

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

JUNE 30, 2017

Prepared for	FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC. 40 RICHARDS AVENUE NORWALK, CT 06854
Prepared by	PKF O'CONNOR DAVIES, LLP 500 MAMARONECK AVENUE HARRISON, NY 10528-1633
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED.

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)

▶ 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.

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 40 RICHARDS AVENUE City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06854 F Name and address of principal officer: JUANITA T. JAMES SAME AS C ABOVE	D Employer identification number 06-1083893 E Telephone number (203) 750-3200 G Gross receipts \$ 77,910,868. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FCCFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1982		M State of legal domicile: CT

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
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 30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 30
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5 42
6	Total number of volunteers (estimate if necessary)	6 105
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a -9,482.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b -117,872.
8	Contributions and grants (Part VIII, line 1h)	8 14,379,340. 27,193,090.
9	Program service revenue (Part VIII, line 2g)	9 83,940. 75,703.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 6,407,737. 6,554,770.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 35,206. 37,930.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 20,906,223. 33,861,493.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 13,353,458. 17,209,245.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14 0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 2,754,984. 2,804,722.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a 0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 753,775.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 2,840,570. 2,556,053.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18 18,949,012. 22,570,020.
19	Revenue less expenses. Subtract line 18 from line 12	19 1,957,211. 11,291,473.
20	Total assets (Part X, line 16)	20 175,494,767. 207,454,250.
21	Total liabilities (Part X, line 26)	21 1,664,415. 2,535,857.
22	Net assets or fund balances. Subtract line 21 from line 20	22 173,830,352. 204,918,393.

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, CHIEF FINANCIAL OFFICER 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 11/10/17	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 \$ 17,209,245. including grants of \$ 17,209,245.) (Revenue \$) GRANTS - THE ORGANIZATION AWARDED AND MADE GRANTS TO 501(C)(3) ORGANIZATIONS TO PROMOTE EDUCATION AND YOUTH DEVELOPMENT, COMMUNITY & ECONOMIC DEVELOPMENT, THE ARTS, HEALTH SERVICES, THE ENVIRONMENT, EMPOWER WOMEN & GIRLS, AND NONPROFIT CAPACITY BUILDING. IN FISCAL YEAR 2017, THE ORGANIZATION AWARDED: 758 GRANTS FOR EDUCATION AND YOUTH DEVELOPMENT TOTALING \$7,512,750, 471 GRANTS TO INCREASE ECONOMIC OPPORTUNITY FOR COUNTY RESIDENTS TOTALING \$5,880,376, 129 GRANTS FOR THE ARTS TOTALING \$707,640, 53 GRANTS FOR ENVIRONMENT TOTALING \$480,687, 34 GRANTS FOR WOMEN & GIRLS PROGRAMS TOTALING \$823,851, 43 GRANTS FOR NONPROFIT CAPACITY BUILDING TOTALING \$418,437 AND 102 GRANTS FOR OTHER PROGRAMS TOTALING \$1,103,064.

4b (Code:) (Expenses \$ 1,689,099. including grants of \$) (Revenue \$ 75,703.) COMMUNITY LEADERSHIP - FCCF PROMOTES AND SUPPORTS COLLABORATIONS, PARTNERSHIPS AND INDICATIVES 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, WHICH PROVIDED SERVICES TO 686 INDIVIDUALS REPRESENTING 325 NONPROFIT ORGANIZATIONS. WE SPONSORED 21 ROUNDTABLE/NETWORKING EVENTS FOR NONPROFIT STAFF AND BOARD MEMBERS. WE ALSO CONDUCTED 11 EXECUTIVE LEADERSHIP COACHING SESSIONS FOR LEADERS OF HIGH IMPACT ORGANIZATIONS AND OFFERED FINANCIAL MANAGEMENT TRAINING.

4c (Code:) (Expenses \$ 575,105. including grants of \$ 0.) (Revenue \$ 0.) 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 DAY THAT RAISED \$1,465,246 IN GIVING DIRECTLY TO LOCAL CHARITIES.

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

4e Total program service expenses 19,473,449.

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

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 30		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 30		
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, CHIEF FINANCIAL OFFICER - 203-750-3200**
C/O 40 RICHARDS AVENUE, NORWALK, CT 06854

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) LIZANNE GALBREATH BOARD CHAIR	4.00	X		X			0.	0.	0.	
(2) MARTHA OLSON BOARD VICE CHAIR	3.00	X		X			0.	0.	0.	
(3) EDWIN FORD BOARD TREASURER	3.00	X		X			0.	0.	0.	
(4) JACQUELINE R. MILLAN BOARD SECRETARY	4.00	X		X			0.	0.	0.	
(5) GREG HARTCH BOARD MEMBER	1.00	X					0.	0.	0.	
(6) VINCENCIA ADUSEI BOARD MEMBER	1.00	X					0.	0.	0.	
(7) JOHN BAILEY BOARD MEMBER	2.00	X					0.	0.	0.	
(8) ANNIE BURLEIGH BOARD MEMBER	1.00	X					0.	0.	0.	
(9) BRANDON L. CARDWELL BOARD MEMBER	2.00	X					0.	0.	0.	
(10) ABELARDO S. CURDUMI BOARD MEMBER	1.00	X					0.	0.	0.	
(11) AMY DOWNER BOARD MEMBER	3.00	X					0.	0.	0.	
(12) BOB EYDT BOARD MEMBER	2.00	X					0.	0.	0.	
(13) CLAYTON H. FOWLER BOARD MEMBER	2.00	X					0.	0.	0.	
(14) GERALD M. FOX III BOARD MEMBER	1.00	X					0.	0.	0.	
(15) JOHN D FREEMAN BOARD MEMBER	1.00	X					0.	0.	0.	
(16) MICHELLE KAY GARVEY BOARD MEMBER	1.00	X					0.	0.	0.	
(17) STEVEN GOLDSTEIN BOARD MEMBER	2.00	X					0.	0.	0.	

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOEL GREEN BOARD MEMBER	2.00	X					0.	0.	0.	
(19) CRAIG HENRICH BOARD MEMBER	1.00	X					0.	0.	0.	
(20) DONALD KENDALL, JR. BOARD MEMBER	2.00	X					0.	0.	0.	
(21) DAVID L. LEVINSON, PHD BOARD MEMBER	2.00	X					0.	0.	0.	
(22) JONATHAN MOFFLY BOARD MEMBER	1.00	X					0.	0.	0.	
(23) LIZ MORTEN BOARD MEMBER	1.00	X					0.	0.	0.	
(24) JENNIFER PAGNILLO BOARD MEMBER	3.00	X					0.	0.	0.	
(25) SUZETTE RECINOS, ESQ BOARD MEMBER	1.00	X					0.	0.	0.	
(26) EILEEN SWERDLICK BOARD MEMBER	4.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							800,602.	0.	93,273.	
d Total (add lines 1b and 1c)							800,602.	0.	93,273.	

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEUBERGER BERMAN 605 THIRD AVENUE, NEW YORK, NY 10158	INVESTMENT MANAGEMENT SERVICES	242,320.
SILCHESTER INTERNATIONAL INVESTORS, 780 THIRD AVENUE, 42ND FLOOR, NEW YORK, NY	INVESTMENT MANAGEMENT SERVICES	215,499.
NEPC, LLC. 255 STATE STREET, BOSTON, MA 02109	INVESTMENT ADVISOR	179,259.

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 **3**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Form 990

06-1083893

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) MAYA LOUISE TICHIO BOARD MEMBER	2.00	X						0.	0.	0.
(28) BRIGGS L. TOBIN BOARD MEMBER	2.00	X						0.	0.	0.
(29) BRUCE WINNINGHAM BOARD MEMBER	1.00	X						0.	0.	0.
(30) RICHARD WENNING BOARD MEMBER	1.00	X						0.	0.	0.
(31) JUANITA JAMES PRESIDENT AND CEO	55.00			X				255,363.	0.	24,653.
(32) JOSEPH BAKER CHIEF FINANCIAL OFFICER	55.00			X				109,831.	0.	26,746.
(33) FIONA HODGSON VP, DEVELOPMENT & MARKETING	45.00					X		177,407.	0.	9,950.
(34) KAREN BROWN VP, INNOVATION & STRATEGIC LEARNING	55.00					X		150,578.	0.	25,726.
(35) NANCY VON EULER VP OF PROGRAMS	55.00					X		107,423.	0.	6,198.
Total to Part VII, Section A, line 1c								800,602.		93,273.

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

Form 990 (2016)

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Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	386,110.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	26,806,980.				
	g Noncash contributions included in lines 1a-1f: \$		3,626,548.				
	h Total. Add lines 1a-1f		27,193,090.				
	Program Service Revenue	2 a WORKSHOP INCOME AND SYMPOSIUM FEE	Business Code 900099	75,703.	75,703.		
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			75,703.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,018,458.		-10,361.	2,028,819.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	6,153.				
		(ii) Personal	0.				
		c Rental income or (loss)	6,153.				
	d Net rental income or (loss)		6,153.			6,153.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	48,427,517.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	43,891,205.				
		c Gain or (loss)	4,536,312.				
	d Net gain or (loss)		4,536,312.		879.	4,535,433.	
	8 a Gross income from fundraising events (not including \$ 386,110. of contributions reported on line 1c). See Part IV, line 18	a	189,507.				
		b Less: direct expenses	158,170.				
		c Net income or (loss) from fundraising events		31,337.			31,337.
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	440.			440.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		440.				
12 Total revenue. See instructions.			33,861,493.	75,703.	-9,482.	6,602,182.	

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

Form 990 (2016)

06-1083893 Page **10**

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	16,364,205.	16,364,205.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	845,040.	845,040.		
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	438,953.	166,761.	211,512.	60,680.
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	1,953,162.	970,772.	592,903.	389,487.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	86,739.	43,308.	26,032.	17,399.
9 Other employee benefits	147,764.	77,548.	38,636.	31,580.
10 Payroll taxes	178,104.	85,328.	58,930.	33,846.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	38,800.		38,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,000,424.		1,000,424.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	702,888.	534,755.	116,660.	51,473.
12 Advertising and promotion	28,227.	13,513.	9,354.	5,360.
13 Office expenses	113,774.	54,428.	37,758.	21,588.
14 Information technology	127,729.	61,194.	42,262.	24,273.
15 Royalties				
16 Occupancy	390,024.	186,857.	129,049.	74,118.
17 Travel	12,206.	5,848.	4,039.	2,319.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	51,060.	29,962.	13,401.	7,697.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	10,383.	4,974.	3,436.	1,973.
23 Insurance	11,801.	2,124.	8,834.	843.
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	31,924.	6,586.	239.	25,099.
b MISCELLANEOUS	24,985.	11,965.	8,274.	4,746.
c REPAIRS & MAINTENANCE	6,810.	3,263.	2,253.	1,294.
d PROGRAM INITIATIVE EXPE	5,018.	5,018.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	22,570,020.	19,473,449.	2,342,796.	753,775.
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)

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

Form 990 (2016)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	383,747.	1	148,266.	
	2 Savings and temporary cash investments	10,930,675.	2	28,281,244.	
	3 Pledges and grants receivable, net	63,887.	3	100,560.	
	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	163,409.	9	149,740.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	549,024.			
	b Less: accumulated depreciation	120,944.			
	11 Investments - publicly traded securities	59,231,040.	11	82,997,031.	
	12 Investments - other securities. See Part IV, line 11	104,677,339.	12	95,316,742.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	32,162.	15	32,587.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	175,494,767.	16	207,454,250.		
Liabilities	17 Accounts payable and accrued expenses	333,641.	17	321,224.	
	18 Grants payable	1,252,545.	18	2,173,001.	
	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	78,229.	25	41,632.	
	26 Total liabilities. Add lines 17 through 25	1,664,415.	26	2,535,857.	
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	3,715,448.	27	4,023,293.	
	28 Temporarily restricted net assets	170,114,904.	28	200,895,100.	
	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	173,830,352.	33	204,918,393.		
34 Total liabilities and net assets/fund balances	175,494,767.	34	207,454,250.		

Form **990** (2016)

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	33,861,493.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,570,020.
3	Revenue less expenses. Subtract line 2 from line 1	3	11,291,473.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	173,830,352.
5	Net unrealized gains (losses) on investments	5	19,770,705.
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	25,863.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	204,918,393.

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			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	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
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2016)

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

2016

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, INC.** Employer identification number **06-1083893**

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

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

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

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

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,909,531.	14,619,662.	19,995,952.	14,379,340.	27,193,090.	88,097,575.
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	11,909,531.	14,619,662.	19,995,952.	14,379,340.	27,193,090.	88,097,575.
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)						12,034,105.
6 Public support. Subtract line 5 from line 4.						76,063,470.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	11,909,531.	14,619,662.	19,995,952.	14,379,340.	27,193,090.	88,097,575.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	2,555,771.	2,410,204.	1,675,240.	1,736,844.	2,034,972.	10,413,031.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	4,091.	2,663.	9,008.		20,976.	36,738.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	20,151.	22,580.	309.	400.	440.	43,880.
11 Total support. Add lines 7 through 10						98,591,224.
12 Gross receipts from related activities, etc. (see instructions)					12	400,719.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	77.15 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	77.68 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 12a or 12b 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.		
11a		
11b		
11c		

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.		
1		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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.		
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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.			
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.			
2a			
2b			
3a			
3b			

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2016 INC.

06-1083893 Page 6

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2016 INC.

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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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2016 INC.

06-1083893 Page 8

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

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

OTHER INCOME

2012 AMOUNT: \$ 20,151.

2013 AMOUNT: \$ 22,580.

2014 AMOUNT: \$ 309.

2015 AMOUNT: \$ 400.

2016 AMOUNT: \$ 440.

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

2016

Name of the organization

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.

Employer identification number

06-1083893

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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) (2016)

Name of organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.	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		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 842,328.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 2,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.	Employer identification number 06-1083893
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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		\$ <u>2,364,254.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	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, INC.	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
2	STOCKS <hr/> <hr/> <hr/>	\$ 775,215.	02/02/17
7	STOCKS <hr/> <hr/> <hr/>	\$ 2,364,254.	12/28/16
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

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, INC.	Employer identification number 06-1083893
---	---

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2016

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c Total lobbying expenditures (add lines 1a and 1b)	0.													
d Other exempt purpose expenditures	20,815,821.													
e Total exempt purpose expenditures (add lines 1c and 1d)	20,815,821.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	942,367.	1,000,000.	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	235,592.	250,000.	250,000.	250,000.	985,592.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,478,388.
f Grassroots lobbying expenditures					

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

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

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 campaign activity expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

Employer identification number
06-1083893

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	203	
2 Aggregate value of contributions to (during year)	20,256,246.	
3 Aggregate value of grants from (during year)	11,853,666.	
4 Aggregate value at end of year	87,946,976.	
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) 2016

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	95,316,742.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	95,316,742.	

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	7,567.
(4) DEFERRED RENT	34,065.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	41,632.

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	51,658,168.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	19,770,705.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	255,725.
e	Add lines 2a through 2d	2e	20,026,430.
3	Subtract line 2e from line 1	3	31,631,738.
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	1,000,424.
b	Other (Describe in Part XIII.)	4b	1,229,331.
c	Add lines 4a and 4b	4c	2,229,755.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	33,861,493.

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	21,393,002.
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	158,170.
e	Add lines 2a through 2d	2e	158,170.
3	Subtract line 2e from line 1	3	21,234,832.
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	1,000,424.
b	Other (Describe in Part XIII.)	4b	334,764.
c	Add lines 4a and 4b	4c	1,335,188.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	22,570,020.

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 571 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 2014.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON PART VIII, LINE 8B: 158,170.

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule D (Form 990) 2016

06-1083893 Page 5

Part XIII Supplemental Information (continued)

AGENCY FUNDS-OTHER EXPENSES 97,555.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 255,725.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUNDS-CONTRIBUTIONS 2,000.

AGENCY FUNDS - INVESTMENT EARNINGS 1,223,299.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 4,032.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 1,229,331.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON PART VIII, LINE 8B: 158,170.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUNDS-GRANTS MADE 304,869.

FORFEITED SCHOLARSHIPS 29,895.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 334,764.

**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

2016

Open to Public Inspection

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

Employer identification number
06-1083893

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		36,009,268.
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		403,539.
3 a Sub-total	0	0			36,412,807.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			36,412,807.

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

Schedule F (Form 990) 2016

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

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

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

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as 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 ▶ _____

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; 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

Part V Supplemental Information

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

PART IV, LINE 1:

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

PART IV, LINE 3:

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

PART IV, LINE 5:

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

Open to Public Inspection

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

Employer identification number
06-1083893

Part I

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

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

- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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

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

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

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

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

Schedule G (Form 990 or 990-EZ) 2016 **INC.**

06-1083893 Page 2

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 (event type)	(event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	437,121.	87,696.	50,800.	575,617.
	2 Less: Contributions	342,563.	23,822.	19,725.	386,110.
	3 Gross income (line 1 minus line 2)	94,558.	63,874.	31,075.	189,507.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	44,054.	11,200.	12,866.	68,120.
	8 Entertainment	55,000.	9,160.		64,160.
	9 Other direct expenses	24,574.	416.	900.	25,890.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				158,170.
11 Net income summary. Subtract line 10 from line 3, column (d)				31,337.	

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

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

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

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

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

Schedule G (Form 990 or 990-EZ) 2016 INC.

06-1083893 Page 3

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule G (Form 990 or 990-EZ)

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Part IV Supplemental Information (continued)

Multiple blank horizontal lines for supplemental information.

**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.

OMB No. 1545-0047

2016

Open to Public
Inspection

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

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

Employer identification number
06-1083893

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
TRUMBULL LIBRARY 33 QUALITY ST TRUMBULL, CT 06611	23-7098043	501(C)(3)	5,082.	0.			FOR FY17 ANNUAL DISTRIBUTION FOR THE PURCHASE OF BOOKS.
MERCATUS CENTER GEORGE MASON UNIVERSITY, 3434 WASHINGTON BLVD 4TH FL - ARLINGTON, VA 22201	54-1436224	501(C)(3)	5,100.	0.			FOR GENERAL SUPPORT OF MERCATUS CENTER.
ROTARY CLUB OF BRIDGEPORT 16 CENTERVIEW DR SHELTON, CT 06484	20-5655260	501(C)(3)	5,315.	0.			FY17 ANNUAL DISTRIBUTION FOR GENERAL SUPPORT.
EAGLE HILL SCHOOL 214 MAIN STREET SOUTHPORT, CT 06890	06-1135389	501(C)(3)	5,317.	0.			CAPITAL CAMPAIGN.
AT HOME IN DARIEN, INC. 2 RENSHAW RD DARIEN, CT 06820	27-2250386	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT OF AT HOME DARIEN.
THE CHILDREN'S SCHOOL 118 SCOFIELDTOWN RD STAMFORD, CT 06903	06-1104354	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT OF THE CHILDREN'S SCHOOL.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 333.**
- 3** Enter total number of other organizations listed in the line 1 table **▶**

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

Schedule I (Form 990) (2016)

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

Schedule I (Form 990)

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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
BRIDGEPORT RESCUE MISSION 1088 FAIRFIELD AVE BRIDGEPORT, CT 06605	06-1362705	501(C)(3)	5,700.	0.			TO SUPPORT FEEDING PROGRAMS.
ANTI DEFAMATION LEAGUE 1952 WHITNEY AVE, #6 HAMDEN, CT 06517-1209	13-1818723	501(C)(3)	5,992.	0.			FOR ADL VOICES- A CONCERT FOR UNITY.
AUDUBON CONNECTICUT 613 RIVERSVILLE RD GREENWICH, CT 06831	13-1624102	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT OF AUDUBON CT.
CHILDREN'S RESCUE MISSION 3 PAPP ST NORWALK, CT 06854	06-1532209	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT CHILDREN'S RESCUE MISSION.
DARIEN EMS-POST 53 PO BOX 2066 DARIEN, CT 06820	06-1625224	501(C)(3)	6,000.	0.			TO HELP FUND MEDICAL PROGRAMS IN THE COMMUNITY.
FIRST PRESBYTERIAN CHURCH OF NEW CANAAN - 178 OENOKE RDG - NEW CANAAN, CT 06840	06-0767791	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT OF FIRST PRESBYTERIAN CHURCH
FOOD BANK OF LOWER FAIRFIELD COUNTY - 461 GLENBROOK RD - STAMFORD, CT 06906-1820	02-0684220	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT OF THE FOOD BANK OF LOWER FAIRFIELD.
GREENWICH LAND TRUST 370 ROUND HILL RD GREENWICH, CT 06831	06-0950851	501(C)(3)	6,000.	0.			FOR YOUR ANNUAL APPEAL.
HORSENECK FOUNDATION 254 E. PUTNAM AVENUE GREENWICH, CT 06830	30-0596764	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT OF HORSENECK FOUNDATION

Schedule I (Form 990)

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

Schedule I (Form 990)

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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
KENT CONGREGATIONAL CHURCH 97 NORTH MAIN STREET, P.O. BOX 306 KENT, CT 06757	06-6042383	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT KENT CONGREGATIONAL CHURCH.
WESTCHESTER GOLF ASSOCIATION CADDIE SCHOLARSHIP FUND - 49 KNOLLWOOD RD - ELMSFORD, NY 10523	13-6100835	501(C)(3)	6,000.	0.			FOR THE CADDIE SCHOLARSHIP FUND.
NATIONAL PHILANTHROPIC TRUST 165 TOWNSHIP LINE ROAD, SUITE 1200 JENKINTOWN, PA 19046-3533	23-7825575	501(C)(3)	6,227.	0.			FOR GROSSMAN FAMILY FOUNDATION.
GREENWICH HISTORICAL SOCIETY 39 STRICKLAND RD COS COB, CT 06807	06-6036049	501(C)(3)	6,500.	0.			ANNUAL APPEAL
NEW CANAAN COUNTRY SCHOOL 545 PONUS RIDGE RD, PO BOX 997 NEW CANAAN, CT 06840	06-0646765	501(C)(3)	6,500.	0.			FOR GENERAL SUPPORT OF NEW CANAAN COUNTRY SCHOOL.
UNIVERSITY OF CONNECTICUT 233 GLENBROOK STORRS, CT 06269-4100	06-0772160	501(C)(3)	6,500.	0.			FOR VARIOUS SCHOLARSHIPS.
DIOCESE OF BRIDGEPORT 238 JEWETT AVE BRIDGEPORT, CT 06606-2892	06-0737923	501(C)(3)	6,575.	0.			FOR THE ANNUAL CATHOLIC APPEAL.
CENTER FOR YOUTH LEADERSHIP C/O BRIEN MCMAHON HIGH SCHOOL, 300 NORWALK, CT 06854	06-6011881	501(C)(3)	6,750.	0.			FOR GENERAL OPERATING SUPPORT CENTER FOR YOUTH LEADERSHIP.
BRIGHTER LIVES FOR KIDS FOUNDATION PO BOX 841 SOUTHPORT, CT 06890	47-4411704	501(C)(3)	7,000.	0.			FOR SCHOOL SUPPLIES FOR ELEMENTARY SCHOOLS IN BRIDGEPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

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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
ST. LUKE'S EPISCOPAL CHURCH 1864 POST ROAD DARIEN, CT 06820-8128	06-0662180	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT OF ST LUKE'S EPISCOPAL CHURCH.
AMERICARES FOUNDATION 88 HAMILTON AVE STAMFORD, CT 06902	06-1008595	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT.
CONGREGATION B'NAI ISRAEL 2710 PARK AVENUE BRIDGEPORT, CT 06604	06-0653159	501(C)(3)	7,031.	0.			FOR FY17 ANNUAL DISTRIBUTION - TO SUPPORT YOUTH PROGRAMS AND FAMILY EDUCATION.
WILLIAM F. BUCKLEY JR. PROGRAM AT YALE UNIVERSITY, PO BOX 204539 - NEW HAVEN, CT 06520-4539	27-5131268	501(C)(3)	7,200.	0.			FOR GENERAL SUPPORT.
ATLANTIC SALMON FEDERATION PO BOX 807 CALAIS, ME 04619	13-2618801	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT OF ATLANTIC SALMON REGENERATION.
PROJECT MUSIC PO BOX 112016 STAMFORD, CT 06902	20-3800166	501(C)(3)	7,500.	0.			FOR GENERAL OPERATING SUPPORT OF PROJECT MUSIC.
ST. COLUMBA'S EPISCOPAL CHURCH 4201 ALBEMARLE ST NW WASHINGTON, DC 20016	53-0196608	501(C)(3)	7,500.	0.			AS OUR ANNUAL DONATION FOR GENERAL SUPPORT.
UNITED CONGREGATIONAL CHURCH 877 PARK AVE BRIDGEPORT, CT 06604	06-0646934	501(C)(3)	7,500.	0.			FOR SERVICES FOR THE ELDERLY.
FAIRFIELD THEATRE COMPANY 70 SANFORD ST FAIRFIELD, CT 06824	06-1594125	501(C)(3)	7,800.	0.			FOR GENERAL SUPPORT OF THE FAIRFIELD THEATRE COMPANY.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
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Schedule I (Form 990)

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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
SUNRISE ROTARY 21ST CENTURY FOUNDATION, INC. - PO BOX 43 - WESTPORT, CT 06881-4822	06-1616012	501(C)(3)	7,840.	0.			FOR THE TREE OF LIFE ORPHANAGE PROJECT.
ALZHEIMER'S ASSOCIATION - CT CHAPTER - 200 EXECUTIVE BLVD, STE 4B - SOUTHBURY, CT 06489-1058	42-1540769	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT CT CHAPTER.
GREENWICH LIBRARY 101 W PUTNAM AVE, TRUSTEES OFFICE GREENWICH, CT 06830-5387	06-6002281	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT GREENWICH LIBRARY.
VAIL VALLEY FOUNDATION PO BOX 6550 AVON, CO 81620	74-2215035	501(C)(3)	8,000.	0.			FOR YOUR ANNUAL APPEAL.
WHISKERS PET RESCUE PO BOX 367 SOUTHBURY, CT 06488	47-4357003	501(C)(3)	8,000.	0.			FOR THE BENEFIT OF JADE (NVS).
WILDLIFE IN CRISIS, INC. PO BOX 1246 WESTON, CT 06883	22-3020015	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT OF WILDLIFE IN CRISIS.
BRIGHAM AND WOMEN'S HOSPITAL DEVELOPMENT OFFICE, 116 HUNTINGTON BOSTON, MA 02116	04-2312909	501(C)(3)	8,100.	0.			FOR DR. STEVEN CHANG'S DISCRETIONARY FUND.
PT BARNUM FOUNDATION 1070 MAIN ST BRIDGEPORT, CT 06604	22-2655681	501(C)(3)	8,530.	0.			FOR FY17 ANNUAL DISTRIBUTION FOR GENERAL SUPPORT.
NEWTOWN SCHOLARSHIP ASSOCIATION PO BOX 302 NEWTOWN, CT 06470	06-6059483	501(C)(3)	9,000.	0.			TO COVER SCHOLARSHIP PAYMENTS FOR THE 2013-2016 RECIPIENTS.

Schedule I (Form 990)

**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
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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
INTERNATIONAL CHILDREN'S HEART FOUNDATION - 275 S WALNUT BEND RD, STE 102 - MEMPHIS, TN 38018	62-1570622	501(C)(3)	9,500.	0.			FOR CONGENITAL HEART DEFECT SURGERY DURING MEDICAL MISSION.
LOCKWOOD-MATHEWS MANSION MUSEUM 295 WEST AVE NORWALK, CT 06850	06-0811776	501(C)(3)	9,500.	0.			FOR GENERAL SUPPORT FROM FAIRFIELD COUNTY'S COMMUNITY FOUNDATION 2017 GIVING DAY.
BACKCOUNTRY JAZZ 15 E PUTNAM AVE, #397 GREENWICH, CT 06830	20-8523846	501(C)(3)	10,000.	0.			FOR BACKCOUNTRY JAZZ EDUCATION INITIATIVE
BALLET SCHOOL OF STAMFORD INC 175 ATLANTIC ST STAMFORD, CT 06901	06-1517402	501(C)(3)	10,000.	0.			TO PROMOTE AWARENESS AND EDUCATION STRICTLY FOR THE CLASSICAL PILATES.
BERKSHIRE BOTANICAL GARDEN 5 W STOCKBRIDGE RD STOCKBRIDGE, MA 01262	04-2125011	501(C)(3)	10,000.	0.			FOR SUPPORT OF THE RISING ROOTS PROGRAM.
BRIDGEPORT HOSPITAL AUXILIARY 267 GRANT AVE BRIDGEPORT, CT 06610	06-6042500	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT OF BRIDGEPORT HOSPITAL ADVOCACY.
CENTER FOR JUDICIAL EXCELLENCE PO BOX 150793 SAN RAFAEL, CA 94915	20-4892221	501(C)(3)	10,000.	0.			FOR BUYING/MAILING QUINCY BOOKS.
CHILD ADVOCATES OF CONNECTICUT 55 GREENS FARMS RD, SUITE 200-6 WESTPORT, CT 06880	27-2518861	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT OF CHILD ADVOCATES OF CT.
CHRIST CHURCH EPISCOPAL 400 HOLCOMB BRIDGE RD NORCROSS, GA 30071	58-0572411	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT OF CHRIST CHURCH EPISCOPAL.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

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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
CHRIST CHURCH GREENWICH REJOICE! CAMPAIGN. CHRIST CHURCH GR GREENWICH, CT 06830	06-0653266	501(C)(3)	10,000.	0.			FOR THE RISE UP PROJECT.
COLORADO MUSIC FESTIVAL & CENTER FOR MUSICAL ARTS - 200 E BASELINE RD - LAFAYETTE, CO 80026	84-0735716	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT OF THE COLORADO MUSIC FESTIVAL.
CONNECTICUT COMMUNITY CARE 43 ENTERPRISE DR BRISTOL, CT 06010	06-1024632	501(C)(3)	10,000.	0.			FOR WESTERN CONNECTICUT SENIOR RESOURCES.
CONNECTICUT RADIO INFORMATION SYSTEMS - 315 WINDSOR AVE - WINDSOR, CT 06095	06-0987696	501(C)(3)	10,000.	0.			TO SUPPORT THE FAIRFIELD COUNTY REGIONAL STUDIO
CT CENTER FOR PATIENT SAFETY 857 POST RD, #220 FAIRFIELD, CT 06824	20-1517678	501(C)(3)	10,000.	0.			FOR PATIENT SAFETY PUBLIC AWARENESS.
DARIEN YMCA 2420 POST RD DARIEN, CT 06820	06-0859795	501(C)(3)	10,000.	0.			FOR THE BUILDING AND RESTORATION PROJECT.
DISCOVERING AMISTAD 545 LONG WHARF, 4TH FL NEW HAVEN, CT 06511	47-4702508	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT OF DISCOVERING AMISTAD.
FRIENDS OF BRIDGEPORT PUBLIC LIBRARY - 925 BROAD ST - BRIDGEPORT, CT 06604	06-1488135	501(C)(3)	10,000.	0.			FOR NATIONAL EXTERNAL DIPLOMA PROGRAM
HALL SCHOOL 290 CLERMONT AVE BRIDGEPORT, CT 06610	06-6001865	501(C)(3)	10,000.	0.			TO SUPPORT ART PROGRAMS.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

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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
HARTFORD PUBLIC SCHOOLS 960 MAIN ST, 8TH FL HARTFORD, CT 06103	06-6001870	501(C)(3)	10,000.	0.			TO SUPPORT THE CARNEGIE HALL LINK-UP PROGRAM
HOBART & WILLIAM SMITH COLLEGES OFFICE OF ADVANCEMENT, 300 PULTENEY ST - GENEVA, NY 14456-9986	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 06511-6107	06-1157655	501(C)(3)	10,000.	0.			FOR YOUR MATCHING GIFT CHALLENGE.
HOOSICK TOWNSHIP HISTORICAL SOCIETY - PO BOX 536 - HOOSICK FALLS, NY 12090	51-0197091	501(C)(3)	10,000.	0.			TO SUPPORT THE CONSTRUCTION OF A PERMANENT RESTING PLACE FOR VETERANS
INROADS 10 S. BROADWAY ST. LOUIS, MO 63102	62-0967197	501(C)(3)	10,000.	0.			FOR COLLEGE LEADERSHIP DEVELOPMENT AND INTERNSHIP PROGRAM.
MALTA PRISON VOLUNTEERS PO BOX 481, 33 CHESTER PLACE SOUTHPORT, CT 06890	90-0130004	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT FOR MALTA JUSTICE INITIATIVE
MARC COMMUNITY RESOURCES 124 WASHINGTON ST MIDDLETOWN, CT 06457	06-6011968	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
NEAR & FAR AID ASSOCIATION, INC. PO BOX 717 SOUTHPORT, CT 06890-1710	23-7036523	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT WHERE IT IS NEEDED MOST.
NORFOLK LIBRARY 9 GREENWOODS RD EAST, POST OFFICE B NORFOLK, CT 06058	06-0662157	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT OF NORFOLK LIBRARY

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ROOT CAPITAL 130 BISHOP ALLEN DR, 2ND FL CAMBRIDGE, MA 02139	04-3478123	501(C)(3)	10,000.	0.			FOR GENERAL OPERATING SUPPORT OR ROOT CAPITAL.
SHINING HOPE FOR COMMUNITIES 175 VARICK ST, 5TH FL NEW YORK, NY 10014	27-1493201	501(C)(3)	10,000.	0.			FOR SPONSORSHIP OF THE 2ND GRADE CLASS.
ST. PAUL'S EPISCOPAL CHURCH 661 OLD POST RD FAIRFIELD, CT 06824	06-0655484	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT OF ST PAUL'S EPISCOPAL CHURCH.
SUMMER ON THE HILL, INC. 4662 TIBBETT AVE RIVERDALE, NY 10471	65-1232087	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT OF SUMMER OF THE HILL.
THE HEARING & SPEECH AGENCY OF METROPOLITAN BALTIMORE - 5900 METRO DR, HENRY AND JEANETTE WEINBERG BUILDING - BALTIMORE, MD	52-0591577	501(C)(3)	10,000.	0.			FOR GENERAL FUNDING OF THE HEARING & SPEECH AGENCY OF BALTIMORE.
TRINITY EPISCOPAL CHURCH (NICHOLS) 1734 HUNTINGTON TPKE TRUMBULL, CT 06611	06-6042592	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT OF TRINITY EPISCOPAL CHURCH.
UJA/FEDERATION OF GREENWICH 1 HOLLY HILL LN GREENWICH, CT 06830	06-6068624	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT OF THE UJA/FEDERATION OF GREENWICH.
UNIVERSITY OF VIRGINIA - DARDEN SCHOOL FOUNDATION - P.O. BOX 400894 - CHARLOTTESVILLE, VA 22907	54-6046419	501(C)(3)	10,000.	0.			FOR THE DARDEN ANNUAL FUND.
VOICES FOR PROGRESS EDUCATION FUND/TIDES CENTER - 1616 P ST NW, STE 430 - WASHINGTON, DC 20036	94-3213100	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT OF VOICES FOR PROGRESS EDUCATION.

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WESTPORT COUNTRY PLAYHOUSE 25 POWERS CT WESTPORT, CT 06880	23-7357943	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
WISHBONE 850 MONTGOMERY ST, STE 350 SAN FRANCISCO, CA 94133	27-3354192	501(C)(3)	10,000.	0.			FOR SUPPORT RESTRICTED TO LOWER FAIRFIELD COUNTY.
EXCEL BRIDGEPORT 1057 BROAD ST, STE 302 BRIDGEPORT, CT 06604	45-0824113	501(C)(3)	10,200.	0.			FOR GENERAL SUPPORT OF EXCEL BRIDGEPORT
CATO INSTITUTE 1000 MASSACHUSETTS AVE NW WASHINGTON, DC 20077	23-7432162	501(C)(3)	10,200.	0.			FOR GENERAL SUPPORT OF CATO INSTITUTE.
PARTNERS IN HEALTH P.O. BOX 996 FREDERICK, MD 21705	04-3567502	501(C)(3)	10,500.	0.			FOR GENERAL OPERATING SUPPORT OF PARTNERS IN HEALTH.
PINK AID PO BOX 5157 WESTPORT, CT 06880	13-3848582	501(C)(3)	10,500.	0.			FOR GENERAL SUPPORT OF PINK AID.
RIDGEFIELD PLAYHOUSE 80 E RIDGE RD RIDGEFIELD, CT 06877	06-1463501	501(C)(3)	10,500.	0.			FOR THE ARTS FOR EVERYONE PROGRAM.
STAMFORD PEACE YOUTH FOUNDATION 925 LONG RIDGE ROAD, ATTENTION: DON STAMFORD, CT 06903	27-1254631	501(C)(3)	10,500.	0.			FOR BEYOND LIMITS ACADEMIC PROGRAM.
STAR LIGHTING THE WAY, 182 WOLFPIT AVE NORWALK, CT 06852-0470	06-0726489	501(C)(3)	10,500.	0.			FOR GENERAL SUPPORT FROM FCCF'S 2017 GIVING DAY.

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WATERSIDE SCHOOL 770 PACIFIC ST STAMFORD, CT 06902	06-1609222	501(C)(3)	10,500.	0.			FOR GENERAL SUPPORT OF THE WATERSIDE SCHOOL.
BLOSSOM HILL FOUNDATION 33 SOUNDVIEW LN NEW CANAAN, CT 06840	26-4094865	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT OF THE BLOSSOM HILL FOUNDATION.
GREENWICH HOSPITAL FOUNDATION 35 RIVER RD COS COB, CT 06807	06-0646659	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT GREENWICH HOSPITAL FOUNDATION.
MIKEY'S WAY FOUNDATION 2228 BLACK ROCK TPKE, STE 311 FAIRFIELD, CT 06825	20-3825973	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT OF MIKEY'S WAY FOUNDATION.
ST. LUKE'S SCHOOL DEVELOPMENT OFFICE, 377 N WILTON RD NEW CANAAN, CT 06840	23-7099149	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT AS A SENIOR GIFT.
STARFISH CONNECTION 1127 HIGH RIDGE RD, #255 STAMFORD, CT 06905	26-2410124	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT OF STARFISH CONNECTION.
PEQUOT LIBRARY 720 PEQUOT AVE SOUTHPORT, CT 06890	06-0672790	501(C)(3)	11,331.	0.			FOR PEQUOT'S SCHOOL OUTREACH INITIATIVE
HIGH SCHOOL SCHOLARSHIP FOUNDATION OF FAIRFIELD - PO BOX 682 - FAIRFIELD, CT 06824	06-1273415	501(C)(3)	11,337.	0.			FY17 ANNUAL DISTRIBUTION FOR SCHOLARSHIPS.
CONNECTICUT AUDUBON SOCIETY STATE HQ - 314 UNQUOWA RD - FAIRFIELD, CT 06824	06-0653531	501(C)(3)	11,500.	0.			FOR THE FAIRFIELD COUNTY/SMITH RICHARDSON RESTORATION.

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AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST AT 79TH ST, ATTN: DEV OFFICE - NEW YORK, NY 10024-5192	13-6162659	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT AMERICAN MUSEUM OF NATURAL HISTORY.
CULTURAL ALLIANCE OF WESTERN CONNECTICUT - 287 MAIN ST - DANBURY, CT 06810	26-0811232	501(C)(3)	12,500.	0.			FOR GENERAL OPERATING SUPPORT.
ENCOURAGE KIDS FOUNDATION 1560 BROADWAY, STE 600 NEW YORK, NY 10036	13-3442216	501(C)(3)	12,500.	0.			FOR SERVING UP SMILES DONATION.
HUMAN SERVICES COUNCIL INC. 1 PARK ST NORWALK, CT 06851	06-6102160	501(C)(3)	12,500.	0.			FOR GENERAL SUPPORT OF HUMAN SERVICES COUNCIL INC.
PEOPLE'S INSTITUTE FOR SURVIVAL AND BEYOND - 601 N CARROLLTON AVE - NEW ORLEANS, LA 70119	72-1160700	501(C)(3)	12,500.	0.			FOR UNDOING RACISM WORKSHOPS IN BRIDGEPORT.
STAMFORD FAMILY YMCA 10 BELL ST STAMFORD, CT 06901	06-0646985	501(C)(3)	12,860.	0.			FOR LEAD ACADEMY AFTERSCHOOL PROGRAM.
ST. VINCENT'S MEDICAL CENTER FOUNDATION - 2800 MAIN STREET - BRIDGEPORT, CT 06606	22-2558132	501(C)(3)	13,000.	0.			FOR GENERAL SUPPORT OF ST. VINCENT'S MEDICAL CENTER.
YEAR UP - BOSTON 45 MILK ST, 9TH FL BOSTON, MA 02109	04-3534407	501(C)(3)	13,000.	0.			ANNUAL APPEAL
NORWALK HOSPITAL FOUNDATION 34 MAPLE ST NORWALK, CT 06856-9968	22-2577707	501(C)(3)	13,023.	0.			FY17 ANNUAL DISTRIBUTION FOR GENERAL SUPPORT.

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FRANKLIN STREET WORKS 41 FRANKLIN ST STAMFORD, CT 06901	03-0410556	501(C)(3)	13,250.	0.			FOR 2017 GIVING DAY PRIZE WINNER
NEIGHBOR-TO-NEIGHBOR 248 E PUTNAM AVE GREENWICH, CT 06830	06-6071605	501(C)(3)	13,250.	0.			ANNUAL APPEAL
ABILITY BEYOND DISABILITY 4 BERKSHIRE BLVD BETHEL, CT 06801	06-0776594	501(C)(3)	14,715.	0.			TO SUPPORT TRANSITIONING TOGETHER AT ABILITY BEYOND.
BARNUM MUSEUM FOUNDATION 820 MAIN ST BRIDGEPORT, CT 06604	22-2723433	501(C)(3)	15,000.	0.			FOR BARNUM'S WORLD WONDERS.
BOY SCOUTS OF AMERICA, CONNECTICUT YANKEE COUNCIL - 60 WELLINGTON RD - MILFORD, CT 06460	06-0646793	501(C)(3)	15,000.	0.			TO SUPPORT THE STEM LEARNING FOR LIFE DAY CAMP.
BOYS & GIRLS VILLAGE 528 WHEELERS FARMS RD MILFORD, CT 06461	22-2562827	501(C)(3)	15,000.	0.			FOR SUPPORT FOR THE WORK TO LEARN PROGRAM.
BURROUGHS COMMUNITY CENTER 2470 FAIRFIELD AVE BRIDGEPORT, CT 06605	06-1418097	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT
CITY LIGHTS AND COMPANY 130 ELM ST BRIDGEPORT, CT 06604	20-5462244	501(C)(3)	15,000.	0.			FOR PROGRAM SUPPORT OF TWO LOCATIONS IN DOWNTOWN BPT.
COMMUNITY CENTERS 61 E PUTNAM AVE GREENWICH, CT 06830	06-0703570	501(C)(3)	15,000.	0.			FOR CCI SUMMER YOUTH PROGRAM.

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CONNECTICUT SCIENCE CENTER 250 COLUMBUS BLVD HARTFORD, CT 06103	06-1538101	501(C)(3)	15,000.	0.			FOR NEXT GENERATION SCIENCE FOR STAMFORD PUBLIC SCHOOLS.
CONNECTICUT WOMEN'S EDUCATION & LEGAL FUND - ONE HARTFORD SQ W, STE 1-300 - HARTFORD, CT 06105-3701	06-0913214	501(C)(3)	15,000.	0.			FOR ACCESS TO LEGAL SERVICES FOR LOW-INCOME AND MODERATE INCOME POPULATIONS.
CONNECTICUT YANKEE COUNCIL 60 WELLINGTON RD MILFORD, CT 06460-0032	06-0646793	501(C)(3)	15,000.	0.			FOR STEM LEARNING FOR LIFE AFTERSCHOOL ENRICHMENT PROGRAM.
CULTURAL ALLIANCE OF FAIRFIELD COUNTY - MATHEWS PARK, 301 WEST AVE - NORWALK, CT 06850	94-3434503	501(C)(3)	15,000.	0.			FOR GENERAL OPERATING SUPPORT CULTURAL ALLIANCE OF FAIRFIELD.
GREEN VILLAGE INITIATIVE 325 LAFAYETTE ST, UNIT 9101 BRIDGEPORT, CT 06604	27-1439954	501(C)(3)	15,000.	0.			FOR ACADEMIC YOUTH PROGRAM.
HEALTHY EYES ALLIANCE 129 CHURCH ST, STE 820 NEW HAVEN, CT 06510	06-0706741	501(C)(3)	15,000.	0.			FOR HEALTHY EYES FOR FAIRFIELD COUNTY
JESSE LEE MEMORIAL UNITED METHODIST CHURCH - 207 MAIN ST - RIDGEFIELD, CT 06877	06-0769724	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT OF JESSE LEE MEMORIAL UNITED METHODIST CHURCH.
MASSACHUSETTS GENERAL HOSPITAL 125 NASHUA STREET #540, DEVELOPMENT OFFICE - BOSTON, MA 02114	04-1564655	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT OF THE CANCER CENTER.
MUTUAL HOUSING ASSOCIATION OF SOUTHWESTERN CT - 434 MAPLE AVENUE - BRIDGEPORT, CT 06605	22-3035152	501(C)(3)	15,000.	0.			FOR DEVELOPMENT OF MARKETING TOOLS.

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NEW NEIGHBORHOODS 76 PROGRESS DR, STE 140 STAMFORD, CT 06902	06-0864050	501(C)(3)	15,000.	0.			FOR TENANT ADVOCATE PROGRAM EXPANSION.
PRO BONO PARTNERSHIP 327 MAMARONECK AVE, STE 300 WHITE PLAINS, NY 10605	06-1264823	501(C)(3)	15,000.	0.			FOR PRO BONO PARTNERSHIP.
RESILIENCY CENER OF NEWTOWN 153 S MAIN ST NEWTOWN, CT 06470	47-3404300	501(C)(3)	15,000.	0.			FOR MENTAL HEALTH SUPPORT SERVICES
THE DIAPER BANK PO BOX 9017, 87 PEPPERIDGE DR NEW HAVEN, CT 06532	20-1179912	501(C)(3)	15,000.	0.			TO SUPPORT THE FAIRFIELD COUNTY DIAPER DISTRIBUTION NETWORK EXPANSION.
VACAMAS PROGRAMS FOR YOUTH 256 MACOPIN RD WEST MILFORD, NJ 07480	13-5641852	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT OF THE VACAMAS PROGRAMS FOR YOUTH.
INSTITUTE FOR HUMANE STUDIES 3434 WASHINGTON BLVD, MS 1C5 ARLINGTON, VA 22201	94-1623852	501(C)(3)	15,100.	0.			FOR GENERAL SUPPORT OF THE INSTITUTE OF HUMAN STUDIES.
FAIRFIELD MUSEUM & HISTORY CENTER 370 BEACH RD FAIRFIELD, CT 06824	06-0646622	501(C)(3)	15,331.	0.			FOR FY17 ANNUAL DISTRIBUTION FOR GENERAL SUPPORT.
YANKEE INSTITUTE FOR PUBLIC POLICY 216 MAIN ST HARTFORD, CT 06106	52-1358144	501(C)(3)	15,340.	0.			FOR GENERAL SUPPORT OF YANKEE INSTITUTE FOR PUBLIC POLICY.
COLLEGE SUMMIT 1763 COLUMBIA RD NW, 2ND FL WASHINGTON, DC 20009	52-2007028	501(C)(3)	15,870.	0.			FOR YOUR GENERAL FUND.

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GREATER BRIDGEPORT SYMPHONY SOCIETY - 446 UNIVERSITY AVE - BRIDGEPORT, CT 06604	06-6012460	501(C)(3)	15,886.	0.			FOR FY17 ANNUAL DISTRIBUTION FOR GENERAL SUPPORT.
BIBLIO CHARITABLE WORKS BIBLIO CHARITABLE WORKS, 78 1/2 PAT ASHEVILLE, NC 28801	20-3349067	501(C)(3)	16,000.	0.			FOR BUILDING A LIBRARY IN JAPAN.
SAVE THE CHILDREN 501 KINGS HWY E, STE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	16,000.	0.			FOR GENERAL SUPPORT OF SAVE THE CHILDREN.
CLASSICAL STUDIES ACADEMY 240 LINWOOD AVE BRIDGEPORT, CT 06604	06-6001865	501(C)(3)	16,636.	0.			FOR GENERAL SUPPORT OF CLASSICAL STUDIES ACADEMY
EMERGENCY PHYSICIANS OF BROOKLYN FOUNDATION - EMERGENCY PHYSICIANS OF BROOKLYN FOUNDATION, 450 CLARKSON AVENUE - BROOKLYN, NY	47-0918312	501(C)(3)	16,636.	0.			FOR GENERAL SUPPORT.
HARTFORD'S CAMP COURANT 285 BROAD ST HARTFORD, CT 06115	06-1018155	501(C)(3)	16,636.	0.			FOR GENERAL SUPPORT.
YMCA OF GREATER PROVIDENCE 371 PINE ST PROVIDENCE, RI 02903	05-0258878	501(C)(3)	16,636.	0.			FOR GENERAL SUPPORT OF CAMP FULLER.
CHILDREN'S AID SOCIETY 711 THIRD AVENUE SUITE 700 NEW YORK, NY 10017	13-5562191	501(C)(3)	16,636.	0.			FOR GENERAL SUPPORT OF THE FREDERICK DOUGLASS CENTER.
UNIVERSITY OF VIRGINIA SCHOOL OF LAW FOUNDATION - 580 MASSIE ROAD, ROOM SL316 - CHARLOTTESVILLE, VA 22907-3032	54-0838566	501(C)(3)	17,500.	0.			FOR GENERAL SUPPORT OF THE UNIVERSITY OF VIRGINIA SCHOOL OF LAW.

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CAROLINE HOUSE 574 STILLMAN ST BRIDGEPORT, CT 06608	06-1455101	501(C)(3)	17,750.	0.			TO SUPPORT LOW-INCOME WOMEN ACHIEVE ENGLISH.
WATER 1ST 1904 3RD AVE. SUITE 1012 SEATTLE, WA 98101	20-2601035	501(C)(3)	18,000.	0.			FOR THE CLEAN WATER PROJECT FOR BUENA VISTA.
ANN'S PLACE 80 SAW MILL RD DANBURY, CT 06810	22-3181832	501(C)(3)	18,550.	0.			FOR FY17 ANNUAL DISTRIBUTION FOR GENERAL SUPPORT.
CONNECTICUT VETERANS LEGAL CENTER 114 ORANGE AVE, 2ND FL NEW HAVEN, CT 06516	27-0963659	501(C)(3)	19,200.	0.			FOR ASSISTANCE WITH REMOVING LEGAL BARRIERS FOR VETERANS IN FAIRFIELD COUNTY.
STERLING HOUSE 2283 MAIN ST STRATFORD, CT 06615	06-0665192	501(C)(3)	19,600.	0.			FOR STERLING PARK DAY CAMP/COUNSELOR IN TRAINING PROGRAM.
ST. JOSEPH HIGH SCHOOL 2320 HUNTINGTON TPKE TRUMBULL, CT 06611-5099	06-1560973	501(C)(3)	19,683.	0.			FY17 ANNUAL DISTRIBUTION FOR SCHOLARSHIPS.
ST. THERESA SCHOOL 55 ROSEMOND TER TRUMBULL, CT 06611	06-0737923	501(C)(3)	19,683.	0.			FOR FY17 ANNUAL DISTRIBUTION FOR SCHOLARSHIPS.
AGING SERVICES FOUNDATION OF BOULDER COUNTY - PO BOX 471 - BOULDER, CO 80306	84-1518506	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT FOR AGING SERVICES FOUNDATION.
ARTS FOR HEALING 24 GROVE ST NEW CANAAN, CT 06840	06-1595505	501(C)(3)	20,000.	0.			FOR THE THEATERWORKS PROGRAM FOR CHILDREN & YOUTH WITH DISABILITIES.

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ASSOCIATION FOR FRONTOTEMPORAL DEGENERATION - RADNOR STATION BLDG 2 STE 320, 290 KING OF PRUSSIA RD - RADNOR, PA 19087	41-2073220	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT OF FRONTOTEMPORAL DEGENERATION.
CAMP TLC/JOEY DIPALO AIDS FOUNDATION - 812 N MARTELL AVE, APT 1 - LOS ANGELES, CA 90046	22-3453810	501(C)(3)	20,000.	0.			TO SUPPORT THE 2017 CAMP TLC PROGRAM.
CONTINUUM OF CARE 109 LEGION AVENUE NEW HAVEN, CT 06619	06-0836524	501(C)(3)	20,000.	0.			FOR BRIDGEPORT MENTAL HEALTH CRISIS PROGRAM.
CORPORATION FOR SUPPORTIVE HOUSING 77 BUCKINGHAM ST HARTFORD, CT 06106	13-3600232	501(C)(3)	20,000.	0.			FOR HEALTH ACCESS AND OUTCOMES THROUGH INTEGRATED HEALTH AND HOUSING MODELS.
DOMESTIC VIOLENCE CRISIS CENTER 777 SUMMER ST STAMFORD, CT 06901	06-1057356	501(C)(3)	20,000.	0.			FOR SUSTAINABILITYCT PROGRAM SUPPORT.
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	36-2865979	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT SCHOLARS FOUNDATION.
FRESH START WOMEN'S FOUNDATION 1130 E MCDOWELL RD PHOENIX, AZ 85006	86-0762610	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT IN HONOR OF AMANDA GARMANY.
HORIZONS AT SACRED HEART UNIVERSITY - 5151 PARK AVE - FAIRFIELD, CT 06825	06-0776644	501(C)(3)	20,000.	0.			FOR HORIZONS AT SACRED HEART UNIVERSITY SUMMER PROGRAM.
LITERACY LAB PO BOX 3462 WASHINGTON, DC 20010	27-1777117	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT OF THE LITERACY.

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NEW YORK WOMEN IN FILM & TELEVISION - 6 E 39TH ST - NEW YORK, NY 10016	13-2983705	501(C)(3)	20,000.	0.			TO FUND LET ME BE YOUR GIRL SHORT FILM.
PROJECT MORRY 350 EXECUTIVE BLVD ELMSFORD, NY 10523	13-3851126	501(C)(3)	20,000.	0.			FOR YEAR ROUND YOUTH DEVELOPMENT PROGRAM.
REGIONAL PLAN ASSOCIATION 4 IRVING PL NEW YORK, NY 10003	13-1624154	501(C)(3)	20,000.	0.			RPA LEADERSHIP INSTITUTE FOR HOUSING SOLUTIONS.
RENEWAL HOUSE 18 AARON SAMUELS BLVD DANBURY, CT 06813	22-3221915	501(C)(3)	20,000.	0.			TO SUPPORT RENEWAL HOUSE.
SAINT ANN'S SCHOOL 129 PIERREPONT ST BROOKLYN, NY 11201	11-2606681	501(C)(3)	20,000.	0.			FOR THE ST. ANN'S SCHOOL FUND.
SOUTHWEST REGIONAL MENTAL HEALTH BOARD - 1 PARK ST - NORWALK, CT 06851	06-0935934	501(C)(3)	20,000.	0.			FOR GENERAL OPERATING SUPPORT OF SOUTHWEST REGIONAL MENTAL HEALTH BOARD.
TELEMACHUS FOUNDATION, INC. 21 DEMPSEY LN GREENWICH, CT 06830	45-1841414	501(C)(3)	20,000.	0.			ANNUAL APPEAL
WAKEMAN BOYS & GIRLS CLUB 385 CENTER ST SOUTHPORT, CT 06890	06-0662198	501(C)(3)	20,000.	0.			FOR WAKEMAN SMILOW-BURROUGHS AFTERSCHOOL PROGRAM.
WHOLESOME WAVE 855 MAIN ST BRIDGEPORT, CT 06604	26-0352899	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT OF WHOLESOME WAVE.

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HORIZONS STUDENT ENRICHMENT PROGRAM - 35 BEACHSIDE AVE - GREENS FARMS, CT 06838-0998	06-0733693	501(C)(3)	20,500.	0.			FOR HORIZONS SUMMER 2017 PROGRAM.
TROMBONE SHORTY FOUNDATION 650 POYDRAS ST NEW ORLEANS, LA 70130	45-4524559	501(C)(3)	20,765.	0.			TO SUPPORT MUSIC EDUCATION AT THE TROMBONE SHORTY ACADEMY.
FOOD RESCUE US 27 ANN ST NORWALK, CT 06850	27-4486556	501(C)(3)	21,500.	0.			FOR VOLUNTEER FOOD RESCUE PLATFORM
STAMFORD MUSEUM & NATURE CENTER 39 SCOFIELDTOWN RD STAMFORD, CT 06903	06-0653148	501(C)(3)	21,524.	0.			FOR GENERAL SUPPORT OF STAMFORD MUSEUM & NATURE CENTER.
CENTER FOR SEXUAL ASSAULT CRISIS AND EDUCATION - 733 SUMMER ST - STAMFORD, CT 06901	06-1037583	501(C)(3)	22,000.	0.			TO SUPPORT WOMEN EMPOWERING WOMEN.
VISITING NURSE SERVICES OF CONNECTICUT, INC. - 765 FAIRFIELD AVE - BRIDGEPORT, CT 06604	06-0665196	501(C)(3)	22,180.	0.			FOR BRIDGEPORT TELEHEALTH COLLABORATIVE.
COMMUNITY FUND OF DARIEN 701 POST RD DARIEN, CT 06820	06-0737286	501(C)(3)	22,500.	0.			FOR GENERAL SUPPORT OF THE COMMUNITY FUND OF DARIEN.
LIBERATION PROGRAMS, INC. 129 GLOVER AVENUE NORWALK, CT 06850	06-0867006	501(C)(3)	22,500.	0.			FOR FAMILIES IN RECOVERY PROGRAM (FIRP).
NEW CANAAN HIGH SCHOOL 11 FARM ROAD NEW CANAAN, CT 06840	06-6002043	501(C)(3)	22,500.	0.			TO PROVIDE FOR A NAMED ENDOWED AWARD.

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SALVATION ARMY 30 ELM STREET BRIDGEPORT, CT 06605	13-5562351	501(C)(3)	22,878.	0.			FOR GENERAL SUPPORT FROM FAIRFIELD COUNTY'S COMMUNITY FOUNDATION 2017 GIVING DAY.
FAIRFIELD UNIVERSITY 1073 N BENSON RD FAIRFIELD, CT 06824	06-0646623	501(C)(3)	23,583.	0.			FOR YOUR AREA OF GREATEST NEED.
CURTAIN CALL 1349 NEWFIELD AVE STAMFORD, CT 06905	06-1343144	501(C)(3)	23,750.	0.			FOR 2017 GIVING DAY PRIZE WINNER.
ALL STARS PROJECT 1057 BROAD ST BRIDGEPORT, CT 06604	13-3148295	501(C)(3)	25,000.	0.			FOR DEVELOPMENT SCHOOL FOR YOUTH AFTER-SCHOOL PROGRAM.
BOYS & GIRLS CLUB OF GREENWICH 4 HORSENECK LN GREENWICH, CT 06830-6399	06-0646655	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT OF THE BOYS AND GIRLS CLUB.
BOYS & GIRLS CLUB OF STAMFORD 347 STILLWATER AVE STAMFORD, CT 06902	06-0646911	501(C)(3)	25,000.	0.			TO SUPPORT PROJECT LEARN.
BOYS AND GIRLS CLUB OF HAWAII 345 QUEEN ST. #900 HONOLULU, HI 96813	99-6005407	501(C)(3)	25,000.	0.			FOR CONTINUATION OF THE MULTIMEDIA PROGRAM.
BRASS CITY CHARTER SCHOOL 212 CHESTNUT AVENUE WATERBURY, CT 06710	46-2366321	501(C)(3)	25,000.	0.			TO SUPPORT THE MUSIC.
BRIDGEPORT THEATRE COMPANY 115 BUNGALOW AVE FAIRFIELD, CT 06824	27-2533084	501(C)(3)	25,000.	0.			FOR GENERAL OPERATIONS FOR THE BRIDGEPORT THEATRE COMPANY.

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CENTER FOR CHILDREN'S ADVOCACY, INC. - 65 ELIZABETH STREET - HARTFORD, CT 06105	06-1489575	501(C)(3)	25,000.	0.			FOR BRIDGEPORT CHILDREN'S LEGAL ADVOCACY PROJECT.
DANBURY GRASSROOTS ACADEMY 196 MAIN STREET DANBURY, CT 06810	20-4929313	501(C)(3)	25,000.	0.			FOR EDUCATION AND LEARNING.
ENDANGERED WOLF CENTER PO BOX 760 EUREKA, MO 63025	43-0996361	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT ENDANGERED WOLF CENTER.
ENGLISH LEARNER SUPPORT SERVICES OF FAIRFIELD COUNTY - 65 HIGH RIDGE RD - STAMFORD, CT 06905	81-4354687	501(C)(3)	25,000.	0.			FOR ASPIRE PROGRAM.
GRASSROOT SOCCER PO BOX 712 NORWICH, VT 05055	43-1957920	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT OF GRASSROOT.
GREATER BRIDGEPORT COMMUNITY ENTERPRISES - 459 IRANISTAN AVE - BRIDGEPORT, CT 06605	20-5759623	501(C)(3)	25,000.	0.			TO DEFRAY START-UP COSTS OF THE PARK CITY GREEN MATTRESS RECYCLING ENTERPRISE.
GUIDE DOGS FOR THE BLIND PO BOX 151200 SAN RAFAEL, CA 94915-1200	94-1196195	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT GUIDE DOGS FOR THE BLIND.
MIAMI UNIVERSITY - OH 725 E. CHESTNUT STREET OXFORD, OH 45056-3439	31-6402089	501(C)(3)	25,000.	0.			FOR THE LINDMOR PROFESSORSHIP FUND.
NARAL PRO-CHOICE AMERICA 1156 15TH ST NW WASHINGTON, DC 20005	52-1100361	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT NARAL PRO-CHOICE AMERICA.

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NEIGHBORHOOD PLAYHOUSE 340 E 54TH ST NEW YORK, NY 10022	13-1635274	501(C)(3)	25,000.	0.			TO HELP FUND THE SCHOOL AND ITS' PROGRAMS.
NEW BEGINNINGS FAMILY ACADEMY 184 GARDEN ST BRIDGEPORT, CT 06605	06-1578214	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT IN HONOR OF FCCF'S 25TH ANNIVERSARY.
NEW STORY 870 MARKET ST SAN FRANCISCO, CA 94102	47-2529408	501(C)(3)	25,000.	0.			FOR BUILDING NEW HOMES IN LABODRIE.
PARTNERSHIP FOR STRONG COMMUNITIES 227 LAWRENCE ST HARTFORD, CT 06106	20-0882009	501(C)(3)	25,000.	0.			FOR REACHING HOME CAMPAIGN.
POSSE FOUNDATION SUITE 8A-60 NEW YORK, NY 10005	13-3840394	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT OF POSSE.
REGIONAL YMCA OF WESTERN CONNECTICUT - 246 FEDERAL ROAD - BROOKFIELD, CT 06804	06-6051610	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT OF THE REGIONAL YMCA OF WESTERN CT.
STAMFORD SYMPHONY ORCHESTRA 263 TRESSER BLVD STAMFORD, CT 06901	06-6100039	501(C)(3)	25,000.	0.			FOR GENERAL OPERATING SUPPORT OF THE STAMFORD SYMPHONY ORCHESTRA.
STUDENTS MATTER 325 SHARON PARK DR MENLO PARK, CA 94025	27-3816952	501(C)(3)	25,000.	0.			TO SUPPORT THE EFFORTS IN CONNECTICUT LITIGATION CAMPAIGN.
TBICO 22 EAGLE RD DANBURY, CT 06810	06-1377246	501(C)(3)	25,000.	0.			FOR ASSIST UNDEREMPLOYED AND UNEMPLOYED WOMEN INCREASE INCOME.

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TODAY'S STUDENTS TOMORROW'S TEACHERS - 333 WESTCHESTER AVENUE - WHITE PLAINS, NY 10604	13-4049153	501(C)(3)	25,000.	0.			FOR TTSTS BRIDGEPORT FULL CIRCLE TEACHER PREPARATION PROGRAM.
YMCA OF NEW CANAAN 564 SOUTH AVE NEW CANAAN, CT 06840	06-0763077	501(C)(3)	25,000.	0.			FOR PROGRAMS SERVICING CHILDREN AND YOUTH WITH SPECIAL NEEDS.
YWCA OF DARIEN - NORWALK 49 OLD KINGS HWY N DARIEN, CT 06820	06-0935397	501(C)(3)	25,000.	0.			FOR GIRLS WITH IMPACT.
GEORGETOWN UNIVERSITY 37TH AND O STREETS NW WASHINGTON, DC 20073	53-0196603	501(C)(3)	25,500.	0.			FOR GENERAL SUPPORT FOR THE DEAN OF THE COLLEGE FUND.
WOMEN'S CENTER OF GREATER DANBURY 2 WEST ST DANBURY, CT 06810	06-0983819	501(C)(3)	25,500.	0.			FOR GENERAL OPERATING SUPPORT OF WOMEN'S CENTER OF GREATER DANBURY.
COS COB VOLUNTEER FIRE DEPARTMENT 200 POST ROAD COS COB, CT 06807	06-6064017	501(C)(3)	25,988.	0.			FOR FY17 ANNUAL DISTRIBUTION FOR GENERAL SUPPORT.
CONNECTICUT VOICES FOR CHILDREN 33 WHITNEY AVE NEW HAVEN, CT 06510	06-1435280	501(C)(3)	26,000.	0.			FOR GENERAL OPERATING SUPPORT OF CONNECTICUT VOICES FOR CHILDREN.
HORIZONS STUDENT ENRICHMENT PROGRAM - NEW CANAAN COUNTRY SCHOOL - 635 FROGTOWN RD - NEW CANAAN, CT 06840	06-0646765	501(C)(3)	26,000.	0.			FOR GENERAL SUPPORT OF HORIZONS STUDENT ENRICHMENT.
STAMFORD PUBLIC EDUCATION FOUNDATION, INC. - 247 MAIN STREET - STAMFORD, CT 06901	06-1462359	501(C)(3)	26,000.	0.			FOR GENERAL OPERATING SUPPORT OF STAMFORD PUBLIC EDUCATION .

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WATERISLIFE P.O.BOX 7481 EDMOND, OK 73083	26-4470550	501(C)(3)	26,000.	0.			FOR CREATING A CLEAN WATER SYSTEM FOR A VILLAGE IN AMBOSELI.
BREAST CANCER ALLIANCE 48 MAPLE AVE GREENWICH, CT 06830	06-1453500	501(C)(3)	26,500.	0.			FOR GENERAL SUPPORT OF BREAST CANCER ALLIANCE.
PLANNED PARENTHOOD FEDERATION OF AMERICA - ATTN: ONLINE SERVICES, 123 WILLIAM ST 10TH FL - NEW YORK, NY 10038	13-1644147	501(C)(3)	27,250.	0.			FOR GENERAL SUPPORT OF PLANNED PARENTHOOD FEDERATION.
AMERICAN RED CROSS 209 FARMINGTON AVE FARMINGTON, CT 06032	53-0196605	501(C)(3)	27,360.	0.			FOR CNA PROGRAM CERTIFICATION.
CENTER FOR POPULAR DEMOCRACY 449 TROUTMAN ST BROOKLYN, NY 11237	45-3813436	501(C)(3)	27,500.	0.			FOR CORE TEAM ORGANIZING.
CHARTER OAK CULTURAL CENTER 21 CHARTER OAK AVENUE HARTFORD, CT 06106	06-1026597	501(C)(3)	27,500.	0.			TO SUPPORT MUSIC AND ARTS EDUCATION.
COUNCIL OF CHURCHES OF GREATER BRIDGEPORT - 1718 CAPITOL AVE - BRIDGEPORT, CT 06604	06-0647008	501(C)(3)	27,619.	0.			FOR FY17 ANNUAL DISTRIBUTION TO SUPPORT THE PROJECT LEARN PROGRAM.
NORWALK SENIOR CENTER 11 ALLEN RD NORWALK, CT 06851	23-7121169	501(C)(3)	28,823.	0.			FOR GENERAL SUPPORT FROM FAIRFIELD COUNTY'S COMMUNITY FOUNDATION 2017 GIVING DAY.
CONECT 185 COLD SPRING ST NEW HAVEN, CT 06511	06-1392836	501(C)(3)	30,000.	0.			FOR GENERAL OPERATING SUPPORT OF CONECT.

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STAMFORD YOUTH SERVICES BUREAU - CITY OF STAMFORD - 888 WASHINGTON BLVD - STAMFORD, CT 06904-2152	06-6001536	CITY OF STAMFORD	30,000.	0.			FOR MAYOR'S SUMMER YOUTH EMPLOYMENT PROGRAM.
URBAN JUSTICE CENTER 40 RECTOR ST NEW YORK, NY 10006	13-3442022	501(C)(3)	30,000.	0.			FOR THE ASYLUM SEEKER ADVOCACY PROGRAM.
YMCA BRIDGEPORT-CENTRAL CT COAST YMCA - 850 PARK AVENUE - BRIDGEPORT, CT 06604	06-0662195	501(C)(3)	30,000.	0.			FOR TUITION ASSISTANCE AND THE CHILD FOOD PROGRAM.
CONNECTICUT BEARDSLEY ZOO 1875 NOBLE AVE BRIDGEPORT, CT 06610	23-7068821	501(C)(3)	30,178.	0.			FOR FY17 ANNUAL DISTRIBUTION FOR GENERAL SUPPORT.
NATIONAL SOCIETY FOR THE GIFTED AND TALENTED - 1 HIGH RIDGE PARK - STAMFORD, CT 06902	16-1688811	501(C)(3)	31,950.	0.			TO SUPPORT THE SUMMER 2017 PROGRAM.
CATHOLIC CHARITIES OF FAIRFIELD COUNTY - 238 JEWETT AVE - BRIDGEPORT, CT 06606	06-0653053	501(C)(3)	32,000.	0.			FOR YOUR FAMILY LOAN PROGRAM.
FRACTURED ATLAS 248 W 35TH ST NEW YORK, NY 10001	11-3451703	501(C)(3)	32,000.	0.			FOR THE REBIRTH ARTS COLLECTIVE SUMMER PROGRAM.
BRIDGEPORT NEIGHBORHOOD TRUST, INC. - 570 STATE STREET - BRIDGEPORT, CT 06604	22-2809353	501(C)(3)	32,250.	0.			FOR 2017 GIVING DAY PRIZE WINNER.
BRIDGEPORT HOSPITAL FOUNDATION 267 GRANT ST BRIDGEPORT, CT 06610	22-2908698	501(C)(3)	34,080.	0.			FOR FY17 ANNUAL DISTRIBUTION FOR GENERAL SUPPORT.

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IMPACTASSETS 7315 WISCONSIN AVENUE BETHESDA, MD 20814	26-2048480	501(C)(3)	34,409.	0.			FOR YOUR CHARITABLE FUND.
CONNECTICUT COUNCIL FOR PHILANTHROPY - 221 MAIN ST - HARTFORD, CT 06106	23-7024016	501(C)(3)	34,463.	0.			FOR EARLY CHILDHOOD FUNDERS' COLLABORATIVE.
ARCHIPELAGO INC-PROJECT MUSIC INC PO BOX 112016 STAMFORD, CT 06902	20-3800166	501(C)(3)	35,000.	0.			FOR GENERAL SUPPORT OF THE PROJECT MUSIC PROGRAM.
CONNECTICUT LEGAL SERVICES 62 WASHINGTON ST MIDDLETOWN, CT 06457	06-0955461	501(C)(3)	35,000.	0.			TO PROVIDE LEGAL SERVICES TO PT BARNUM AND THE PUBLIC HOUSING INITIATIVE
DANBURY YOUTH SERVICES 91 WEST ST DANBURY, CT 06810	06-0878252	501(C)(3)	35,000.	0.			FOR YOUTH AND FAMILY COUNSELING PROGRAM.
PENCILS OF PROMISE 37 W 28TH ST NEW YORK, NY 10001	26-3618722	501(C)(3)	35,000.	0.			FOR A NEW SCHOOL IN LAOS.
SOUTH END COMMUNITY CENTER, INC. 19 BATES ST STRATFORD, CT 06615	06-6002103	501(C)(3)	35,000.	0.			FOR SECC AFTERSCHOOL PROGRAM.
WOMEN'S JUSTICE INITIATIVE A-625 PO BOX 669004 MIAMI SPRINGS, FL 33266	30-0681223	501(C)(3)	35,000.	0.			FOR YOUR ANNUAL APPEAL.
UNITED WAY OF GREENWICH 1 LAFAYETTE CT GREENWICH, CT 06830	06-0646578	501(C)(3)	35,500.	0.			FOR THE ANNUAL APPEAL TOCQUEVILLE SOCIETY LEVEL.

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ELDERHOUSE 7 LEWIS ST NORWALK, CT 06851	06-0963343	501(C)(3)	37,500.	0.			FOR GENERAL SUPPORT FROM FCCF 2017 GIVING DAY.
FUTURE 5 135 ATLANTIC ST STAMFORD, CT 06902	46-2986201	501(C)(3)	37,500.	0.			FOR GENERAL OPERATING SUPPORT OF FUTURE 5.
JEWISH SENIOR SERVICES FOUNDATION 4200 PARK AVE BRIDGEPORT, CT 06604	06-0846991	501(C)(3)	38,326.	0.			FOR GENERAL SUPPORT FROM FAIRFIELD COUNTY'S COMMUNITY FOUNDATION 2017 GIVING DAY.
CAREER RESOURCES 350 FAIRFIELD AVE BRIDGEPORT, CT 06604	06-1427945	501(C)(3)	39,000.	0.			FOR AS A MATCHING GRANT IN SUPPORT OF OPENING DOORS OF FAIRFIELD COUNTY.
DATAHAVEN 129 CHURCH ST NEW HAVEN, CT 06510	06-1567201	501(C)(3)	39,600.	0.			FOR 2018 COMMUNITY WELLBEING SURVEY.
GREENS FARMS ACADEMY 35 BEACHSIDE AVE GREENS FARMS, CT 06438	06-0733693	501(C)(3)	41,500.	0.			FOR ANNUAL GIVING 2016-17.
GIRL SCOUTS OF CONNECTICUT 340 WASHINGTON ST HARTFORD, CT 06106	06-0662134	501(C)(3)	43,000.	0.			FOR STEP UP TO STEM PROGRAM.
CARVER FOUNDATION 7 ACADEMY ST NORWALK, CT 06850	06-0862072	501(C)(3)	44,250.	0.			FOR GENERAL SUPPORT OF CARVER FOUNDATION.
ALL OUR KIN PO BOX 8477 NEW HAVEN, CT 06530	06-1539280	501(C)(3)	45,000.	0.			FOR GENERAL SUPPORT OF ALL OUR IN KIN.

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CITY OF NORWALK 125 EAST AVE NORWALK, CT 06851	06-6011881	CITY OF NORWALK	45,000.	0.			FOR THE MAYOR'S SUMMER YOUTH EMPLOYMENT PROGRAM.
BRIDGEPORT PUBLIC EDUCATION FUND 446 UNIVERSITY AVE BRIDGEPORT, CT 06604	06-1379383	501(C)(3)	45,947.	0.			FOR GENERAL OPERATING SUPPORT BRIDGEPORT PUBLIC EDUCATION.
FRIENDS OF THE FERGUSON LIBRARY 1 PUBLIC LIBRARY PLZ STAMFORD, CT 06904	06-1027077	501(C)(3)	47,505.	0.			FOR FY17 ANNUAL DISTRIBUTION FOR GENERAL SUPPORT OF FERGUSON LIBRARY.
ADVENTURERS & SCIENTISTS FOR CONSERVATION - PO BOX 1834 - BOZEMAN, MT 59771	45-3345338	501(C)(3)	50,000.	0.			ANNUAL APPEAL
EARTHPLACE, INC. 10 WOODSIDE LN WESTPORT, CT 06880	06-0740523	501(C)(3)	50,000.	0.			FOR RENEWAL OF THE SVP CT AWARD.
HARLEM ACADEMY 1330 5TH AVE NEW YORK, NY 10026	56-2454573	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT OF HARLEM ACADEMY.
HARLEM CHILDREN'S ZONE 35 E 125TH ST NEW YORK, NY 10035	23-7112974	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT OF HARLEM CHILDREN'S ZONE.
IRIS - INTEGRATED REFUGEE & IMMIGRANT SERVICES - 235 NICOLL ST - NEW HAVEN, CT 06511	06-0653044	501(C)(3)	50,000.	0.			FOR THE RENTAL ASSISTANCE PROGRAM.
MISS HALL'S SCHOOL 492 HOLMES RD PITTSFIELD, MA 01202	04-2104273	501(C)(3)	50,000.	0.			FOR THE LEONHARDT ACADEMIC SKILLS CENTER.

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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
OCEAN CONSERVANCY 1300 19TH ST NW WASHINGTON, DC 20036	23-7245152	501(C)(3)	50,000.	0.			FOR THE PLASTICS PROGRAM.
PARENT PROJECT MUSCULAR DYSTROPHY (PPMD) - 401 HACKENSACK AVE - HACKENSACK, NJ 07601	31-1405490	501(C)(3)	50,000.	0.			FOR MEDICAL RESEARCH.
PRAXIS 54 W 40TH STREET NEW YORK, NY 10018	45-0967206	501(C)(3)	50,000.	0.			FOR SUPPORT OF THE VENTURE LABS.
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT OF THE SOUTHERN POVERTY LAW CENTER.
SQUASHBUSTERS 795 COLUMBUS AVE ROXBURY CROSSING, MA 02120-2108	04-3330698	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT OF SQUASH BUSTERS.
TEAK FELLOWSHIP 16 W 22ND ST NEW YORK, NY 10010	13-4011465	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT OF TEAK FELLOWSHIP.
WAKEMAN BOYS & GIRLS CLUB 2414 FAIRFIELD AVE BRIDGEPORT, CT 06605	27-1709201	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT OF THE WAKEMAN BOYS & GIRLS CLUB.
RYASAP (REGIONAL YOUTH AND ADULT SOCIAL ACTION PARTNERSHIP) - 2470 FAIRFIELD AVE - BRIDGEPORT, CT 06605-2647	06-1357699	501(C)(3)	50,500.	0.			TO SUPPORT CT STUDENTS FOR A DREAM COMMUNITY ORGANIZING.
KIDS IN CRISIS 1 SALEM ST COS COB, CT 06807	06-1027885	501(C)(3)	50,992.	0.			FOR GENERAL SUPPORT FROM FCCF'S 2017 GIVING DAY.

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KOLBE CATHEDRAL HIGH SCHOOL 33 CALHOUN PL BRIDGEPORT, CT 06604	06-0737923	501(C)(3)	51,285.	0.			FOR THE PERIMETER FENCING.
NEIGHBORHOOD STUDIOS OF FAIRFIELD COUNTY - 391 E WASHINGTON AVE - BRIDGEPORT, CT 06608	06-0993269	501(C)(3)	53,500.	0.			FOR GENERAL SUPPORT FROM FCCF 2017 GIVING DAY.
MCGIVNEY COMMUNITY CENTER PO BOX 5220 BRIDGEPORT, CT 06610	22-3059815	501(C)(3)	54,000.	0.			FOR GENERAL SUPPORT/SUMMER CAMP SCHOLARSHIPS.
FAMILY CENTERS 40 ARCH ST GREENWICH, CT 06830	06-0646656	501(C)(3)	58,663.	0.			FOR SCHOOL BASED HEALTH CENTERS
HUNTER COLLEGE FOUNDATION 695 PARK AVE NEW YORK, NY 10065	13-3598671	501(C)(3)	60,000.	0.			TO BE USED AS HEALTH SCHOLARSHIPS FOR UNDERGRADUATES.
PRINCETON UNIVERSITY 220 WEST COLLEGE PRINCETON, NJ 08542-0591	21-0634501	501(C)(3)	61,000.	0.			FOR THE LACROSSE AND FIELD HOCKEY CONSTRUCTION PROJECT.
INTERNATIONAL JUSTICE MISSION PO BOX 96961 WASHINGTON, DC 20090	54-1722887	501(C)(3)	62,250.	0.			FOR EXECUTIVE EDUCATION FOR SENIOR IJM MANAGEMENT.
CARDINAL SHEHAN CENTER 1494 MAIN ST BRIDGEPORT, CT 06604	06-1101081	501(C)(3)	63,481.	0.			FOR GENERAL SUPPORT OF THE CARDINAL SHEHAN CENTER.
CHILDREN'S LEARNING CENTER OF FAIRFIELD COUNTY - 64 PALMERS HILL RD - STAMFORD, CT 06902	06-0665191	501(C)(3)	64,090.	0.			FOR FY17 ANNUAL DISTRIBUTION TO SUPPORT EARLY CHILDHOOD EDUCATION PROGRAMS.

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PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVE - NEW HAVEN, CT 06511-2384	06-0263565	501(C)(3)	65,500.	0.			TO HELP SUPPORT THE BRIDGEPORT HEALTH CENTER.
CHILD AND FAMILY GUIDANCE CENTER 180 FAIRFIELD AVE BRIDGEPORT, CT 06604	06-0669106	501(C)(3)	66,250.	0.			FOR GENERAL SUPPORT OF CHILD AND FAMILY GUIDANCE.
YWCA OF GREENWICH 259 E PUTNAM AVE GREENWICH, CT 06830	06-0646992	501(C)(3)	70,250.	0.			FOR GENERAL SUPPORT OF THE YWCA OF GREENWICH.
INTAKE ORGANIZATION 400 MAIN ST STAMFORD, CT 06901	90-0725572	501(C)(3)	72,250.	0.			TO SUPPORT MUSIC EDUCATION AND YOUTH DEVELOPMENT.
UNITED WAY OF COASTAL FAIRFIELD COUNTY - 855 MAIN ST - BRIDGEPORT, CT 06604-4915	06-0864341	501(C)(3)	72,430.	0.			FOR GENERAL OPERATING SUPPORT OF THE UNITED WAY OF COASTAL FLORIDA.
EDUCATORS 4 EXCELLENCE 80 PINE ST NEW YORK, NY 10005	27-3382030	501(C)(3)	75,000.	0.			FOR GENERAL OPERATING SUPPORT EDUCATORS 4 EXCELLENCE.
LITTLE KIDS ROCK 271 GROVE AVE VERONA, NJ 07044	94-3396568	501(C)(3)	75,000.	0.			TO SUPPORT LKR MUSIC EDUCATION IMPLEMENTATION IN CONNECTICUT.
REACH PREP 1 DOCK ST STAMFORD, CT 06905	06-1438889	501(C)(3)	76,000.	0.			FOR GENERAL SUPPORT REACH PREP.
KENNEDY CENTER 2440 RESERVOIR AVE TRUMBULL, CT 06611	06-0709295	501(C)(3)	77,344.	0.			FOR GENERAL SUPPORT OF KENNEDY CENTER.

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MILL RIVER PARK COLLABORATIVE 1055 WASHINGTON BLVD STAMFORD, CT 06901	06-1507648	501(C)(3)	78,500.	0.			FOR GENERAL SUPPORT IN HONOR OF FCCF'S 25TH ANNIVERSARY.
CONNECTICUT FOOD BANK 2 RESEARCH PKWY WALLINGFORD, CT 06492	06-1063025	501(C)(3)	79,220.	0.			FOR GENERAL SUPPORT OF CONNECTICUT FOOD BANK.
HARVARD BUSINESS SCHOOL SOLDIERS FIELD BOSTON, MA 02163	04-2103580	501(C)(3)	80,000.	0.			FOR THE LINDMOR SCHOLARS FUND.
PACIFIC HOUSE 137 HENRY ST STAMFORD, CT 06901	06-1144355	501(C)(3)	85,000.	0.			FOR THE DEVELOPMENT OF YOUNG ADULT HOUSING AT 100 SOUTH MAIN STREET IN NORWALK.
CITY SQUASH PO BOX 619 BRONX, NY 10458	42-1535583	501(C)(3)	90,300.	0.			FOR GENERAL SUPPORT OF CITY SQUASH.
SOUTHWESTERN CT AREA AGENCY ON AGING, INC. - 1000 LAFAYETTE BLVD - BRIDGEPORT, CT 06604	06-0916407	501(C)(3)	99,568.	0.			FOR SENIOR HOUSING ASSISTANCE FUND.
FELLOWSHIP FOUNDATION, INC. PO BOX 23813 WASHINGTON, DC 20026-3813	53-0204604	501(C)(3)	100,000.	0.			FOR THE CORNERSTONE PROGRAM IN UGANDA.
GARY AND MARY WEST SENIOR DENTAL CENTER - 1525 4TH AVE - SAN DIEGO, CA 92101	47-3001738	501(C)(3)	100,000.	0.			FOR A MATCHING GIFT FOR GENERAL SUPPORT.
INNER-CITY FOUNDATION FOR CHARITY & EDUCATION - 238 JEWETT AVE - BRIDGEPORT, CT 06606	06-1318337	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT OF INNER-CITY FOUNDATION

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PRESIDIO TRUST 103 MONTGOMERY STREET SAN FRANCISCO, CA 94129	94-3306440	501(C)(3)	100,000.	0.			TO SUPPORT VETERAN'S PROGRAM.
BRIDGEPORT CHILD ADVOCACY COALITION -THE CENTER FOR RESEARCH AND ADVOCACY A - 475 CLINTON AVE - BRIDGEPORT, CT 06605	55-0823238	501(C)(3)	101,244.	0.			FOR GENERAL SUPPORT BRIDGEPORT CHILD ADVOCACY.
LEARY FIREFIGHTERS FOUNDATION 568BROADWAY NEW YORK, NY 10012	13-4125074	501(C)(3)	105,000.	0.			FOR GENERAL SUPPORT OF LEARY FIREFIGHTERS FOUNDATION.
AMERICARES FREE CLINICS 88 HAMILTON AVE STAMFORD, CT 06902	06-1422741	501(C)(3)	107,500.	0.			FOR GENERAL OPERATING SUPPORT OF AMERICARES FREE CLINICS.
SOUNDWATERS COVE ISLAND PARK STAMFORD, CT 06902	06-1263947	501(C)(3)	111,100.	0.			FOR GENERAL SUPPORT IN HONOR OF FCCF'S 25TH ANNIVERSARY.
HOPKINS SCHOOL 986 FOREST RD NEW HAVEN, CT 06515-2501	06-0646674	501(C)(3)	115,000.	0.			FOR THE HOPKINS FUND FOR STUDENTS OF PERFORMING ARTS IN HONOR OF JOANN WICH.
NEW REACH 153 EAST ST NEW HAVEN, CT 06511	22-3037451	501(C)(3)	117,500.	0.			FOR STABLE FAMILIES PROGRAM- FY 2017
IMMIGRANT JUSTICE CORPS 17 BATTERY PLACE SUITE 236 NEW YORK, NY 10004	46-4879076	501(C)(3)	120,000.	0.			FOR GENERAL SUPPORT IMMIGRANT JUSTICE CORPS.
DOMUS KIDS 83 LOCKWOOD AVE STAMFORD, CT 06902	06-0891998	501(C)(3)	120,067.	0.			FOR GENERAL OPERATING SUPPORT DOMUS KIDS

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CONNECTICUT FUND FOR THE ENVIRONMENT - 900 CHAPEL ST - NEW HAVEN, CT 06510	06-0990195	501(C)(3)	126,750.	0.			FOR GENERAL SUPPORT IN HONOR OF FCCF'S 25TH ANNIVERSARY.
INTERNATIONAL RESCUE COMMITTEE 122 E 42ND ST NEW YORK, NY 10168-1289	13-5660870	501(C)(3)	130,000.	0.			FOR GENERAL SUPPORT OF THE INTERNATIONAL RESCUE COMMITTEE.
MERCY LEARNING CENTER OF BRIDGEPORT - 637 PARK AVE - BRIDGEPORT, CT 06604	22-2859879	501(C)(3)	134,577.	0.			FOR LITERACY AND LIFE SKILLS TUTORING PROGRAM.
LIFEBRIDGE COMMUNITY SERVICES 475 CLINTON AVE BRIDGEPORT, CT 06605	06-0646974	501(C)(3)	144,016.	0.			FOR GENERAL SUPPORT OF LIFEBRIDGE COMMUNITY SERVICES.
WOMEN'S BUSINESS DEVELOPMENT COUNCIL - 184 BEDFORD ST - STAMFORD, CT 06901	06-1493737	501(C)(3)	147,000.	0.			FOR THE MICROENTERPRISE LENDING INITIATIVE.
TRINITY CHURCH 15 SHERWOOD PL GREENWICH, CT 06831	06-1531034	501(C)(3)	150,000.	0.			2016 ANNUAL APPEAL
PHILLIPS EXETER ACADEMY NATHANIEL GILMAN ALUMNI/AE HOUSE EXETER, NH 03833-2460	02-0222174	501(C)(3)	150,500.	0.			FOR GENERAL SUPPORT OF PHILLIPS EXETER ACADEMY.
CHILD GUIDANCE CENTER OF MID-FAIRFIELD COUNTY - 100 EAST AVE - NORWALK, CT 06851	06-0725052	501(C)(3)	158,000.	0.			TO BE USED TO SUPPORT ADDITIONAL BILINGUAL/BICULTURAL COUNSELING STAFF.
TEACH FOR AMERICA 370 JAMES ST NEW HAVEN, CT 06513	13-3541913	501(C)(3)	158,700.	0.			ANNUAL APPEAL

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FAMILY & CHILDREN'S AGENCY 9 MOTT AVE NORWALK, CT 06850	06-0970985	501(C)(3)	162,750.	0.			FOR GENERAL SUPPORT OF THE ASPIRE PROGRAM.
PERSON-TO-PERSON 1864 POST RD DARIEN, CT 06820-5802	06-1422248	501(C)(3)	166,750.	0.			FOR CAMPERSHIP SCHOLARSHIPS.
STEPPING STONES MUSEUM FOR CHILDREN - MATHEWS PARK, 303 WEST AVE - NORWALK, CT 06850	22-3199269	501(C)(3)	172,250.	0.			FOR THE ELLI PROGRAM.
YMCA 1240 CHAPEL ST NEW HAVEN, CT 06511	06-0662195	501(C)(3)	172,898.	0.			FY17 ANNUAL DISTRIBUTION FOR GENERAL SUPPORT.
SCHOLARSHIP AMERICA C/O FIRST NATIONAL BANK MINNESOTA ST. PETER, MN 56082	04-2296967	501(C)(3)	177,936.	0.			FOR 2016 SCHOLARSHIPS.
STAMFORD HOSPITAL FOUNDATION 1351 WASHINGTON BLVD STAMFORD, CT 06902	06-0646917	501(C)(3)	178,000.	0.			TO HELP FUND MEDICAL PROGRAMS.
CHILD GUIDANCE CENTER OF SOUTHERN CT, INC. - 196 GREYROCK PLACE - STAMFORD, CT 06901	06-0712058	501(C)(3)	194,600.	0.			FOR GENERAL OPERATING SUPPORT OF THE CHILD GUIDANCE CENTER OF CT.
VASSAR COLLEGE OFFICE OF ALUMNAE AFFAIRS & DEVELOPMENT - BOX 725 - POUGHKEEPSIE, NY 12604-0	14-1338587	501(C)(3)	205,000.	0.			FOR THE COMMUNITY WORKS PROGRAM.
GREENWICH SCHOLARSHIP ASSOCIATION PO BOX 4627 GREENWICH, CT 06831	06-1467698	501(C)(3)	207,589.	0.			FOR 2017 SCHOLARSHIP AWARDS.

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DARTMOUTH COLLEGE 6083 ALUMNI GYMNASIUM HANOVER, NH 03755-3512	02-0222111	501(C)(3)	210,500.	0.			FOR GENERAL SUPPORT OF DARTMOUTH COLLEGE.
ACHIEVEMENT FIRST 403 JAMES ST NEW HAVEN, CT 06513	65-1203744	501(C)(3)	227,069.	0.			FOR GENERAL SUPPORT OF ACHIEVEMENT FIRST.
FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277-0003	11-0303001	501(C)(3)	250,000.	0.			FOR FIDELITY CHARITABLE TRUST DONATION.
HORIZONS NATIONAL 120 POST RD W WESTPORT, CT 06880	06-1468129	501(C)(3)	280,000.	0.			FOR YOUR ANNUAL APPEAL.
INTERNATIONAL INSTITUTE OF CONNECTICUT - 670 CLINTON AVE - BRIDGEPORT, CT 06605	06-0669118	501(C)(3)	292,000.	0.			FOR GENERAL OPERATING SUPPORT OF THE INTERNATIONAL INSTITUTE OF CT.
INSPIRICA 141 FRANKLIN STREET STAMFORD, CT 06901	06-1172535	501(C)(3)	308,000.	0.			FOR CHILDREN'S SERVICES.
CONNECTICUT COALITION FOR ACHIEVEMENT NOW - 85 WILLOW STREET - NEW HAVEN, CT 06511	20-1612161	501(C)(3)	325,500.	0.			FOR GENERAL SUPPORT OF THE CONNECTICUT COALITION.
NORWALK COMMUNITY COLLEGE FOUNDATION - 188 RICHARDS AVE - NORWALK, CT 06854-1655	06-6080293	501(C)(3)	336,000.	0.			FOR CAREER CONNECTIONS - THRIVE BY 25.
BUILDING ONE COMMUNITY 75 SELLECK ST STAMFORD, CT 06902	27-5024317	501(C)(3)	337,000.	0.			FOR SUMMER READING PROGRAM FOR THE BUILDING ONE COMMUNITY.

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HOUSATONIC COMMUNITY COLLEGE FOUNDATION - 900 LAFAYETTE BLVD - BRIDGEPORT, CT 06604-4704	06-1291848	501(C)(3)	496,268.	0.			FOR FESP YEAR 2.
GREENWICH COUNTRY DAY SCHOOL PO BOX 623 GREENWICH, CT 06836-9891	06-0646657	501(C)(3)	506,000.	0.			FOR GENERAL SUPPORT OF GREENWICH COUNTRY DAY.
OPEN DOOR SHELTER 4 MERRITT ST NORWALK, CT 06854	22-2536909	501(C)(3)	550,000.	0.			FOR GENERAL SUPPORT OF OPEN DOOR SHELTER.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS TO RESIDENTS OF FAIRFIELD COUNTY FOR POST-SECONDARY EDUCATION IN A 2 OR 4 YEAR ACCREDITED INSTITUTION	317	845,040.	0.		

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

PART I, LINE 2:

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

Part IV Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number
06-1083893

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the 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"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

06-1083893

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JUANITA JAMES PRESIDENT AND CEO	(i)	255,363.	0.	0.	12,915.	11,738.	280,016.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) FIONA HODGSON VP, DEVELOPMENT & MARKETING	(i)	177,407.	0.	0.	8,872.	1,078.	187,357.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KAREN BROWN VP, INNOVATION & STRATEGIC LEARNING	(i)	150,578.	0.	0.	7,829.	17,897.	176,304.	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)							

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule J (Form 990) 2016

06-1083893

Page **3**

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

2016

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, INC.** Employer identification number **06-1083893**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	24	3,626,548.	SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part 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 isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

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

2016

Open to Public
Inspection

Name of the organization	FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.	Employer identification number	06-1083893
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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 VI, SECTION B, LINE 11B:

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION HAS ITS FORM 990 PREPARED BY AN
OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization	FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.	Employer identification number	06-1083893
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ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND THE AUDIT COMMITTEE, AND IS READY TO BE FILED WITH THE IRS, IT IS SUBMITTED ELECTRONICALLY TO MEMBERS OF THE BOARD OF DIRECTORS FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE BOARD MEMBERS ARE GIVEN 10 DAYS TO REVIEW THE PREPARED FORM 990 AND PROVIDE THEIR COMMENTS. ANY COMMENTS ARE THEN GROUPED AND SUMMARIZED BY THE CFO AND PROVIDED TO THE PRESIDENT FOR REVIEW. EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING.

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

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

Name of the organization	FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.	Employer identification number	06-1083893
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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, CHIEF FINANCIAL OFFICER, VP, PROGRAMS AND VP, DEVELOPMENT AND MARKETING WERE LAST REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE IN 2016.

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, AND THE ORGANIZATION'S WEBSITE. IN ADDITION, THE FORM 990, THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR INSPECTION AT THE FOUNDATION'S OFFICES AND COPIES ARE AVAILABLE UPON WRITTEN REQUEST AT 40 RICHARDS AVENUE, NORWALK, CT 06854 OR BY CALLING THE ORGANIZATION DIRECTLY

Name of the organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.	Employer identification number 06-1083893
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AT 203-750-3200.

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-4,032.
RETURN GRANTS	29,895.
TOTAL TO FORM 990, PART XI, LINE 9	25,863.

PART XII, LINE 2C EXPLANATION:

THE FOUNDATION HAS AN AUDIT COMMITTEE THAT OVERSEES THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT AUDITOR. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2017

Prepared for	FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC. 40 RICHARDS AVENUE NORWALK, CT 06854
Prepared by	PKF O'CONNOR DAVIES, LLP 500 MAMARONECK AVENUE HARRISON, NY 10528-1633
Amount due or refund	NO AMOUNT IS DUE.
Make check payable to	NO AMOUNT IS DUE.
Mail tax return and check (if applicable) to	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
Return must be mailed on or before	NOVEMBER 15, 2017
Special Instructions	THE RETURN SHOULD BE SIGNED AND DATED.

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

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017

2016

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A <input checked="" type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 40 RICHARDS AVENUE City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06854	D Employer identification number (Employees' trust, see instructions.) 06-1083893 E Unrelated business activity codes (See instructions.) 523000
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C Book value of all assets at end of year 207,454,249.	F Group exemption number (See instructions.)	G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust
--	---	--

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

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

J The books are in care of ▶ **JOSEPH BAKER, CHIEF FINANCIAL OFFI** Telephone number ▶ **203-750-3200**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales			
b Less returns and allowances			
c Balance ▶	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b 879.		879.
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5 -10,361.	STMT 1	-10,361.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule)	12		
13 Total. Combine lines 3 through 12	13 -9,482.		-9,482.

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

14 Compensation of officers, directors, and trustees (Schedule K)	14	
15 Salaries and wages	15	
16 Repairs and maintenance	16	
17 Bad debts	17	
18 Interest (attach schedule)	18	
19 Taxes and licenses	19	
20 Charitable contributions (See instructions for limitation rules) STATEMENT 4 SEE STATEMENT 2	20	0.
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	
23 Depletion	23	13,434.
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule) SEE STATEMENT 3	28	94,956.
29 Total deductions. Add lines 14 through 28	29	108,390.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-117,872.
31 Net operating loss deduction (limited to the amount on line 30)	31	
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-117,872.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-117,872.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
c Income tax on the amount on line 34	35c	0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	
39 Tax on Non-Compliant Facility Income. See instructions	39	
40 Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	0.

Part IV Tax and Payments

41a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a	
b Other credits (see instructions)	41b	
c General business credit. Attach Form 3800	41c	
d Credit for prior year minimum tax (attach Form 8801 or 8827)	41d	
e Total credits. Add lines 41a through 41d	41e	
42 Subtract line 41e from line 40	42	0.
43 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	43	
44 Total tax. Add lines 42 and 43	44	0.
45a Payments: A 2015 overpayment credited to 2016	45a	
b 2016 estimated tax payments	45b	
c Tax deposited with Form 8868	45c	
d Foreign organizations: Tax paid or withheld at source (see instructions)	45d	
e Backup withholding (see instructions)	45e	
f Credit for small employer health insurance premiums (Attach Form 8941)	45f	
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	45g	
46 Total payments. Add lines 45a through 45g	46	
47 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	47	
48 Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48	0.
49 Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	0.
50 Enter the amount of line 49 you want: Credited to 2017 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	50	

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

51 At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
52 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
53 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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

Sign Here

Signature of officer: _____ Date: _____ Title: **CHIEF FINANCIAL OFFICER**

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	GARRETT M. HIGGINS	GARRETT M. HIGGINS	11/10/17		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		

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

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

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

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ► 0.
 (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... ► 0.

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

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

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

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

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

Form 990-T (2016) INC.

06-1083893

Page 5

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

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

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

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

Form 990-T (2016)

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT	1
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DESCRIPTION	AMOUNT
ORDINARY INCOME:	1.
METROPOLITAN REAL ESTATE PARTNERS INTERNATIONAL III, LP	-2,095.
METROPOLITAN REAL ESTATE PARTNERS VI, LP	1,671.
KAYNE ANDERSON ENERGY FUND VII, LP	-10,265.
SIGULER GUFF DISTRESSED OPPORTUNITIES FUND III, LP	175.
PORTFOLIO INCOME:	-1.
BAIN CAPITAL VENTURE FUND 2014 L.P.	153.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-10,361.

FORM 990-T	CONTRIBUTIONS	STATEMENT	2
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DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
CHARITABLE CONTRIBUTIONS FROM FORM 990	N/A	17,209,245.
METROPOLITAN REAL ESTATE PARTNERS VI, LP	N/A	1.
KAYNE ANDERSON ENERGY FUND VII, LP	N/A	59.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		17,209,305.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
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DESCRIPTION	AMOUNT
TAX PREPARATION FEES	2,500.
EXPENSES RELATED TO PORTFOLIO INCOME	1.
METROPOLITAN REAL ESTATE PARTNERS INTERNATIONAL III, LP	52.
KAYNE ANDERSON ENERGY FUND VII, LP SPACING	92,404.
	-1.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	94,956.

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2011	
FOR TAX YEAR 2012	
FOR TAX YEAR 2013	11,042,638
FOR TAX YEAR 2014	11,042,578
FOR TAX YEAR 2015	13,352,963

TOTAL CARRYOVER 35,438,179

TOTAL CURRENT YEAR 10% CONTRIBUTIONS 17,209,305

TOTAL CONTRIBUTIONS AVAILABLE 52,647,484

TAXABLE INCOME LIMITATION AS ADJUSTED 0

EXCESS 10% CONTRIBUTIONS 52,647,484

EXCESS 100% CONTRIBUTIONS 0

TOTAL EXCESS CONTRIBUTIONS 52,647,484

ALLOWABLE CONTRIBUTIONS DEDUCTION 0

TOTAL CONTRIBUTION DEDUCTION 0

Form **4797**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

OMB No. 1545-0184

2016

Attachment
Sequence No. **27**

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

Identifying number

06-1083893

1 Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20

1

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

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2 METROPOLITAN REAL ESTATE PARTNERS INTERNAIONAL III, LP	VARIOUS	12/31/16				811.
3 Gain, if any, from Form 4684, line 39						3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37						4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824						5
6 Gain, if any, from line 32, from other than casualty or theft						6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.						7 811.
8 Nonrecaptured net section 1231 losses from prior years. See instructions SEE STATEMENT 5						8 5,336.
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions						9 0.

Part II Ordinary Gains and Losses (see instructions)

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

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss)

11 Loss, if any, from line 7						11 ()
12 Gain, if any, from line 7 or amount from line 8, if applicable						12 811.
13 Gain, if any, from line 31						13 68.
14 Net gain or (loss) from Form 4684, lines 31 and 38a						14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36						15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824						16
17 Combine lines 10 through 16						17 879.
18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14						18a
						18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2016)

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

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A	VARIOUS	12/31/16		
B				
C				
D				
These columns relate to the properties on lines 19A through 19D.				
	Property A	Property B	Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20			
21 Cost or other basis plus expense of sale	21			
22 Depreciation (or depletion) allowed or allowable	22			
23 Adjusted basis. Subtract line 22 from line 21	23			
24 Total gain. Subtract line 23 from line 20	24	68.		
25 If section 1245 property:				
a Depreciation allowed or allowable from line 22	25a			
b Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.				
a Additional depreciation after 1975. See instructions	26a			
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b			
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c			
d Additional depreciation after 1969 and before 1976	26d			
e Enter the smaller of line 26c or 26d	26e			
f Section 291 amount (corporations only)	26f			
g Add lines 26b, 26e, and 26f	26g	68.		
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).				
a Soil, water, and land clearing expenses	27a			
b Line 27a multiplied by applicable percentage	27b			
c Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:				
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a			
b Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:				
a Applicable percentage of payments excluded from income under section 126. See instructions	29a			
b Enter the smaller of line 24 or 29a. See instructions	29b			

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

30 Total gains for all properties. Add property columns A through D, line 24	30	68.
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	68.
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

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

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

FORM 4797

NONRECAPTURED NET SECTION 1231 LOSSES
FROM PRIOR YEARS

STATEMENT 5

TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2011	0.	0.	0.
2012	0.	0.	0.
2013	0.	0.	0.
2014	0.	0.	0.
2015	5,336.	0.	5,336.
TOTAL TO FORM 4797, LINE 8	5,336.	0.	5,336.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.

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

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
33	CHARITY WINDOWS PRO XP	0911003	SL	3.00	16	330.			330.	330.		0.
34	CARBON COPY 2U NO AUP	0911003	SL	3.00	16	132.			132.	132.		0.
35	HP LASERJET 4200 PRINTER	061704	SL	5.00	16	1,149.			1,149.	1,149.		0.
36	STANDARD REFRIGERATOR	102304	SL	5.00	16	428.			428.	428.		0.
37	DELL COMPUTER 2400 SERIES	072704	SL	5.00	16	1,071.			1,071.	1,071.		0.
38	DELL COMPUTER 2400 SERIES	072704	SL	5.00	16	921.			921.	921.		0.
39	4 - DELL DIMENSION LPB BACKUP EXEC WIN	0411105	SL	5.00	16	2,628.			2,628.	2,628.		0.
40	V10 SVR	051205	SL	3.00	16	294.			294.	294.		0.
41	BACKUP EXEC. WIN V10 MEDIA KIT	051205	SL	3.00	16	40.			40.	40.		0.
42	VERITAS BACKUP EXEC WIN B10 EXCH	051205	SL	3.00	16	174.			174.	174.		0.
43	LPB BACKUP EXEC WIN B10	051205	SL	3.00	16	605.			605.	605.		0.
44	14 - SMS EXCH 4.6 10-24	051205	SL	3.00	16	364.			364.	364.		0.
45	SMS EXCH 4.6 MEDIA 5 - WINDOWS XP	051205	SL	3.00	16	20.			20.	20.		0.
46	PROF. UPGRADE	050405	SL	3.00	16	40.			40.	40.		0.
47	SYMANTEC ANTIVIRUS ROLLING CASE -	050405	SL	3.00	16	85.			85.	85.		0.
48	LAPTOPS & PROJECTOR DELL 2300MP	072805	SL	7.00	16	105.			105.	105.		0.
49	PROJECTOR	072805	SL	5.00	16	1,165.			1,165.	1,165.		0.
50	LATITUDE D510	080505	SL	3.00	16	1,394.			1,394.	1,394.		0.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
51	MICROSOFT PUBLISHER 2003	080705	SL	3.00	16	147.			147.	147.		0.
52	DELL DIMENSION 3000 SERIES, INTEL	090705	SL	5.00	16	498.			498.	498.		0.
53	MICROSOFT POWER POINT	090605	SL	3.00	16	195.			195.	195.		0.
54	512 MB MODULE	112205	SL	3.00	16	130.			130.	130.		0.
55	2 - DIMENDION 1100 SERIES	112305	SL	5.00	16	1,232.			1,232.	1,232.		0.
56	OFFICE EQUIPMENT	010105	SL	5.00	16	1,534.			1,534.	1,534.		0.
57	8 CONFERENCE TABLE - 48X24	010206	SL	7.00	16	1,160.			1,160.	1,160.		0.
58	2 CONFERENCE TABLES - 1/2 ROUND	010206	SL	7.00	16	300.			300.	300.		0.
59	10 NEW POST LEGS	010206	SL	7.00	16	850.			850.	850.		0.
60	INSTALLATION CHAGRES	010206	SL	7.00	16	75.			75.	75.		0.
61	DESK - MAHOGANY	030706	SL	7.00	16	790.			790.	790.		0.
62	EX. CHAIR MAHOGANY	030706	SL	7.00	16	599.			599.	599.		0.
63	ROUND TABLE	030706	SL	7.00	16	342.			342.	342.		0.
64	4- FABRIC CHAIRS	030706	SL	7.00	16	560.			560.	560.		0.
65	MATCHING BOOKCASE	030706	SL	7.00	16	284.			284.	284.		0.
66	SOFA BLACK LEATHER	030706	SL	7.00	16	755.			755.	755.		0.
67	2- CLUB CHAIRS	030706	SL	7.00	16	790.			790.	790.		0.
68	COFFEE TABLE MAHOGANY	030706	SL	7.00	16	195.			195.	195.		0.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
69	END TABLE MAHOGANY	030706	SL	7.00	16	155.			155.	155.		0.
70	CREDIT FOR TRADE IN	030706	SL	7.00	16	-340.			-340.			0.
71	DELIVERY	030706	SL	7.00	16	75.			75.	75.		0.
72	DELL DIMENSION 1100 SERIES, INTEL CELE	020906	SL	5.00	16	700.			700.	700.		0.
73	521, 2.8 GHZ, 1MB CACHE - SERVER 2	062306	SL	5.00	16	1,325.			1,325.	1,325.		0.
74	FIMS USER LICENSE UPGRADE	121206	SL	3.00	16	3,233.			3,233.	3,233.		0.
75	DIM E520, 805	011107	SL	5.00	16	873.			873.	873.		0.
76	DIM E520, CPDT, 336	011107	SL	5.00	16	601.			601.	601.		0.
77	DIM E520, CPDT, 336	011107	SL	5.00	16	601.			601.	601.		0.
78	17 GRAY DELL FLAT SCREEN	011907	SL	5.00	16	209.			209.	209.		0.
79	17 GRAY DELL FLAT SCREEN	011907	SL	5.00	16	209.			209.	209.		0.
80	17 GRAY DELL FLAT SCREEN	011907	SL	5.00	16	209.			209.	209.		0.
81	17 GRAY DELL FLAT SCREEN	011907	SL	5.00	16	209.			209.	209.		0.
82	HP LASERJET 4250N PRINTER	011607	SL	5.00	16	1,249.			1,249.	1,249.		0.
83	HP LASERJET 4250N PRINTER	011607	SL	5.00	16	1,249.			1,249.	1,249.		0.
84	DELL E177FP, FLAT PANEL, 17.0 INC	010207	SL	5.00	16	199.			199.	199.		0.
85	DELL ULTRASHARP 2007FP FLAT PANEL, LEBLANC	010407	SL	5.00	16	359.			359.	359.		0.
86	COMMUNICATIONS-PHON	043008	SL	5.00	16	23,650.			23,650.	23,650.		0.

2016 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
87	LEBLANC COMMUNICATIONS-WIRI SWC OFFICE	04/30/08	SL	5.00	16	15,183.			15,183.	15,183.		0.
88	FURNITURE--RECEPTIO W&M	06/30/08	SL	5.00	16	1,085.			1,085.	1,085.		0.
89	CONSTRUCTION-OFFICE BOOK TO TAX	04/30/08	SL	10.00	16	12,383.			12,383.	10,112.		1,238.
90	DIFFERENCE	VARIABLE	SSL	5.00	16							0.
* TOTAL 990 PAGE 10 DEPR						102,452.		0.	102,452.	100,521.		1,238.