

Form **990**

Department of the Treasury  
Internal Revenue Service

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

**A** For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>40 RICHARDS AVENUE</b> City or town, state or province, country, and ZIP or foreign postal code <b>NORWALK, CT 06854</b> <b>F</b> Name and address of principal officer: <b>JUANITA T. JAMES</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>06-1083893</b> <b>E</b> Telephone number <b>(203) 750-3200</b> <b>G</b> Gross receipts \$ <b>58,608,117.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.FCCFOUNDATION.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1982</b> <b>M</b> State of legal domicile: <b>CT</b>

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
<b>Activities &amp; Governance</b>	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>31</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>31</b>
	<b>5</b>	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	<b>39</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>128</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>213,761.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 38	<b>7b</b>	<b>-489,012.</b>
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 18,806,102.	<b>Current Year</b> 18,757,602.
	<b>9</b>	Program service revenue (Part VIII, line 2g)	87,202.	76,662.
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,496,326.	17,343,153.
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,383.	-87,133.
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,386,247.	36,090,284.
	<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,230,123.
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,867,106.	3,188,471.
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>724,056.</b>		
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,226,556.	2,894,465.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,323,785.	25,590,140.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	62,462.	10,500,144.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 221,859,692.	<b>End of Year</b> 220,753,385.
	<b>21</b>	Total liabilities (Part X, line 26)	1,906,340.	1,664,876.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	219,953,352.	219,088,509.

**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.

<b>Sign Here</b>	Signature of officer <b>BILL ANDREWS, CHIEF FINANCIAL OFFICER</b> Type or print name and title	Date _____			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>GARRETT M. HIGGINS</b>	Preparer's signature <b>GARRETT M. HIGGINS</b>	Date <b>07/08/20</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P00543209</b>
	Firm's name ▶ <b>PKF O'CONNOR DAVIES, LLP</b> Firm's address ▶ <b>500 MAMARONECK AVENUE HARRISON, NY 10528-1633</b>	Firm's EIN ▶ <b>27-1728945</b> Phone no. <b>914-381-8900</b>			

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 19,507,204. including grants of \$ 19,507,204. ) (Revenue \$ ) GRANTS - THE COMMUNITY FOUNDATION AWARDED AND MADE GRANTS TO 501(C)(3) ORGANIZATIONS TO SUPPORT EDUCATION AND YOUTH DEVELOPMENT, COMMUNITY AND ECONOMIC DEVELOPMENT, THE EMPOWERMENT OF WOMEN AND GIRLS, AND NONPROFIT CAPACITY BUILDING. IN FISCAL YEAR 2019, THE ORGANIZATION AWARDED \$19,507,204 WORTH OF GRANTS FOR EDUCATION AND YOUTH DEVELOPMENT, HEALTH AND HUMAN SERVICES, ECONOMIC OPPORTUNITY, ARTS, AND OTHER PROGRAMS.

4b (Code: ) (Expenses \$ 2,036,501. including grants of \$ ) (Revenue \$ 76,662. ) COMMUNITY LEADERSHIP - FAIRFIELD COUNTY'S COMMUNITY FOUNDATION PROMOTES AND SUPPORTS COLLABORATIONS, PARTNERSHIPS AND INITIATIVES TO MAKE AN IMPACT FOR WOMEN AND GIRLS, OLDER YOUTH (WHO ARE NOT IN SCHOOL OR EMPLOYED), AND IMMIGRANTS.

THE COMMUNITY FOUNDATION STRENGTHENS FAIRFIELD COUNTY NONPROFITS BY PROVIDING WORKSHOPS, TRAININGS AND TECHNICAL ASSISTANCE TO AGENCIES AND THEIR STAFF & VOLUNTEERS THROUGH THE FOUNDATION'S CENTER FOR NONPROFIT EXCELLENCE WHICH PROVIDED SERVICES TO 692 INDIVIDUALS REPRESENTING 392 NONPROFIT ORGANIZATIONS. WE SPONSORED 27 WORKSHOP OR ROUNDTABLE EVENTS FOR NONPROFIT STAFF AND BOARD MEMBERS. WE ALSO CONDUCTED 11 EXECUTIVE LEADERSHIP COHORT SESSIONS AND 110 INDIVIDUAL COACHING SESSIONS FOR

4c (Code: ) (Expenses \$ 382,132. including grants of \$ ) (Revenue \$ ) FINANCIAL RESOURCE DEVELOPMENT - THE COMMUNITY FOUNDATION EDUCATES DONORS, AGENCIES AND THE COMMUNITY TO INCREASE LOCAL PHILANTHROPY TO PROVIDE A STRONG BASE OF SUPPORT FOR FAIRFIELD COUNTY NONPROFIT ORGANIZATIONS NOW AND IN THE FUTURE. IN 2019, THE COMMUNITY FOUNDATION ORGANIZED ITS 5TH FAIRFIELD COUNTY GIVING DAY, A COMMUNITY-WIDE DAY OF GIVING DAY THAT RAISED \$1,719,685 IN GIVING DIRECTLY TO LOCAL CHARITIES.

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

4e Total program service expenses 21,925,837.

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

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>X</b>	
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....	<b>X</b>	
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> 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> .....		<b>X</b>
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....	<b>X</b>	
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....		<b>X</b>
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....	<b>X</b>	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....	<b>X</b>	
<b>15</b> 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> .....		<b>X</b>
<b>16</b> 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> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> 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> .....	<b>X</b>	
<b>19</b> 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> .....		<b>X</b>
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		<b>X</b>
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> 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> .....	<b>X</b>	

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

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

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

**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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	39
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b>	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a		39
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	11a	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, 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
<b>1a</b> 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.	<b>1a</b>	31			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b>	31			
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>				<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	<b>3</b>				<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		<b>X</b>		
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>				<b>X</b>
<b>6</b> Did the organization have members or stockholders?	<b>6</b>				<b>X</b>
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>				<b>X</b>
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>				<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
<b>a</b> The governing body?	<b>8a</b>		<b>X</b>		
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>		<b>X</b>		
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>				<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 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 ▶  
**BILL ANDREWS, 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) MARTHA OLSON BOARD CHAIR	4.00	X		X				0.	0.	0.
(2) BRIGGS L. TOBIN BOARD VICE CHAIR	1.00	X		X				0.	0.	0.
(3) EDWIN FORD BOARD TREASURER	3.00	X		X				0.	0.	0.
(4) JOHNNA TORSONE BOARD SECRETARY	1.00	X		X				0.	0.	0.
(5) VINCENCIA ADUSEI BOARD MEMBER	1.00	X						0.	0.	0.
(6) JOHN BAILEY BOARD MEMBER	3.00	X						0.	0.	0.
(7) ANNIE BURLEIGH BOARD MEMBER	1.00	X						0.	0.	0.
(8) BRANDON L. CARDWELL BOARD MEMBER	2.00	X						0.	0.	0.
(9) AMY DOWNER BOARD MEMBER (THRU 6/30/19)	3.00	X						0.	0.	0.
(10) BOB EYDT BOARD MEMBER	2.00	X						0.	0.	0.
(11) CLAYTON H. FOWLER BOARD MEMBER	2.00	X						0.	0.	0.
(12) GERALD M. FOX III BOARD MEMBER	1.00	X						0.	0.	0.
(13) LIZANNE GALBREATH BOARD MEMBER (THRU 6/30/19)	1.00	X						0.	0.	0.
(14) MICHELLE KAY GARVEY BOARD MEMBER	1.00	X						0.	0.	0.
(15) STEVEN GOLDSTEIN BOARD MEMBER	2.00	X						0.	0.	0.
(16) JOEL GREEN BOARD MEMBER	2.00	X						0.	0.	0.
(17) CRAIG HENRICH BOARD MEMBER (THRU 6/30/19)	1.00	X						0.	0.	0.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JENNIFER HILL BOARD MEMBER	1.00	X					0.	0.	0.	
(19) DONALD KENDALL, JR. BOARD MEMBER	2.00	X					0.	0.	0.	
(20) LIZ LAZARUS BOARD MEMBER	1.00	X					0.	0.	0.	
(21) DAVID L. LEVINSON, PHD. BOARD MEMBER (THRU 6/30/19)	2.00	X					0.	0.	0.	
(22) JONATHAN MOFFLY BOARD MEMBER (THRU 6/30/19)	1.00	X					0.	0.	0.	
(23) JACQUELINE R. MILLAN BOARD MEMBER (THRU 6/30/19)	1.00	X					0.	0.	0.	
(24) JENNIFER PAGNILLO, ESQ. BOARD MEMBER	3.00	X					0.	0.	0.	
(25) SUZETTE RECINOS, ESQ. BOARD MEMBER (THRU 6/30/19)	1.00	X					0.	0.	0.	
(26) MARK RISER BOARD MEMBER	1.00	X					0.	0.	0.	
<b>1b Sub-total</b> .....							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							1,198,573.	0.	155,225.	
<b>d Total (add lines 1b and 1c)</b> .....							1,198,573.	0.	155,225.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **8**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SILCHESTER INTERNATIONAL INVESTORS, 780 THIRD AVENUE, 42ND FLOOR, NEW YORK, NY NEPC, LLC.	INVESTMENT MANAGEMENT SERVICES	227,141.
255 STATE STREET, BOSTON, MA 02109	INVESTMENT ADVISOR	218,832.

**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 **2**

**SEE PART VII, SECTION A CONTINUATION SHEETS**





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

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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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	525,278.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	18,232,324.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		950,684.				
	<b>h Total.</b> Add lines 1a-1f .....		18,757,602.				
<b>Program Service Revenue</b>	<b>2 a</b> WORKSHOP INCOME AND SYMPOSIUM FEE	<b>Business Code</b> 900099	76,662.	76,662.			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....		76,662.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		2,466,832.		110,710.	2,356,122.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....					
		<b>c</b> Gain or (loss) .....					
		<b>d</b> Net gain or (loss) .....					
	<b>8 a</b> Gross income from fundraising events (not including \$ 525,278. of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....					
		<b>c</b> Net income or (loss) from fundraising events .....		-89,497.			-89,497.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>					
<b>b</b> Less: direct expenses .....							
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....						
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> OTHER INCOME	900099		2,364.		2,364.		
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue .....							
<b>e Total.</b> Add lines 11a-11d .....			2,364.				
<b>12 Total revenue.</b> See instructions .....			36,090,284.	76,662.	213,761.	17,042,259.	

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

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	18,637,720.	18,637,720.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	869,484.	869,484.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	651,320.	307,508.	216,037.	127,775.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	2,105,846.	951,866.	905,848.	248,132.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	106,049.	47,008.	46,815.	12,226.
<b>9</b> Other employee benefits	118,256.	54,367.	50,853.	13,036.
<b>10</b> Payroll taxes	207,000.	94,475.	84,672.	27,853.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	49,400.		49,400.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	1,060,714.		1,060,714.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	811,662.	529,783.	148,050.	133,829.
<b>12</b> Advertising and promotion	32,368.	14,742.	13,255.	4,371.
<b>13</b> Office expenses	139,080.	68,702.	50,865.	19,513.
<b>14</b> Information technology	261,712.	119,446.	107,052.	35,214.
<b>15</b> Royalties				
<b>16</b> Occupancy	304,614.	139,026.	124,601.	40,987.
<b>17</b> Travel	8,409.	3,838.	3,440.	1,131.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	72,313.	33,004.	29,579.	9,730.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	76,555.	34,940.	31,314.	10,301.
<b>23</b> Insurance	13,021.	2,232.	10,131.	658.
<b>24</b> 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.)				
<b>a</b> <b>EVENT EXPENSE</b>	45,994.	9,199.		36,795.
<b>b</b> <b>MISCELLANEOUS</b>	11,076.	5,055.	4,531.	1,490.
<b>c</b> <b>REPAIRS &amp; MAINTENANCE</b>	7,547.	3,442.	3,090.	1,015.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	25,590,140.	21,925,837.	2,940,247.	724,056.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

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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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	689,761.	<b>1</b>	1,237,790.
	<b>2</b> Savings and temporary cash investments .....	11,860,952.	<b>2</b>	9,232,118.
	<b>3</b> Pledges and grants receivable, net .....	22,463.	<b>3</b>	43,644.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....			<b>5</b>
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....			<b>6</b>
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	102,190.	<b>9</b>	95,769.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	560,255.		
	<b>b</b> Less: accumulated depreciation .....	276,047.		
	<b>11</b> Investments - publicly traded securities .....	87,443,577.	<b>11</b>	85,133,543.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	121,349,170.	<b>12</b>	124,695,689.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	30,819.	<b>15</b>	30,624.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	221,859,692.	<b>16</b>	220,753,385.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	334,220.	<b>17</b>	229,818.
	<b>18</b> Grants payable .....	1,310,899.	<b>18</b>	1,100,715.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	261,221.	<b>25</b>	334,343.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,906,340.	<b>26</b>	1,664,876.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	4,881,205.	<b>27</b>	4,997,707.
	<b>28</b> Temporarily restricted net assets .....	215,072,147.	<b>28</b>	214,090,802.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	219,953,352.	<b>33</b>	219,088,509.	
<b>34</b> Total liabilities and net assets/fund balances .....	221,859,692.	<b>34</b>	220,753,385.	

Form **990** (2018)

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

**Part XI Reconciliation of Net Assets**

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

<b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....	<b>1</b>	36,090,284.
<b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....	<b>2</b>	25,590,140.
<b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....	<b>3</b>	10,500,144.
<b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .....	<b>4</b>	219,953,352.
<b>5</b> Net unrealized gains (losses) on investments .....	<b>5</b>	-11,410,121.
<b>6</b> Donated services and use of facilities .....	<b>6</b>	
<b>7</b> Investment expenses .....	<b>7</b>	
<b>8</b> Prior period adjustments .....	<b>8</b>	
<b>9</b> Other changes in net assets or fund balances (explain in Schedule O) .....	<b>9</b>	45,134.
<b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) .....	<b>10</b>	219,088,509.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b> 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.			
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....	<b>2a</b>		<b>X</b>
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>b</b> Were the organization's financial statements audited by an independent accountant? .....	<b>2b</b>	<b>X</b>	
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			
<b>c</b> 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? .....	<b>2c</b>	<b>X</b>	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3a</b> 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? .....	<b>3a</b>		<b>X</b>
<b>b</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 .....	<b>3b</b>		



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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	19995952.	14379340.	27193090.	18806102.	18757602.	99132086.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	19995952.	14379340.	27193090.	18806102.	18757602.	99132086.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						17639769.
<b>6 Public support.</b> Subtract line 5 from line 4.						81492317.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4 .....	19995952.	14379340.	27193090.	18806102.	18757602.	99132086.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1675240.	1736844.	2034972.	1404696.	2356122.	9207874.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	9,008.		20,976.			29,984.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	309.	400.	440.	1,400.	2,364.	4,913.
<b>11 Total support.</b> Add lines 7 through 10						108374857
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	396,734.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	75.19 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 .....	<b>15</b>	77.88 %
<b>16a 33 1/3% support test - 2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2017 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2018 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 <b>Part VI</b> ). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
9 Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
7 <b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2018 INC.

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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

2014 AMOUNT: \$ 309.

2015 AMOUNT: \$ 400.

2016 AMOUNT: \$ 440.

2017 AMOUNT: \$ 1,400.

2018 AMOUNT: \$ 2,364.

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

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

[X] 501(c)( 3 ) (enter number) organization

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

[ ] 527 political organization

Form 990-PF

[ ] 501(c)(3) exempt private foundation

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

[ ] 501(c)(3) taxable private foundation

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

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

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

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

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

Name of organization <b>FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>06-1083893</b>
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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
<u>1</u>	 <hr/> <hr/> <hr/>	\$ <u>450,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>	 <hr/> <hr/> <hr/>	\$ <u>5,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>	 <hr/> <hr/> <hr/>	\$ <u>888,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>	 <hr/> <hr/> <hr/>	\$ <u>836,916.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>	 <hr/> <hr/> <hr/>	\$ <u>389,271.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>	 <hr/> <hr/> <hr/>	\$ <u>521,004.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 452,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 1,695,731.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 1,019,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ 1,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization <b>FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>06-1083893</b>
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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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

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

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political 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) 2018**

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....	0.	
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	0.	
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	0.	
<b>d</b>	Other exempt purpose expenditures .....	23,805,370.	
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	23,805,370.	
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	
	<b>If the amount on line 1e, column (a) or (b) is:</b>		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	<b>The lobbying nontaxable amount is:</b>		
	20% of the amount on line 1e.		
	\$100,000 plus 15% of the excess over \$500,000.		
	\$175,000 plus 10% of the excess over \$1,000,000.		
	\$225,000 plus 5% of the excess over \$1,500,000.		
	\$1,000,000.		
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.	
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.	
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.	
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2015</b>	<b>(b) 2016</b>	<b>(c) 2017</b>	<b>(d) 2018</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	1,283.		795.		2,078.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures			795.		795.

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
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2018**

**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 .....	266	
2 Aggregate value of contributions to (during year) .....	13,597,333.	
3 Aggregate value of grants from (during year) .....	14,205,278.	
4 Aggregate value at end of year .....	93,671,858.	
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 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

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

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

Yes  No

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

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

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

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under 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) 2018



**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) <b>ALTERNATIVE INVESTMENTS</b>	124,695,689.	<b>END-OF-YEAR MARKET VALUE</b>
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	124,695,689.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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) <b>LIABILITY UNDER SPLIT-INTEREST</b>		
(3) <b>AGREEMENTS</b>	5,625.	
(4) <b>DEFERRED RENT</b>	328,718.	
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	334,343.	

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



FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,  
INC.

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

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

1 Total revenue, gains, and other support per audited financial statements .....		<b>1</b>	23,667,180.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments .....	<b>2a</b>	-11,410,121.	
b Donated services and use of facilities .....	<b>2b</b>		
c Recoveries of prior year grants .....	<b>2c</b>		
d Other (Describe in Part XIII.) .....	<b>2d</b>	322,728.	
e Add lines 2a through 2d .....	<b>2e</b>	-11,087,393.	
3 Subtract line 2e from line 1 .....		<b>3</b>	34,754,573.
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 .....	<b>4a</b>	1,060,714.	
b Other (Describe in Part XIII.) .....	<b>4b</b>	274,997.	
c Add lines 4a and 4b .....	<b>4c</b>	1,335,711.	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) .....		<b>5</b>	36,090,284.

**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 .....		<b>1</b>	24,300,608.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities .....	<b>2a</b>		
b Prior year adjustments .....	<b>2b</b>		
c Other losses .....	<b>2c</b>		
d Other (Describe in Part XIII.) .....	<b>2d</b>	227,818.	
e Add lines 2a through 2d .....	<b>2e</b>	227,818.	
3 Subtract line 2e from line 1 .....		<b>3</b>	24,072,790.
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 .....	<b>4a</b>	1,060,714.	
b Other (Describe in Part XIII.) .....	<b>4b</b>	456,636.	
c Add lines 4a and 4b .....	<b>4c</b>	1,517,350.	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) .....		<b>5</b>	25,590,140.

**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 2016.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON PART VIII, LINE 8B 227,818.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2018**

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		50,538,715.
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		1,774,546.
<b>3 a</b> Subtotal .....	0	0			52,313,261.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			52,313,261.





**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

**PART IV, LINE 1:**

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

**PART IV, LINE 3:**

THE ORGANIZATION IS REQUIRED TO FILE FORM 5471 BECAUSE IT MEETS THE  
APPLICABLE THRESHOLD FOR OWNERSHIP OR OTHER FILING REQUIREMENTS.

**PART IV, LINE 4:**

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

**PART IV, LINE 5:**

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





**FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		WOMEN & GIRLS LUNCHEON (event type)	MARY'S GOLF (event type)	1 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	557,379.	64,619.	41,601.	663,599.
	2	Less: Contributions	436,194.	50,833.	38,251.	525,278.
	3	Gross income (line 1 minus line 2)	121,185.	13,786.	3,350.	138,321.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	63,174.	8,000.	13,393.	84,567.
	8	Entertainment	75,000.	7,500.		82,500.
	9	Other direct expenses	53,746.	1,956.	5,049.	60,751.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				227,818.
11	Net income summary. Subtract line 10 from line 3, column (d)				-89,497.	

**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: \_\_\_\_\_





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

**Employer identification number  
06-1083893**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ABCD, INC 1070 PARK AVE BRIDGEPORT, CT 06604	06-0797841	501(C)(3)	62,110.	0.			FOR GENERAL SUPPORT.
ACCESS EDUCATIONAL SERVICE INC. 135 CLARENCE STREET BRIDGEPORT, CT 06605	46-1884180	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
ACHIEVE HARTFORD 221 MAIN ST, #3 HARTFORD, CT 06106	45-0499390	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
ACHIEVEMENT FIRST 370 JAMES STREET, SUITE 404 NEW HAVEN, CT 06513	65-1203744	501(C)(3)	251,992.	0.			FOR GENERAL SUPPORT.
ADAM J. LEWIS ACADEMY 246 LENOX AVENUE BRIDGEPORT, CT 06605	45-3859735	501(C)(3)	280,727.	0.			FOR GENERAL SUPPORT.
ALL OUR KIN, INC PO BOX 8477 NEW HAVEN, CT 06530	06-1539280	501(C)(3)	62,500.	0.			FOR GENERAL SUPPORT.

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **322.**
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ **0.**

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

**Schedule I (Form 990) (2018)**

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
AMERICAN MUSEUM OF NATURAL HISTORY CENTRAL PARK WEST AT 79TH ST NEW YORK, NY 10024-5192	13-6162659	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT.
AMERICARES FOUNDATION, INC 88 HAMILTON AVE STAMFORD, CT 06902	06-1008595	501(C)(3)	26,900.	0.			FOR GENERAL SUPPORT.
AMERICARES FREE CLINICS, INC 88 HAMILTON AVE STAMFORD, CT 06902	06-1422741	501(C)(3)	105,000.	0.			FOR GENERAL SUPPORT.
ANN'S PLACE, INC 80 SAW MILL RD DANBURY, CT 06810	22-3181832	501(C)(3)	19,157.	0.			FOR GENERAL SUPPORT.
ARTS FOR HEALING 24 GROVE ST NEW CANAAN, CT 06840	06-1595505	501(C)(3)	56,000.	0.			FOR GENERAL SUPPORT.
ASH CREEK CONSERVATION ASSOCIATION 132 FLANDERS STREET BRIDGEPORT, CT 06604	32-0075215	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
AVIELLE FOUNDATION PO BOX 686 NEWTOWN, CT 06470	46-1864791	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
BARTLETT ARBORETUM AND GARDENS 151 BROOKDALE RD STAMFORD, CT 06903-4199	06-6079591	501(C)(3)	11,227.	0.			FOR GENERAL SUPPORT.
BEARDSLEY ZOO 1875 NOBLE AVE BRIDGEPORT, CT 06610	23-7068821	501(C)(3)	36,178.	0.			FOR GENERAL SUPPORT.

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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
BECKET ATHENAEUM 3367 MAIN ST BECKET, MA 01223	04-3458519	501(C)(3)	54,182.	0.			FOR GENERAL SUPPORT.
BERKLEE COLLEGE OF MUSIC 1140 BOYLSTON ST, MS-161 IA BOSTON, MA 02215	04-2300472	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
BERKSHIRE BOTANICAL GARDEN 5 WEST STOCKBRIDGE RD STOCKBRIDGE, MA 01262	04-2125011	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
BEST BUDDIES INTERNATIONAL 175 CAPITAL BOULEVARD, SUITE 402 ROCKY HILL, CT 06067	52-1614576	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
BIG GREEN 1637 PEARL STREET, SUITE 201 BOULDER, CO 80302	27-5083595	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
BLOSSOM HILL FOUNDATION P.O. BOX 143 NEW CANAAN, CT 06840	26-4094865	501(C)(3)	22,000.	0.			FOR GENERAL SUPPORT.
BOOTS AND BUDDIES 10 TURNBERRY LANE SANDY HOOK, CT 06482	81-5311381	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
BOYS & GIRLS CLUB OF GREENWICH 4 HORSENECK LN GREENWICH, CT 06830-6399	06-0646655	501(C)(3)	50,600.	0.			FOR GENERAL SUPPORT.
BOYS & GIRLS VILLAGE 528 WHEELERS FARMS RD MILFORD, CT 06461	22-2562827	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.

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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
BOYS AND GIRLS CLUB OF HAWAII 345 QUEEN ST, STE 900 HONOLULU, HI 96813	99-6005407	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
BOYS CLUB OF NEW YORK 287 EAST 10TH ST NEW YORK, NY 10009	13-5591750	501(C)(3)	13,000.	0.			FOR GENERAL SUPPORT.
BRAIN & BEHAVIOR RESEARCH FOUNDATION - 747 THIRD AVENUE, 33RD FL - NEW YORK, NY 10017	31-1020010	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
BREAST CANCER ALLIANCE 48 MAPLE AVE GREENWICH, CT 06830	06-1453500	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT HOSPITAL AUXILIARY 267 GRANT AVE BRIDGEPORT, CT 06610	06-6042500	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT HOSPITAL FOUNDATION 267 GRANT ST BRIDGEPORT, CT 06610-0120	22-2908698	501(C)(3)	73,303.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT NEIGHBORHOOD TRUST, INC 570 STATE STREET BRIDGEPORT, CT 06604	22-2809353	501(C)(3)	30,227.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT PUBLIC EDUCATION FUND 446 UNIVERSITY AVE BRIDGEPORT, CT 06604	06-1379383	501(C)(3)	20,931.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT RESCUE MISSION PO BOX 9057 BRIDGEPORT, CT 06601	06-1362705	501(C)(3)	17,727.	0.			FOR GENERAL SUPPORT.

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
BRIGHAM AND WOMEN'S HOSPITAL 116 HUNTINGTON AVE BOSTON, MA 02116	04-2312909	501(C)(3)	11,700.	0.			FOR GENERAL SUPPORT.
BROOKLYN BUREAU OF COMMUNITY SERVICE - 285 SCHERMERHORN ST - BROOKLYN, NY 11217	11-1630780	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
BUILDING ONE COMMUNITY 75 SELLECK ST STAMFORD, CT 06902	27-5024317	501(C)(3)	288,727.	0.			FOR GENERAL SUPPORT.
CAMP TLC 300 WEST OCEAN BLVD, APT 6913 LONG BEACH, CA 90802	22-3453810	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
CANDLELIGHTERS NYC 345 EAST 73RD STREET, APT 2L NEW YORK, NY 10021	20-8580720	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
CARDINAL SHEHAN CENTER 1494 MAIN STREET BRIDGEPORT, CT 06604	06-1101081	501(C)(3)	76,133.	0.			FOR GENERAL SUPPORT.
CAREER RESOURCES 350 FAIRFIELD AVE BRIDGEPORT, CT 06604	06-1427945	501(C)(3)	28,250.	0.			FOR GENERAL SUPPORT.
CARVER FOUNDATION 7 ACADEMY ST NORWALK, CT 06850	06-0862072	501(C)(3)	142,727.	0.			FOR GENERAL SUPPORT.
CATHOLIC BIG SISTERS & BIG BROTHERS - 137 EAST 2ND ST, 2ND FLOOR - NEW YORK, NY 10009	13-5564115	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.

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**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
CATHOLIC CHARITIES OF FAIRFIELD COUNTY - 238 JEWETT AVE - BRIDGEPORT, CT 06606	06-0653053	501(C)(3)	14,000.	0.			FOR GENERAL SUPPORT.
CATO INSTITUTE 1000 MASSACHUSETTS AVE NW WASHINGTON, DC 20077	23-7432162	501(C)(3)	20,700.	0.			FOR GENERAL SUPPORT.
CENTER FOR CHILDREN'S ADVOCACY 65 ELIZABETH ST HARTFORD, CT 06105	06-1489575	501(C)(3)	32,500.	0.			FOR GENERAL SUPPORT.
CENTER FOR FAMILY JUSTICE, INC 753 FAIRFIELD AVE BRIDGEPORT, CT 06604	06-0646991	501(C)(3)	40,627.	0.			FOR GENERAL SUPPORT.
CENTER FOR POPULAR DEMOCRACY 449 TROUTMAN ST, STE A BROOKLYN, NY 11237	45-3813436	501(C)(3)	53,500.	0.			FOR GENERAL SUPPORT.
CENTRAL CONNECTICUT COAST YMCA 1240 CHAPEL ST NEW HAVEN, CT 06511	06-0662195	501(C)(3)	166,690.	0.			FOR GENERAL SUPPORT.
CENTRAL PARK CONSERVANCY 14 EAST 60TH STREET NEW YORK, NY 10022	13-3022855	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
CHARTER OAK CULTURAL CENTER 21 CHARTER OAK AVENUE HARTFORD, CT 06106	06-1026597	501(C)(3)	152,590.	0.			FOR GENERAL SUPPORT.
CHILD ADVOCATES OF CONNECTICUT 55 GREENS FARMS RD, SUITE 200-6 WESTPORT, CT 06880	27-2518861	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,  
INC.

Schedule I (Form 990)

06-1083893

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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
CHILD FIRST 35 NUTMEG DRIVE, STE 385 TRUMBULL, CT 06611	46-1272768	501(C)(3)	27,593.	0.			FOR GENERAL SUPPORT.
CHILD GUIDANCE CENTER OF MID-FAIRFIELD CTY - 100 EAST AVE - NORWALK, CT 06851	06-0725052	501(C)(3)	208,500.	0.			FOR GENERAL SUPPORT.
CHILD GUIDANCE CENTER OF SOUTHERN CT, INC - 103 WEST BROAD STREET - STAMFORD, CT 06902	06-0712058	501(C)(3)	65,500.	0.			FOR GENERAL SUPPORT.
CHILDREN'S LEARNING CENTER OF FAIRFIELD CTY - 64 PALMERS HILL RD - STAMFORD, CT 06902	06-0665191	501(C)(3)	72,029.	0.			FOR GENERAL SUPPORT.
CHILDREN'S RESCUE MISSION 3 PAPP ST NORWALK, CT 06854	06-1532209	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
CITY LIGHTS AND COMPANY 130 ELM STREET BRIDGEPORT, CT 06604	20-5462244	501(C)(3)	44,500.	0.			FOR GENERAL SUPPORT.
CITY SQUASH, INC PO BOX 619, FORDHAM STATION BRONX, NY 10458	42-1535583	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
CITYCENTER, DANBURY 268 MAIN ST DANBURY, CT 06810	06-1290494	501(C)(3)	32,000.	0.			FOR GENERAL SUPPORT.
CLASP HOMES, INC 246 POST RD E WESTPORT, CT 06880	06-1074055	501(C)(3)	19,635.	0.			FOR GENERAL SUPPORT.

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLIBRI CENTER FOR HUMAN RIGHTS 3849 EAST BROADWAY BLVD. #206 TUCSON, AZ 85716	46-3814236	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
COMMUNITY BONDS, INC 347 GRAND AVENUE NEW HAVEN, CT 06513	81-2912950	501(C)(3)	105,555.	0.			FOR GENERAL SUPPORT.
COMMUNITY CENTERS, INC. 61 E PUTNAM AVE GREENWICH, CT 06830	06-0703570	501(C)(3)	20,100.	0.			FOR GENERAL SUPPORT.
COMMUNITY FOUNDATION FOR GREATER NEW HAVEN - 70 AUDUBON ST - NEW HAVEN, CT 06510	06-6032106	501(C)(3)	60,000.	0.			FOR GENERAL SUPPORT.
COMMUNITY FUND OF DARIEN 30 OLD KINGS HIGHWAY SOUTH, P.O. BO DARIEN, CT 06820	06-0737286	501(C)(3)	13,000.	0.			FOR GENERAL SUPPORT.
CONGREGATION B'NAI ISRAEL 2710 PARK AVENUE BRIDGEPORT, CT 06604	06-0653159	501(C)(3)	9,771.	0.			FOR GENERAL SUPPORT.
CONNECTICUT ASSOCIATION FOR HUMAN SERVICES - 237 HAMILTON STREET, STE 208 - HARTFORD, CT 06106	06-0653158	501(C)(3)	150,000.	0.			FOR GENERAL SUPPORT.
CONNECTICUT AUDUBON SOCIETY STATE HQ - 314 UNQUOWA RD - FAIRFIELD, CT 06824	06-0653531	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
CONNECTICUT CHILDREN'S MEDICAL CENTER FOUNDATION - 282 WASHINGTON ST - HARTFORD, CT 06106	22-2619869	501(C)(3)	26,000.	0.			FOR GENERAL SUPPORT.

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CONNECTICUT COALITION TO END HOMELESSNESS - 257 LAWRENCE ST - HARTFORD, CT 06106	06-1126880	501(C)(3)	17,629.	0.			FOR GENERAL SUPPORT.
CONNECTICUT COUNCIL FOR PHILANTHROPY - 75 CHARTER OAK AVE, SUITE 1-205 - HARTFORD, CT 06106	23-7024016	501(C)(3)	77,512.	0.			FOR GENERAL SUPPORT.
CONNECTICUT FOOD BANK, INC 2 RESEARCH PKWY WALLINGFORD, CT 06492	06-1063025	501(C)(3)	103,250.	0.			FOR GENERAL SUPPORT.
CONNECTICUT FUND FOR THE ENVIRONMENT - 900 CHAPEL ST, SUITE 2202 - NEW HAVEN, CT 06510	06-0990195	501(C)(3)	79,727.	0.			FOR GENERAL SUPPORT.
CONNECTICUT INSTITUTE FOR REFUGEES AND IMMIGRANTS - 670 CLINTON AVE - BRIDGEPORT, CT 06605	06-0669118	501(C)(3)	80,250.	0.			FOR GENERAL SUPPORT.
CONNECTICUT LEGAL SERVICES 62 WASHINGTON ST MIDDLETOWN, CT 06457	06-0955461	501(C)(3)	6,957.	0.			FOR GENERAL SUPPORT.
CONNECTICUT RADIO INFORMATION SYSTEMS - 315 WINDSOR AVE - WINDSOR, CT 06095	06-0987696	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
CONNECTICUT SCIENCE CENTER 250 COLUMBUS BLVD HARTFORD, CT 06103	06-1538101	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
CONNECTICUT VETERANS LEGAL CENTER 114 ORANGE AVE, 2ND FL NEW HAVEN, CT 06516	27-0963659	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.

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CONNECTICUT VOICES FOR CHILDREN 33 WHITNEY AVE NEW HAVEN, CT 06510	06-1435280	501(C)(3)	32,115.	0.			FOR GENERAL SUPPORT.
CONNECTICUT WOMEN'S EDUCATION & LEGAL FUND - ONE HARTFORD SQ W, STE 1-300 - HARTFORD, CT 06105-3701	06-0913214	501(C)(3)	56,000.	0.			FOR GENERAL SUPPORT.
CONNECT-US 855 MAIN STREET, 10TH FLOOR BRIDGEPORT, CT 06604	38-4043924	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
CONSTRUCTION WORKFORCE INITIATIVE 200 ORANGE ST, STE 4 #402 NEW HAVEN, CT 06510	74-3227736	501(C)(3)	22,500.	0.			FOR GENERAL SUPPORT.
COS COB VOLUNTEER FIRE DEPARTMENT 200 POST ROAD COS COB, CT 06807	06-6064017	501(C)(3)	25,025.	0.			FOR GENERAL SUPPORT.
COUNCIL OF CHURCHES OF GREATER BRIDGEPORT - 1718 CAPITOL AVE - BRIDGEPORT, CT 06604	06-0647008	501(C)(3)	11,401.	0.			FOR GENERAL SUPPORT.
COUNCIL ON FOUNDATIONS PO BOX 75661 BALTIMORE, MD 21275-5661	13-6068327	501(C)(3)	21,600.	0.			FOR GENERAL SUPPORT.
CREATIVE CONNECTIONS, INC 303 WEST AVE NORWALK, CT 06850	13-3697184	501(C)(3)	10,500.	0.			FOR GENERAL SUPPORT.
CROSSPURPOSE P.O. BOX 2483 DENVER, CO 80201	46-3862392	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.

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CT CENTER FOR PATIENT SAFETY 857 POST RD, #220 FAIRFIELD, CT 06824	20-1517678	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
CULTURAL ALLIANCE OF FAIRFIELD COUNTY - 301 WEST AVE - NORWALK, CT 06850	94-3434503	501(C)(3)	12,155.	0.			FOR GENERAL SUPPORT.
CURTAIN CALL 1349 NEWFIELD AVE STAMFORD, CT 06905	06-1343144	501(C)(3)	25,727.	0.			FOR GENERAL SUPPORT.
DANA FARBER CANCER INSTITUTE 10 BROOKLINE PL W, 6TH FL BROOKLINE, MA 02445	04-2263040	501(C)(3)	32,200.	0.			FOR GENERAL SUPPORT.
DANBURY FAMILY LEARNING CENTER 49 OSBORNE STREET DANBURY, CT 06810	46-5714227	501(C)(3)	24,000.	0.			FOR GENERAL SUPPORT.
DANBURY YOUTH SERVICES 91 WEST ST DANBURY, CT 06810	06-0878252	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
DARIEN EMS - POST 53 PO BOX 2066 DARIEN, CT 06820	06-1625224	501(C)(3)	25,500.	0.			FOR GENERAL SUPPORT.
DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER, NH 03755	02-0222111	501(C)(3)	220,000.	0.			FOR GENERAL SUPPORT.
DATAHAVEN 129 CHURCH ST, 6TH FL NEW HAVEN, CT 06510	06-1567201	501(C)(3)	73,750.	0.			FOR GENERAL SUPPORT.

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DC VOLUNTEER LAWYERS PROJECT 5335 WISCONSIN AVE NW, STE 440 WASHINGTON, DC 20015	26-1089584	501(C)(3)	13,000.	0.			FOR GENERAL SUPPORT.
DECORATIVE ARTS TRUST 20 SOUTH OLIVE STREET, STE 204 MEDIA, PA 19063	23-2048668	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
DENVER FOUNDATION 55 MADISON ST., 8TH FLOOR DENVER, CO 80206	84-6048381	501(C)(3)	1,972,576.	0.			FOR GENERAL SUPPORT.
DOMUS KIDS, INC 83 LOCKWOOD AVE STAMFORD, CT 06902	06-0891998	501(C)(3)	156,676.	0.			FOR GENERAL SUPPORT.
DON BOSCO COMMUNITY CENTER 22 DON BOSCO PLACE PORT CHESTER, NY 10573	20-8204907	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
EDUCATORS FOR EXCELLENCE 80 PINE ST, 28TH FL NEW YORK, NY 10005	27-3382030	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
ELDERHOUSE 7 LEWIS ST NORWALK, CT 06851	06-0963343	501(C)(3)	24,000.	0.			FOR GENERAL SUPPORT.
ENCOURAGE KIDS FOUNDATION 1560 BROADWAY, STE 600 NEW YORK, NY 10036	13-3442216	501(C)(3)	13,500.	0.			FOR GENERAL SUPPORT.
ENGLISH LEARNER SUPPORT SERVICES OF FAIRFIELD CTY - 65 HIGH RIDGE RD, #221 - STAMFORD, CT 06905	81-4354687	501(C)(3)	22,000.	0.			FOR GENERAL SUPPORT.

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EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	36-2865979	501(C)(3)	35,000.	0.			FOR GENERAL SUPPORT.
EXCHANGE CLUB PARENTING SKILLS CENTER - 141 FRANKLIN ST - STAMFORD, CT 06901	06-1398440	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
FACING HISTORY AND OURSELVES 16 HURD RD BROOKLINE, MA 02445	04-2761636	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
FAIRFIELD THEATRE COMPANY, INC 70 SANFORD ST FAIRFIELD, CT 06824	06-1594125	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
FAIRFIELD UNIVERSITY, OFFICE OF ADVANCEMENT - 1073 N BENSON RD - FAIRFIELD, CT 06824	06-0646623	501(C)(3)	84,829.	0.			FOR GENERAL SUPPORT.
FAMILY & CHILDREN'S AGENCY 9 MOTT AVE NORWALK, CT 06850	06-0970985	501(C)(3)	145,227.	0.			FOR GENERAL SUPPORT.
FAMILY CENTERS, INC 40 ARCH ST GREENWICH, CT 06830	06-0646656	501(C)(3)	59,528.	0.			FOR GENERAL SUPPORT.
FIRST PRESBYTERIAN CHURCH OF NEW CANAAN - 178 OENOK RIDGE ROAD - NEW CANAAN, CT 06840	06-0767791	501(C)(3)	12,500.	0.			FOR GENERAL SUPPORT.
FLORIDA ATLANTIC UNIVERSITY FOUNDATION - 777 GLADES RD, ADM 295 - BOCA RATON, FL 33431-0991	59-0917284	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT.

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FOOD RESCUE US 27 ANN ST NORWALK, CT 06850	27-4486556	501(C)(3)	18,500.	0.			FOR GENERAL SUPPORT.
FOUNDATION FOR NATIONAL PROGRESS PO BOX 584 SAN FRANCISCO, CA 94104	94-2282759	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
FRIENDS OF NATHANIEL WITHERELL, INC - 70 PARSONAGE RD - GREENWICH, CT 06830-3944	22-3934788	501(C)(3)	5,227.	0.			FOR GENERAL SUPPORT.
FRIENDS OF NEW HAVEN LEGAL ASSISTANCE - 205 ORANGE STREET - NEW HAVEN, CT 06510	06-0793269	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT.
FRIENDS OF THE FERGUSON LIBRARY 1 PUBLIC LIBRARY PLZ STAMFORD, CT 06904	06-1027077	501(C)(3)	41,885.	0.			FOR GENERAL SUPPORT.
FRIENDSHIP CIRCLE OF CONNECTICUT 1074 HOPE STREET SUITE 201 STAMFORD, CT 06907	26-1093886	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.
FUTURE 5 135 ATLANTIC ST STAMFORD, CT 06902	46-2986201	501(C)(3)	12,727.	0.			FOR GENERAL SUPPORT.
GEORGETOWN UNIVERSITY 3300 WHITEHAVEN ST, NW, ST 4000 WASHINGTON, DC 20007	53-0196603	501(C)(3)	50,500.	0.			FOR GENERAL SUPPORT.
GIFFORD MEDICAL CENTER 44 SOUTH MAIN STREET RANDOLPH, VT 05060	03-0179418	501(C)(3)	13,000.	0.			FOR GENERAL SUPPORT.

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GRACE FARMS FOUNDATION PO BOX 876 NEW CANAAN, CT 06840	27-1401401	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
GRASSROOT SOCCER 15 LEBANON STREET HANOVER, NY 03755	43-1957920	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
GREATER BRIDGEPORT SYMPHONY SOCIETY - 446 UNIVERSITY AVE - BRIDGEPORT, CT 06604	06-6012460	501(C)(3)	73,177.	0.			FOR GENERAL SUPPORT.
GREEN VILLAGE INITIATIVE 325 LAFAYETTE ST, UNIT 9101 BRIDGEPORT, CT 06604	27-1439954	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
GREENFIELD HILL CONGREGATIONAL CHURCH - 1045 OLD ACADEMY RD - FAIRFIELD, CT 06824	06-6012213	501(C)(3)	5,200.	0.			FOR GENERAL SUPPORT.
GREENS FARMS ACADEMY 35 BEACHSIDE AVE, PO BOX 998 GREENS FARMS, CT 06438	06-0733693	501(C)(3)	45,000.	0.			FOR GENERAL SUPPORT.
GREENWICH ALLIANCE FOR EDUCATION 48 MAPLE AVE GREENWICH, CT 06830	20-4356460	501(C)(3)	20,227.	0.			FOR GENERAL SUPPORT.
GREENWICH CENTER FOR HOPE & RENEWAL - 237 TACONIC RD - GREENWICH, CT 06831	20-5770507	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
GREENWICH COUNTRY DAY SCHOOL 401 OLD CHURCH ROAD GREENWICH, CT 06830	06-0646657	501(C)(3)	460,000.	0.			FOR GENERAL SUPPORT.

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GREENWICH EMERGENCY MEDICAL SERVICES, INC - 1111 EAST PUTNAM AVE, SUITE 201 - RIVERSIDE, CT 06878	22-2721171	501(C)(3)	12,500.	0.			FOR GENERAL SUPPORT.
GREENWICH HOSPITAL FOUNDATION 35 RIVER RD COS COB, CT 06807	06-0646659	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
GREENWICH LIBRARY 101 WEST PUTNAM AVE GREENWICH, CT 06830-5387	06-6002281	501(C)(3)	13,000.	0.			FOR GENERAL SUPPORT.
GREENWICH SCHOLARSHIP ASSOCIATION PO BOX 4627 GREENWICH, CT 06831	06-1467698	501(C)(3)	200,153.	0.			FOR GENERAL SUPPORT.
GUIDE DOGS FOR THE BLIND PO BOX 3950 SAN RAFAEL, CA 94912	94-1196195	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
HANDS IN 4 YOUTH (VACAMAS) 296 MACOPIN RD WEST MILFORD, NJ 07480	13-5641852	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
HARLEM ACADEMY 1330 FIFTH AVE NEW YORK, NY 10026	56-2454573	501(C)(3)	75,000.	0.			FOR GENERAL SUPPORT.
HARLEM CHILDREN'S ZONE 35 EAST 125TH ST NEW YORK, NY 10035	23-7112974	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
HARPSWELL COASTAL ACADEMY 8 LEAVITT DRIVE BRUNSWICK, ME 04011	46-1065834	501(C)(3)	19,555.	0.			FOR GENERAL SUPPORT.

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HARTFORD FOOD SYSTEM 191 FRANKLIN AVE HARTFORD, CT 06114	06-0991880	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
HARVARD BUSINESS SCHOOL CLUB OF NY 1460 BROADWAY, WEWORK BLDG NEW YORK, NY 10036	13-6159699	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
HEART AND ARMOR FOUNDATION 1100 GLENDON AVENUE, STE 2000 LOS ANGELES, CA 90024	82-4502174	501(C)(3)	150,000.	0.			FOR GENERAL SUPPORT.
HIGH SCHOOL SCHOLARSHIP FOUNDATION OF FAIRFIELD - PO BOX 682 - FAIRFIELD, CT 06824	06-1273415	501(C)(3)	10,505.	0.			FOR GENERAL SUPPORT.
HOMES WITH HOPE 49 RICHMONDVILLE AVE, STE 212 WESTPORT, CT 06880	22-2534326	501(C)(3)	13,500.	0.			FOR GENERAL SUPPORT.
HOPKINS SCHOOL 986 FOREST RD NEW HAVEN, CT 06515-2501	06-0646674	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT.
HORIZONS AT BRUNSWICK SCHOOL 100 MAHER AVENUE GREENWICH, CT 06830	06-0646562	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
HORIZONS AT GREENS FARMS ACADEMY 35 BEACHSIDE AVE, PO BOX 998 GREENS FARMS, CT 06838	06-0733693	501(C)(3)	46,500.	0.			FOR GENERAL SUPPORT.
HORIZONS AT NCC PO BOX 244 NORWALK, CT 06853	06-6080293	501(C)(3)	56,500.	0.			FOR GENERAL SUPPORT.

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HORIZONS AT NEW CANAAN COUNTRY SCHOOL - 635 FROGTOWN RD - NEW CANAAN, CT 06840	06-0646765	501(C)(3)	115,500.	0.			FOR GENERAL SUPPORT.
HORIZONS AT SACRED HEART UNIVERSITY - 5151 PARK AVE - FAIRFIELD, CT 06825	06-0776644	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
HORIZONS NATIONAL 120 POST RD W, STE 202 WESTPORT, CT 06880	06-1468129	501(C)(3)	120,000.	0.			FOR GENERAL SUPPORT.
HORSE OF CONNECTICUT, INC 43 WILBUR ROAD WASHINGTON, CT 06777	22-2611615	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT.
HOSPITAL FOR SPECIAL SURGERY FUND 535 EAST 70TH ST NEW YORK, NY 10021	13-6714749	501(C)(3)	18,389.	0.			FOR GENERAL SUPPORT.
HOUSATONIC COMMUNITY COLLEGE FOUNDATION - 900 LAFAYETTE BLVD, BEACON HALL, RM 274 - BRIDGEPORT, CT 06604-4704	06-1291848	501(C)(3)	476,790.	0.			FOR GENERAL SUPPORT.
HOUSING DEVELOPMENT FUND, INC. 100 PROSPECT ST, SUITE 100 STAMFORD, CT 06901	06-1276156	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
HUNTER COLLEGE FOUNDATION 695 PARK AVE, ROOM 1313 EAST NEW YORK, NY 10065	13-3598671	501(C)(3)	115,000.	0.			FOR GENERAL SUPPORT.
ICE HOCKEY IN HARLEM 127 W 127TH ST, STE 415 NEW YORK, NY 10027	13-3577519	501(C)(3)	10,200.	0.			FOR GENERAL SUPPORT.

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IDEAL SCHOOL OF MANHATTAN 314 WEST 91ST STREET NEW YORK, NY 10024	76-0800603	501(C)(3)	12,500.	0.			FOR GENERAL SUPPORT.
IMMIGRANT JUSTICE CORPS 17 BATTERY PLACE SUITE 236 NEW YORK, NY 10004	46-4879076	501(C)(3)	180,000.	0.			FOR GENERAL SUPPORT.
IMPACT FAIRFIELD COUNTY P.O. BOX 7666 GREENWICH, CT 06836	47-2770533	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT.
INROADS, INC. 10 S. BROADWAY, SUITE 300 ST. LOUIS, MO 63102	62-0967197	501(C)(3)	17,500.	0.			FOR GENERAL SUPPORT.
INSPIRICA, INC 141 FRANKLIN STREET STAMFORD, CT 06901	06-1172535	501(C)(3)	51,913.	0.			FOR GENERAL SUPPORT.
INSTITUTE FOR ANATOMICAL RESEARCH 1490 WEST FILLMORE STREET, STE 130 COLORADO SPRINGS, CO 80904	45-5088768	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
INSTITUTE FOR HUMANE STUDIES 3434 WASHINGTON BLVD ARLINGTON, VA 22201	94-1623852	501(C)(3)	15,100.	0.			FOR GENERAL SUPPORT.
INSTITUTE FOR JUSTICE 901 N GLEBE RD, STE 900 ARLINGTON, VA 22203	52-1744337	501(C)(3)	7,200.	0.			FOR GENERAL SUPPORT.
INTEMPO (FORMERLY INTAKE ORGANIZATION) - 58 CHURCH STREET - STAMFORD, CT 06906	90-0725572	501(C)(3)	59,130.	0.			FOR GENERAL SUPPORT.

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INTERNATIONAL REFUGEE ASSISTANCE PROJECT, INC. - 40 RECTOR STREET, 9TH FLOOR - NEW YORK, NY 10006	13-3442022	501(C)(3)	55,000.	0.			FOR GENERAL SUPPORT.
INTERNATIONAL RESCUE COMMITTEE PO BOX 6068 ALBERT LEA, MN 56007	13-5660870	501(C)(3)	130,000.	0.			FOR GENERAL SUPPORT.
IRIS - INTEGRATED REFUGEE IMMIGRANT SERVICES - 235 NICOLL STREET - NEW HAVEN, CT 06511	06-0653044	501(C)(3)	230,000.	0.			FOR GENERAL SUPPORT.
JEWISH SENIOR SERVICES FOUNDATION 4200 PARK AVE BRIDGEPORT, CT 06604	06-0846991	501(C)(3)	30,932.	0.			FOR GENERAL SUPPORT.
JUNIOR LEAGUE OF GREENWICH 231 E PUTNAM AVENUE GREENWICH, CT 06830	06-6011964	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
JUSTICE EDUCATION CENTER 62 LASALLE RD, STE 308 WEST HARTFORD, CT 06107	06-0897199	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
KENNEDY CENTER 2440 RESERVOIR AVE TRUMBULL, CT 06611	06-0709295	501(C)(3)	87,919.	0.			FOR GENERAL SUPPORT.
KENT CONGREGATIONAL CHURCH 97 NORTH MAIN STREET, P.O. BOX 306 KENT, CT 06757	06-6042383	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT.
KIDS IN CRISIS 1 SALEM ST COS COB, CT 06807	06-1027885	501(C)(3)	44,938.	0.			FOR GENERAL SUPPORT.

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LAUREL HOUSE 1616 WASHINGTON BOULEVARD STAMFORD, CT 06902	22-2511467	501(C)(3)	23,227.	0.			FOR GENERAL SUPPORT.
LIBERATION PROGRAMS, INC 129 GLOVER AVENUE NORWALK, CT 06850	06-0867006	501(C)(3)	41,000.	0.			FOR GENERAL SUPPORT.
LIFEBRIDGE COMMUNITY SERVICES 475 CLINTON AVE BRIDGEPORT, CT 06605	06-0646974	501(C)(3)	113,434.	0.			FOR GENERAL SUPPORT.
LITERACY LAB 1003 K STREET NORTHWEST WASHINGTON, DC 20001	27-1777117	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
LITTLE KIDS ROCK 271 GROVE AVE, BLDG E2 VERONA, NJ 07044	94-3396568	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
LONG ISLAND COMMUNITY FOUNDATION 909 WALT WHITMAN RD, STE 205 MELVILLE, NY 11747	13-6089923	501(C)(3)	14,439.	0.			FOR GENERAL SUPPORT.
LOST TREE VILLAGE CHARITABLE FOUNDATION - 8 CHURCH LANE - NORTH PALM BEACH, FL 33408	59-2104920	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
MAC ANGELS FOUNDATION 55 SOUTH MAIN ST, 2B PORT CHESTER, NY 10573	22-3769685	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.
MAP INTERNATIONAL 4700 GLYNCO PARKWAY BRUNSWICK, GA 31525	36-2586390	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.

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MARC COMMUNITY RESOURCES 124 WASHINGTON ST MIDDLETOWN, CT 06457	06-6011968	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
MARITIME AQUARIUM 10 N WATER ST NORWALK, CT 06854	06-1062912	501(C)(3)	21,000.	0.			FOR GENERAL SUPPORT.
MARITIME ODYSSEY PRESCHOOL 11 INGALLS AVENUE NORWALK, CT 06854	81-3250482	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
MCGIVNEY COMMUNITY CENTER PO BOX 5220 BRIDGEPORT, CT 06610	22-3059815	501(C)(3)	53,500.	0.			FOR GENERAL SUPPORT.
MERCATUS CENTER, INC 3434 WASHINGTON BLVD, 4TH FL ARLINGTON, VA 22201	54-1436224	501(C)(3)	5,100.	0.			FOR GENERAL SUPPORT.
MERCY LEARNING CENTER OF BRIDGEPORT, INC - 637 PARK AVE - BRIDGEPORT, CT 06604	22-2859879	501(C)(3)	66,521.	0.			FOR GENERAL SUPPORT.
METROPOLITAN GOLF ASSOCIATION FOUNDATION - 49 KNOLLWOOD RD - ELMSFORD, NY 10523	13-6100835	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
MILL RIVER PARK COLLABORATIVE 1055 WASHINGTON BLVD, 4TH FLOOR STAMFORD, CT 06901	06-1507648	501(C)(3)	54,500.	0.			FOR GENERAL SUPPORT.
MISS HALL'S SCHOOL 492 HOLMES RD PITTSFIELD, MA 01202	04-2104273	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT.

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MISS PORTER'S SCHOOL 60 MAIN STREET FARMINGTON, CT 06032	06-0646786	501(C)(3)	18,388.	0.			FOR GENERAL SUPPORT.
MISSION 250 PEQUOT AVE SOUTHPORT, CT 06890	20-2777748	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
MOUNA ARTS & CULTURAL VILLAGE PO BOX 342 WAI'ANAЕ, HI 96792	81-2690096	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
MOUNT SINAI HEALTH SYSTEM ONE GUSTAVE LEVY PLACE, PO BOX 1049 NEW YORK, NY 10029	13-1624096	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
MULTIPLE MYELOMA RESEARCH FOUNDATION - 383 MAIN AVE - NORWALK, CT 06851	06-1504413	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
MUSIC HAVEN, INC 315 PECK ST, BOX A10 NEW HAVEN, CT 06513	01-0870395	501(C)(3)	18,270.	0.			FOR GENERAL SUPPORT.
MUSICARES FOUNDATION 3030 OLYMPIC BLVD. SANTA MONICA, CA 90404	95-4470909	501(C)(3)	14,500.	0.			FOR GENERAL SUPPORT.
NARAL PRO-CHOICE AMERICA FOUNDATION - 1156 15TH ST NW, STE 700 - WASHINGTON, DC 20005	52-1100361	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
NATIONAL OUTDOOR LEADERSHIP 284 LINCOLN STREET LANDER, WY 82520	83-0204184	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.

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NEIGHBORHOOD STUDIOS OF FAIRFIELD COUNTY - 391 E WASHINGTON AVE - BRIDGEPORT, CT 06608	06-0993269	501(C)(3)	14,500.	0.			FOR GENERAL SUPPORT.
NEW CLASSROOMS INNOVATION PARTNERS 1250 BROADWAY, 30TH FLOOR NEW YORK, NY 10001	45-2736163	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
NEW FAIRFIELD COMMUNITY FOUNDATION 1 BRUSH HILL RD NEW FAIRFIELD, CT 06812	06-1528030	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
NEW REACH, INC. 153 EAST ST NEW HAVEN, CT 06511	22-3037451	501(C)(3)	175,000.	0.			FOR GENERAL SUPPORT.
NEW STORY, INC. 182 HOWARD ST SAN FRANCISCO, CA 94105	47-2529408	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
NEW YORK HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK, NY 10024	13-1624124	501(C)(3)	105,000.	0.			FOR GENERAL SUPPORT.
NEW YORK PUBLIC RADIO PO BOX 1550 NEW YORK, NY 10116-1550	13-3015230	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
NOROTON PRESBYTERIAN CHURCH 2011 POST RD DARIEN, CT 06820	54-0994577	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
NORWALK COMMUNITY COLLEGE FOUNDATION - 188 RICHARDS AVE - NORWALK, CT 06854-1634	06-6080293	501(C)(3)	142,744.	0.			FOR GENERAL SUPPORT.

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NORWALK COMMUNITY HEALTH CENTER 120 CONNECTICUT AVE NORWALK, CT 06854-1525	06-1436620	501(C)(3)	31,000.	0.			FOR GENERAL SUPPORT.
NORWALK HARBOR KEEPER 9 BRAYBOURNE DRIVE NORWALK, CT 06855	82-2305143	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
NORWALK HOSPITAL FOUNDATION 34 MAPLE ST NORWALK, CT 06856-9968	22-2577707	501(C)(3)	89,809.	0.			FOR GENERAL SUPPORT.
NORWALK PUBLIC SCHOOLS 125 EAST AVE NORWALK, CT 06852	06-6011881	501(C)(3)	90,000.	0.			FOR GENERAL SUPPORT.
NORWALK SENIOR CENTER 11 ALLEN RD NORWALK, CT 06851	23-7121169	501(C)(3)	23,552.	0.			FOR GENERAL SUPPORT.
OHIO WESLEYAN UNIVERSITY 61 S. SANDUSKY STREET DELAWARE, OH 43015	31-4379585	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
OPEN DOOR SHELTER 4 MERRITT ST NORWALK, CT 06854	22-2536909	501(C)(3)	100,287.	0.			FOR GENERAL SUPPORT.
OPERATION HOPE 636 OLD POST RD FAIRFIELD, CT 06824	06-1193489	501(C)(3)	25,727.	0.			FOR GENERAL SUPPORT.
PACIFIC HOUSE 137 HENRY ST, STE 205 STAMFORD, CT 06901	06-1144355	501(C)(3)	28,750.	0.			FOR GENERAL SUPPORT.

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PAN MASSACHUSETTS CHALLENGE 77 4TH AVE NEEDHAM, CT 02494	04-2746912	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
PARTNERSHIP FOR STRONG COMMUNITIES 227 LAWRENCE ST HARTFORD, MA 06106	20-0882009	501(C)(3)	26,200.	0.			FOR GENERAL SUPPORT.
PENCILS OF PROMISE 37 WEST 28TH ST NEW YORK, NY 10001	26-3618722	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
PERSON-TO-PERSON 1864 POST RD DARIEN, CT 06820-5802	06-1422248	501(C)(3)	109,477.	0.			FOR GENERAL SUPPORT.
PETERS VALLEY SCHOOL OF CRAFT 19 KUHN RD LAYTON, NJ 07851	22-1920050	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
PILOT HOUSE 240 COLONY STREET FAIRFIELD, CT 06824	06-1796512	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVE - NEW HAVEN, CT 06511-2384	06-0263565	501(C)(3)	24,000.	0.			FOR GENERAL SUPPORT.
POSITIVE DIRECTIONS THE CENTER FOR PREVENTION & RECOVERY - 90 POST ROAD WEST - WESTPORT, CT 06880	06-0935732	501(C)(3)	7,750.	0.			FOR GENERAL SUPPORT.
POSSE FOUNDATION 14 WALL STREET, SUITE 8A-6 NEW YORK, NY 10005	13-3840394	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.

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PRINCETON UNIVERSITY P.O. BOX 591, 220 WEST COLLEGE PRINCETON, NJ 08542-0591	21-0634501	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
PROJECT MORRY 350 EXECUTIVE BLVD, STE 125 ELMSFORD, NY 10523	13-3851126	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
PROJECT MUSIC PO BOX 112016 STAMFORD, CT 06902	81-2610342	501(C)(3)	61,500.	0.			FOR GENERAL SUPPORT.
PT BARNUM FOUNDATION, INC 1070 MAIN ST BRIDGEPORT, CT 06604	06-0712601	501(C)(3)	9,351.	0.			FOR GENERAL SUPPORT.
RAPID RESULTS INSTITUTE SIX LANDMARK SQUARE STAMFORD, CT 06901	56-2609577	501(C)(3)	9,250.	0.			FOR GENERAL SUPPORT.
REACH PREP 1 DOCK STREET, STE 100 STAMFORD, CT 06905	06-1438889	501(C)(3)	77,500.	0.			FOR GENERAL SUPPORT.
REASON FOUNDATION 5737 MESMER AVE LOS ANGELES, CA 90230	95-3298239	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
RENEWAL HOUSE 18 AARON SAMUELS BLVD, PO BOX 622 DANBURY, CT 06813	22-3221915	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
RETIRED PROFESSIONAL FOOTBALL PLAYERS CHARITABLE FOUNDATION, INC - 62 RIDGELAND DRIVE - STARKVILLE, MS 39759	46-4240832	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.

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RISE NETWORK 700 STATE STREET, 3RD FL NEW HAVEN, CT 06511	81-4104274	501(C)(3)	300,000.	0.			FOR GENERAL SUPPORT.
RIVER HOUSE ADULT DAY CENTER 125 RIVER RD EXT COS COB, CT 06807	06-1066787	501(C)(3)	52,600.	0.			FOR GENERAL SUPPORT.
RIVERS ALLIANCE OF CONNECTICUT 7 WEST STREET LITCHFIELD, CT 06759	06-1361719	501(C)(3)	5,200.	0.			FOR GENERAL SUPPORT.
ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET, 10TH FL NEW YORK, NY 10036	13-3615533	501(C)(3)	21,000.	0.			FOR GENERAL SUPPORT.
ROTARY CLUB OF BRIDGEPORT PO BOX 1399 BRIDGEPORT, CT 06601	20-5655260	501(C)(3)	6,041.	0.			FOR GENERAL SUPPORT.
ROWAYTON HOSE COMPANY NO. 136 ROWAYTON AVENUE NORWALK, CT 06853	06-6059177	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
RYASAP (REGIONAL YOUTH AND ADULT SOCIAL ACTION PARTNERSHIP) - 2470 FAIRFIELD AVE - BRIDGEPORT, CT 06605-2647	06-1357699	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT.
SALVATION ARMY 30 ELM STREET BRIDGEPORT, CT 06605	13-5562351	501(C)(3)	5,678.	0.			FOR GENERAL SUPPORT.
SAVE THE CHILDREN 501 KINGS HWY E, STE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.

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SCHOLARSHIP AMERICA, INC. C/O FIRST NATIONAL BANK MINNESOTA, ST. PETER, MN 56082	04-2296967	501(C)(3)	243,436.	0.			FOR GENERAL SUPPORT.
SCHOOL VOLUNTEER ASSOCIATION, INC 280 TESINY AVE BRIDGEPORT, CT 06606	06-6089700	501(C)(3)	57,240.	0.			FOR GENERAL SUPPORT.
SHATTERPROOF 101 MERRITT 7, CORPROATE PARK 1ST F NORWALK, CT 06851	45-4619712	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
SHINING HOPE FOR COMMUNITIES 175 VARICK ST, 5TH FL NEW YORK, CT 10014	27-1493201	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
SMITH COLLEGE 10 ELM STREET, COLLEGE HALL 106 NORTHAMPTON, NY 01063	04-1843040	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
SOUNDWATERS COVE ISLAND PARK, 1281 COVE RD. STAMFORD, CT 06902	06-1263947	501(C)(3)	52,227.	0.			FOR GENERAL SUPPORT.
SOUTH END COMMUNITY CENTER INC. 19 BATES ST STRATFORD, CT 06615	06-6002103	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
SOUTHWESTERN CT AREA AGENCY ON AGING, INC - 1000 LAFAYETTE BLVD, 9TH FL - BRIDGEPORT, CT 06604	06-0916407	501(C)(3)	101,942.	0.			FOR GENERAL SUPPORT.
SQUASH HAVEN 70 TOWER PKWY NEW HAVEN, CT 06520	20-5500876	501(C)(3)	20,700.	0.			FOR GENERAL SUPPORT.

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SQUASHBUSTERS 795 COLUMBUS AVE ROXBURY CROSSING, MA 02120-2108	04-3330698	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
ST. ANTHONY OF PADUA CHURCH 149 S PINE CREEK RD FAIRFIELD, CT 06824	06-0737923	501(C)(3)	5,200.	0.			FOR GENERAL SUPPORT.
ST. JEROME ROMAN CATHOLIC CHURCH 23 HALF MILE ROAD NORWALK, CT 06851	06-0764272	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
ST. JOSEPH HIGH SCHOOL 2320 HUNTINGTON TPKE TRUMBULL, CT 06611-5099	06-1560973	501(C)(3)	18,827.	0.			FOR GENERAL SUPPORT.
ST. LUKE'S EPISCOPAL CHURCH 1864 POST ROAD DARIEN, CT 06820-8128	06-0662180	501(C)(3)	27,388.	0.			FOR GENERAL SUPPORT.
ST. PAUL'S EPISCOPAL CHURCH 661 OLD POST RD FAIRFIELD, CT 06824	06-0655484	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
ST. THERESA SCHOOL 55 ROSEMOND TERRACE TRUMBULL, CT 06611	06-0737923	501(C)(3)	18,828.	0.			FOR GENERAL SUPPORT.
ST. VINCENT'S MEDICAL CENTER FOUNDATION - 2800 MAIN STREET - BRIDGEPORT, CT 06606	22-2558132	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT.
STAMFORD FAMILY YMCA 10 BELL ST STAMFORD, CT 06901	06-0646985	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.

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STAMFORD HOSPITAL FOUNDATION 1351 WASHINGTON BLVD STE 202 STAMFORD, CT 06902-2448	06-0646917	501(C)(3)	70,000.	0.			FOR GENERAL SUPPORT.
STAMFORD MUSEUM & NATURE CENTER 39 SCOFIELDTOWN RD STAMFORD, CT 06903	06-0653148	501(C)(3)	51,694.	0.			FOR GENERAL SUPPORT.
STAMFORD PEACE YOUTH FOUNDATION 925 LONG RIDGE ROAD STAMFORD, CT 06903	27-1254631	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
STAMFORD PUBLIC EDUCATION FOUNDATION - 247 MAIN ST - STAMFORD, CT 06901	06-1462359	501(C)(3)	24,000.	0.			FOR GENERAL SUPPORT.
STAMFORD SENIOR CENTER 888 WASHINGTON BLVD, 2ND FL STAMFORD, CT 06901	06-1456561	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
STAMFORD SYMPHONY ORCHESTRA 263 TRESSER BLVD STAMFORD, CT 06901	06-6100039	501(C)(3)	25,227.	0.			FOR GENERAL SUPPORT.
STAMFORD YOUTH SERVICES BUREAU - CITY OF STAMFORD, PO BOX 1 STAMFORD, CT 06904-2152	06-6001536	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
STAR, INC., LIGHTING THE WAY 182 WOLFPIT AVE NORWALK, CT 06852-0470	06-0726489	501(C)(3)	21,637.	0.			FOR GENERAL SUPPORT.
STARFISH CONNECTION 1127 HIGH RIDGE RD, #255 STAMFORD, CT 06905	26-2410124	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

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

Schedule I (Form 990)

06-1083893

Page 1

**Part II** Continuation of Grants and Other Assistance to 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
STARK MOUNTAIN FOUNDATION, INC PO BOX 1221 WAITSFIELD, VT 05673	03-0369897	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
STEPPING STONES MUSEUM FOR CHILDREN - 303 WEST AVE - NORWALK, CT 06850	22-3199269	501(C)(3)	92,500.	0.			FOR GENERAL SUPPORT.
STERLING HOUSE 2283 MAIN ST STRATFORD, CT 06615	06-0665192	501(C)(3)	25,227.	0.			FOR GENERAL SUPPORT.
SUMMER ON THE HILL, INC 4400 TIBBETT AVE BRONX, NY 10471	65-1232087	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
SUMMER SEARCH DEPT 34425, PO BOX 39000 SAN FRANCISCO, CA 94139	68-0200138	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
SUNRISE ROTARY 21ST CENTURY FOUNDATION - PO BOX 43 - WESTPORT, CT 06881-4822	06-1616012	501(C)(3)	8,247.	0.			FOR GENERAL SUPPORT.
TEACH FOR AMERICA 370 JAMES ST, STE 404 NEW HAVEN, CT 06513	13-3541913	501(C)(3)	100,685.	0.			FOR GENERAL SUPPORT.
TEAK FELLOWSHIP 16 WEST 22ND ST, 3RD FL NEW YORK, NY 10010	13-4011465	501(C)(3)	50,500.	0.			FOR GENERAL SUPPORT.
THE CHILDREN'S SCHOOL 118 SCOFIELDTOWN RD STAMFORD, CT 06903	06-1104354	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.

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.)

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THE HEARING & SPEECH AGENCY OF METROPOLITAN BALTIMORE - 5900 METRO DR - BALTIMORE, MD 21215-3207	52-0591577	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
THE RIDGEFIELD PLAYHOUSE 80 E RIDGE AVE RIDGEFIELD, CT 06877	06-1463501	501(C)(3)	16,000.	0.			FOR GENERAL SUPPORT.
TODAY'S STUDENTS TOMORROW' TEACHERS - 333 WESTCHESTER AVENUE, STE S-208 - WHITE PLAINS, NY 10604	13-4049153	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
TRIANGLE COMMUNITY CENTER 618 WEST AVENUE, STE 205 NORWALK, CT 06850	22-3079559	501(C)(3)	20,227.	0.			FOR GENERAL SUPPORT.
TRINITY CHURCH 1 RIVER ROAD COS COB, CT 06807	06-1531034	501(C)(3)	300,000.	0.			FOR GENERAL SUPPORT.
TRUSTBRIDGE GLOBAL FOUNDATION 111 SECOND AVENUE NE ST. PETERSBURG, FL 33701	59-3498416	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT.
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3535 MARKET ST, STE 750 - PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT.
TULANE UNIVERSITY 6823 ST. CHARLES AVENUE NEW ORLEANS, LA 70118	72-0423889	501(C)(3)	18,750.	0.			FOR GENERAL SUPPORT.
UJA / JCC GREENWICH 1 HOLLY HILL LN GREENWICH, CT 06830	06-6068624	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.

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
UNITED NEGRO COLLEGE FUND 1805 7TH ST NW WASHINGTON, DC 20001	13-1624241	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
UNITED WAY OF COASTAL FAIRFIELD COUNTY - 855 MAIN STREET - BRIDGEPORT, CT 06604-4915	06-0864341	501(C)(3)	289,508.	0.			FOR GENERAL SUPPORT.
UNITED WAY OF WESTERN CT 301 MAIN ST DANBURY, CT 06810	06-0646577	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
UNITED WE DREAM, INC 1900 L STREET NW WASHINGTON, DC 20036	46-2216565	501(C)(3)	72,777.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF CONNECTICUT 233 GLENBROOK, UNIT 4100 STORRS, CT 06269-4100	06-0772160	501(C)(3)	9,000.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF CONNECTICUT FOUNDATION - 2390 ALUMNI DR - STORRS, CT 06269	06-6070722	501(C)(3)	27,500.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	06-0761704	501(C)(3)	15,500.	0.			FOR GENERAL SUPPORT.
UPROAR FUND 1208 BAY STREET, STE 202 BELLINGHAM, WA 98225	20-8802794	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
URBAN JUSTICE CENTER 40 RECTOR ST, 9TH FL NEW YORK, NY 10006	13-3442022	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

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

06-1083893

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VASSAR COLLEGE, OFFICE OF ALUMNAE AFFAIRS - 161 COLLEGE AVENUE - POUGHKEEPSIE, NY 12603	14-1338587	501(C)(3)	210,000.	0.			FOR GENERAL SUPPORT.
VH1 SAVE THE MUSIC FOUNDATION 1540 BROADWAY, 29TH FLOOR, PO BOX 2 NEW YORK, NY 10108	13-6089816	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
VIRGINIA ATHLETICS FOUNDATION P.O. BOX 400833 CHARLOTTESVILLE, VA 22904	54-0517188	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
VISITING NURSE SERVICES OF CT, INC 765 FAIRFIELD AVE BRIDGEPORT, CT 06604	06-0665196	501(C)(3)	6,913.	0.			FOR GENERAL SUPPORT.
WAKEMAN BOYS & GIRLS CLUB 268 POST ROAD, 2ND FLOOR FAIRFIELD, CT 06824	06-0662198	501(C)(3)	1,084,100.	0.			FOR GENERAL SUPPORT.
WATERSIDE SCHOOL 770 PACIFIC ST STAMFORD, CT 06902	06-1609222	501(C)(3)	131,350.	0.			FOR GENERAL SUPPORT.
WE STAND WITH CHRIST, INC 238 JEWETT AVENUE BRIDGEPORT, CT 06606	82-3779115	501(C)(3)	27,000.	0.			FOR GENERAL SUPPORT.
WESTON LACROSSE 11 HIDDEN MEADOW ROAD WESTON, CT 06883	06-1555400	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
WESTPORT ARTS CENTER, INC. 51 RIVERSIDE AVE WESTPORT, CT 06880	06-0890501	501(C)(3)	5,025.	0.			FOR GENERAL SUPPORT.

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
WESTPORT LIBRARY ASSOCIATION 20 JESUP RD WESTPORT, CT 06880	06-0672798	501(C)(3)	51,779.	0.			FOR GENERAL SUPPORT.
WILDLIFE IN CRISIS, INC PO BOX 1246 WESTON, CT 06883	22-3020015	501(C)(3)	22,727.	0.			FOR GENERAL SUPPORT.
WILLIAM F. BUCKLEY, JR. 234 CHURCH STREET, 7TH FL NEW HAVEN, CT 06510	27-5131268	501(C)(3)	15,700.	0.			FOR GENERAL SUPPORT.
WOMEN'S BUSINESS DEVELOPMENT COUNCIL - 184 BEDFORD ST - STAMFORD, CT 06901	06-1493737	501(C)(3)	30,500.	0.			FOR GENERAL SUPPORT.
WOMEN'S CAMPAIGN SCHOOL AT YALE UNIVERSITY - PO BOX 1194 - NEW CANAAN, CT 06840	22-3275455	501(C)(3)	5,300.	0.			FOR GENERAL SUPPORT.
WOMENSV P.O, BOX 3982 LOS ALTOS, CA 94024	81-5015102	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
YALE UNIVERSITY, OFFICE OF DEVELOPMENT - CONTRIBUTION PROCESSING - P.O. BOX 2038 - NEW HAVEN, CT 06521	06-0646973	501(C)(3)	268,388.	0.			FOR GENERAL SUPPORT.
YANKEE INSTITUTE FOR PUBLIC POLICY 216 MAIN ST HARTFORD, CT 06106	52-1358144	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
YMCA OF GREENWICH 50 EAST PUTNAM AVE GREENWICH, CT 06830	06-0646976	501(C)(3)	88,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)





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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS TO RESIDENTS OF FAIRFIELD COUNTY FOR POST-SECONDARY EDUCATION IN A 2 OR 4 YEAR ACCREDITED INSTITUTION	294	869,484.	0.		

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

**PART I, LINE 2:**

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

**Part IV** Supplemental Information

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

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

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2018**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the 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
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

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

Schedule J (Form 990) 2018

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

06-1083893

Schedule J (Form 990) 2018

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JUANITA JAMES PRESIDENT AND CEO	(i)	270,718.	0.	0.	13,710.	13,682.	298,110.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOSEPH BAKER CFO (THRU 5/31/19)	(i)	136,396.	0.	0.	7,500.	29,933.	173,829.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KAREN BROWN VP, INNOVATION & STRATEGIC LEARNING	(i)	152,216.	0.	0.	8,225.	27,688.	188,129.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MENDI BLUE VP, COMMUNITY IMPACT	(i)	146,877.	0.	0.	7,577.	5,541.	159,995.	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)							



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2018**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	24	950,684.	AVG. SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part 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) 2018

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

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

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:

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.

Name of the organization <b>FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.</b>	Employer identification number <b>06-1083893</b>
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THE OVERARCHING GOAL OF THE COMMUNITY FOUNDATION IS TO CLOSE THE OPPORTUNITY GAP IN FAIRFIELD COUNTY. THIS MEANS ELIMINATING DISPARITIES IN INCOME, EDUCATION, EMPLOYMENT, HOUSING AND HEALTH. TO DO THIS TRANSFORMATIVE WORK, THE COMMUNITY FOUNDATION FOSTERS AND FACILITATES THE COMING TOGETHER OF THE PUBLIC, PRIVATE AND NONPROFIT SECTORS.

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

- PERSONALIZED PHILANTHROPIC ADVISORY SERVICES, GRANT SERVICES, AND FINANCIAL STEWARDSHIP TO FUND HOLDERS.
- COMMUNITY LEADERSHIP AND STRATEGIC, COLLABORATIVE INITIATIVES TO ADDRESS KEY REGIONAL ISSUES, SUCH AS OLDER YOUTH, WOMEN AND GIRLS, AFFORDABLE HOUSING, ECONOMIC OPPORTUNITY, 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 4B, PROGRAM SERVICE ACCOMPLISHMENTS: LEADERS OF HIGH IMPACT ORGANIZATIONS, AND OFFERED FINANCIAL MANAGEMENT TRAINING.

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

THE BYLAWS WERE AMENDED ON APRIL 8, 2019. SIGNIFICANT CHANGES INCLUDED:

1. THE POTENTIAL SIZE OF THE BOARD HAS BEEN REDUCED FROM 40 TO 30 PEOPLE;
2. THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE FOUNDATION HAS BEEN ADDED TO THE BOARD AS A MEMBER, EX OFFICIO AND WITHOUT VOTE;
3. THE PROCESS FOR RESIGNATION OF DIRECTORS HAS BEEN CLARIFIED;
4. THE SECTION REGARDING COMMITTEES HAS BEEN AMENDED TO REFLECT THE CURRENT COMMITTEE STRUCTURE OF THE FOUNDATION AS WELL AS THE CLARIFICATION OF HOW COMMITTEE CHAIRS AND MEMBERS ARE APPOINTED AND, IF NECESSARY, REMOVED.

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

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

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

FCCF HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT ANNUALLY MONITORS AND ENFORCES. THE BOARD MANDATES THAT ALL FOUNDATION BOARD MEMBERS, 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

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

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

FCCF HAS ESTABLISHED A WRITTEN COMPENSATION POLICY WHEREBY THE EXECUTIVE COMMITTEE REVIEWS COMPENSATION ANNUALLY FOR THE CEO, 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

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COMPENSATION DECISION IS THEN PRESENTED TO THE BOARD OF DIRECTORS AT A  
REGULARLY SCHEDULED MEETING FOR APPROVAL.

COMPENSATION FOR THE CEO, CHIEF FINANCIAL OFFICER AND KEY EMPLOYEES WERE  
LAST REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE IN 2019.

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

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION MAKES ITS FORM 990 AVAILABLE FOR  
PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE  
CODE. THE RETURN IS POSTED ON GUIDESTAR.ORG, AND THE ORGANIZATIONS WEBSITE.  
IN ADDITION, THE FORM 990, THE GOVERNING DOCUMENTS, FINANCIAL STATEMENTS  
AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR INSPECTION AT THE  
FOUNDATION'S OFFICES AND COPIES ARE AVAILABLE UPON WRITTEN REQUEST AT 40  
RICHARDS AVENUE, NORWALK, CT 06854 OR BY CALLING THE ORGANIZATION DIRECTLY  
AT 203-750-3200.

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	90.
RETURN GRANTS	45,044.
TOTAL TO FORM 990, PART XI, LINE 9	45,134.

FORM 990, PART XII, LINE 2C:

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