE MOUNTAIN VIEW, CA 94041	91-2157711	501(C)(3)	8,000.	0.			FOR AFTER SCHOOL LITERACY PROGRAMS FOR HONDURAN VILLAGES.
UNITED CONGREGATIONAL CHURCH 877 PARK AVENUE BRIDGEPORT, CT 06604	06-0646934	501(C)(3)	6,500.	0.			FOR GENERAL SUPPORT.
UNITED JEWISH FEDERATION OF GREATER STAMFORD, INC - 1035 NEWFIELD AVENUE SUITE 200 - STAMFORD, CT 06905	06-0923384	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
UNITED WAY OF COASTAL FAIRFIELD COUNTY - 855 MAIN STREET 10TH FLOOR - BRIDGEPORT, CT 06604	06-0864341	501(C)(3)	7,811.	0.			FOR GENERAL SUPPORT.
UNITED WAY OF GREENWICH ONE LAFAYETTE COURT GREENWICH, CT 06830	06-0646578	501(C)(3)	60,550.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF BRIDGEPORT 126 PARK AVENUE BRIDGEPORT, CT 06604	06-0646936	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CONNECTICUT BURSAR'S OFFICE 233 GLENBROOK, UNIT STORRS, CT 06269	06-0772160	501(C)(3)	17,000.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF CONNECTICUT FOUNDATION - 2390 ALUMNI DRIVE, UNIT - STORRS, CT 06269	06-6070722	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF VIRGINIA -DARDEN SCHOOL FOUNDATION - P.O. BOX 400894 - CHARLOTTESVILLE, VA 00907	54-6046419	501(C)(3)	9,800.	0.			FOR THE DARDEN ANNUAL FUND.
URBAN LEAGUE OF SOUTHERN CONNECTICUT - 2777 SUMMER STREET STE 201 - STAMFORD, CT 06905	06-0856692	501(C)(3)	30,000.	0.			FOR URBAN YOUTH EMPOWERMENT PROGRAM
URU THE RIGHT TO BE, INC. P.O. BOX 26925 WEST HAVEN, CT 06516	56-2520642	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
VACAMAS PROGRAMS FOR YOUTH 256 MACOPIN ROAD WEST MILFORD, NJ 07480	13-5641852	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
VAIL VALLEY FOUNDATION P.O. BOX 309 VAIL, CO 81658	74-2215035	501(C)(3)	5,000.	0.			FOR YOUR ANNUAL APPEAL
VASSAR COLLEGE 124 RAYMOND AV OFFICE OF ALUMNAE AFFAIRS BOX725 - POUGHKEEPSIE, NY 12604	14-1338587	501(C)(3)	205,000.	0.			FOR GENERAL SUPPORT.
VILAR PERFORMING ARTS CENTER P.O. BOX 3822 AVON, CO 81620	84-1316133	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VISITING NURSE SERVICES OF CONNECTICUT, INC. - 765 FAIRFIELD AVENUE - BRIDGEPORT, CT 06604	06-0665196	501(C)(3)	7,733.	0.			FOR GENERAL SUPPORT.
WAKEMAN BOYS & GIRLS CLUB 385 CENTER STREET SOUTHPORT, CT 06890	06-0662198	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
WASHINGTON NATIONAL CATHEDRAL 3101 WISCONSIN AVE., NW ATTN: DEVELOPMENT - WASHINGTON, DC 20016	53-0196604	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
WATER 1ST 1904 3RD AVE. SUITE 1012 SEATTLE, WA 98101	20-2601035	501(C)(3)	88,315.	0.			FOR GENERAL SUPPORT.
WATERISLIFE P.O. BOX 2038 PHOENIX, AZ 85001	26-4470550	501(C)(3)	33,200.	0.			FOR GENERAL SUPPORT.
WATERSIDE SCHOOL 770 PACIFIC STREET STAMFORD, CT 06902	06-1609222	501(C)(3)	26,500.	0.			FOR GENERAL SUPPORT.
WE ACT FOR ENVIRONMENTAL JUSTICE 1854 AMSTERDAM AVENUE, 2ND FLOOR NEW YORK, NY 10031	13-3800068	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.
WESTCHESTER GOLF ASSOCIATION CADDIE SCHOLARSHIP FUND, INC. - 49 KNOLLWOOD ROAD - ELMSFORD, NY 10523	13-6100835	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
WESTPORT ARTS CENTER, INC. 51 RIVERSIDE AVENUE WESTPORT, CT 06880	06-0890501	501(C)(3)	5,600.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTPORT COUNTRY PLAYHOUSE 25 POWERS COURT WESTPORT, CT 06880	23-7357943	501(C)(3)	17,750.	0.			FOR GENERAL SUPPORT.
WESTPORT LIBRARY ASSOCIATION ARNOLD BERNHARD PLAZA 20 JESUP ROAD WESTPORT, CT 06880	06-0672798	501(C)(3)	5,805.	0.			FOR GENERAL SUPPORT.
WHOLESOME WAVE 855 MAIN STREET SUITE 910 BRIDGEPORT, CT 06604	26-0352899	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
WILDLIFE IN CRISIS, INC. P.O. BOX 1246 WESTON, CT 06883	22-3020015	501(C)(3)	18,500.	0.			FOR GIVING DAY PRIZES
WNYC - NEW YORK PUBLIC RADIO PO BOX 1550 NEW YORK, NY 10116	13-3015230	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
WOMEN'S BUSINESS DEVELOPMENT COUNCIL - 184 BEDFORD STREET, SUITE 201 - STAMFORD, CT 06901	06-1493737	501(C)(3)	67,000.	0.			FOR SUPPORT STAFFING NEW MICROLENDING INITIATIVE
WOMEN'S JUSTICE INITIATIVE A-625 P.O. BOX 669004 MIAMI SPRINGS, FL 33266	30-0681223	501(C)(3)	50,000.	0.			FOR THE ANNUAL APPEAL.
WOMEN'S MENTORING NETWORK, INC. 141 FRANKLIN STREET STAMFORD, CT 06901	06-1470354	501(C)(3)	15,000.	0.			FOR WMN DONOR DIVERSIFICATION PROJECT
WORLD VISION P.O. BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	5,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE CANCER CENTER P.O. BOX 7611 NEW HAVEN, CT 06519	06-0646973	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
YANCY FORUMS, LLC 33 RAILROAD AVENUE UNIT 4 MILFORD, CT 06460	46-3284034	501(C)(3)	15,000.	0.			FOR YANCY FORUMS FOR EDUCATIONAL LEADERS
YANKEE INSTITUTE FOR PUBLIC POLICY 216 MAIN STREET HARTFORD, CT 06106	52-1358144	501(C)(3)	5,200.	0.			FOR GENERAL SUPPORT.
YEAR UP - BOSTON 45 MILK STREET 9TH FLOOR BOSTON, MA 02109	04-3534407	501(C)(3)	13,000.	0.			FOR THE "TEAM UP WITH YEAR UP" & ANNUAL APPEAL.
YMCA, CENTRAL CONNECTICUT COAST 1240 CHAPEL STREET NEW HAVEN, CT 06511	06-0662195	501(C)(3)	201,233.	0.			FOR GENERAL SUPPORT.
YOUNG MARINERS FOUNDATION MERGED WITH SOUNDWATERS - 68 SOUTHFIELD AVENUE SUITE 100 - STAMFORD, CT 06902	06-1427077	501(C)(3)	10,000.	0.			FOR BLUE WATER BOUND SUMMER CAMP
YWCA OF GREENWICH 259 E. PUTNAM AVENUE GREENWICH, CT 06830	06-0646992	501(C)(3)	57,295.	0.			FOR THE 2015 SPIRIT OF GREENWICH AWARDS.

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 non-cash assistance
SCHOLARSHIPS TO RESIDENTS OF FAIRFIELD COUNTY FOR POST-SECONDARY EDUCATION IN A 2 OR 4 YEAR ACCREDITED INSTITUTION	143	724,560.	0.		

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

PART I, LINE 2:

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

Part IV Supplemental Information

THE FOUNDATION AWARDS SCHOLARSHIPS TO STUDENTS ATTENDING ELIGIBLE EDUCATIONAL INSTITUTIONS. TYPICALLY, THE FOUNDATION ISSUES THE CHECK DIRECTLY TO THE SCHOOL IN ORDER TO ENSURE THAT THE CHECK IS USED FOR QUALIFIED EDUCATION-RELATED EXPENSES. HOWEVER, INFREQUENTLY, THE FOUNDATION ISSUES A CHECK DIRECTLY TO THE STUDENT. THE FOUNDATION REQUIRES THE INDIVIDUAL TO SIGN A W-9 FORM AND AN ATTESTATION FORM IN AGREEMENT/UNDERSTANDING THAT THE SCHOLARSHIP AWARD IS STRICTLY FOR TUITION AND EDUCATION RELATED EXPENSES.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2015

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

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION

Employer identification number

06-1083893

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., 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 in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
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 non-fixed 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" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2015

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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JUANITA JAMES PRESIDENT AND CEO	(i)	264,392.	0.	0.	13,220.	8,936.	286,548.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FIONA HODGSON VP, DEVELOPMENT & MARKETING	(i)	201,253.	0.	0.	10,063.	1,147.	212,463.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KAREN BROWN VP, INNOVATION & STRATEGIC	(i)	162,592.	0.	0.	8,130.	13,413.	184,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

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.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	26	945,764.	FMV, DATE OF DEPOSIT
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

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

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPORTS THE NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for data entry.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION

Employer identification number

06-1083893

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

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, (THE "COMMUNITY FOUNDATION")

PROMOTES PHILANTHROPY AS A MEANS TO CREATE CHANGE IN FAIRFIELD COUNTY,

FOCUSING ON INNOVATIVE AND COLLABORATIVE SOLUTIONS TO CRITICAL ISSUES

IMPACTING THE COMMUNITY. THE COMMUNITY FOUNDATION PROVIDES:

-- PERSONALIZED PHILANTHROPIC ADVISORY SERVICES, GRANT SERVICES, AND

FINANCIAL STEWARDSHIP TO FUNDHOLDERS

-- COMMUNITY LEADERSHIP AND STRATEGIC, COLLABORATIVE INITIATIVES TO

ADDRESS KEY REGIONAL ISSUES, SUCH AS OLDER YOUTH, WOMEN AND GIRLS,

AFFORDABLE HOUSING, ECONOMIC OPPORTUNITY, AND OTHER AREAS

-- GRANTS, COUNSEL AND PROFESSIONAL DEVELOPMENT/LEADERSHIP AND OTHER

TRAINING TO LOCAL NONPROFITS

-- RESEARCH ON NONPROFITS AND CAUSES, DUE DILIGENCE AND CONSULTATION

WITH AGENCIES, AND MONITORING AND EVALUATION OF GRANT PROGRAMS AND

FOUNDATION INITIATIVES.

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

MANAGE CHARITABLE FUNDS AND IDENTIFY AND RESPOND TO COMMUNITY NEEDS

WITH STRATEGIC GRANTMAKING, PARTNERSHIPS AND INITIATIVES.

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

AND OFFERED FINANCIL MANAGEMENT TRAINING. FCCF PROVIDES GRANTS

SERVICES, RESEARCH AND EVALUATION - INCLUDING BACKGROUND RESEARCH ON

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

Name of the organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION	Employer identification number 06-1083893
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ALL GRANT APPLICATIONS, IDENTIFICATION OF REGIONAL TRENDS IN THE NON-PROFIT SECTOR, CONDUCTING POST-GRANT MONITORING AND EVALUATION, AND RESEARCHING INTEREST AREAS FOR OUR DONOR-ADVISED FUNDHOLDERS. IN ADDITION, THE ORGANIZATION PRODUCES RESEARCH PAPERS ON TOPICS OF INTEREST TO DONORS, COMMUNITY LEADERS AND STATE & LOCAL POLICYMAKERS.

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

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. A REDACTED COPY OF THE RETURN WITH THE DONOR NAMES REMOVED IS PROVIDED TO THE BOARD. THE BOARD MEMBERS ARE GIVEN 10 DAYS TO REVIEW THE PREPARED FORM 990 AND PROVIDE THEIR COMMENTS. ANY COMMENTS ARE THEN GROUPED AND SUMMARIZED BY THE VP OF FINANCE AND PROVIDED TO THE PRESIDENT FOR REVIEW. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

FCCF HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT ANNUALLY MONITORS AND ENFORCES. THE BOARD MANDATES THAT ALL FOUNDATION BOARD MEMBERS, COMMITTEE MEMBERS AND STAFF ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. THE SIGNED CONFLICT OF INTEREST POLICY IS SUBMITTED TO THE CEO/PRESIDENT, WHO REVIEWS THE SIGNED ATTESTATIONS FOR POTENTIAL OR ACTUAL CONFLICTS. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, IT IS THE RESPONSIBILITY OF EACH

Name of the organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION	Employer identification number 06-1083893
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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, THE FINANCIAL OFFICER 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 OFFICERS AND KEY 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. THE COMPENSATION DECISION IS THEN PRESENTED TO THE BOARD OF DIRECTORS AT A REGULARLY SCHEDULED MEETING FOR APPROVAL. COMPENSATION FOR THE CEO, VP, FINANCE, VP, PROGRAMS

Name of the organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION	Employer identification number 06-1083893
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AND VP, DEVELOPMENT AND MARKETING WERE LAST REVIEWED AND APPROVED DURING 2014.

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

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

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	560.
RETURN GRANTS	43,024.
TOTAL TO FORM 990, PART XI, LINE 9	43,584.

PART XII, LINE 2C EXPLANATION:

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