

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 40 RICHARDS AVENUE City or town, state or province, country, and ZIP or foreign postal code NORWALK, CT 06854 F Name and address of principal officer: JUANITA T. JAMES SAME AS C ABOVE	D Employer identification number 06-1083893 E Telephone number (203) 750-3200 G Gross receipts \$ 62,445,030. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.FCCFOUNDATION.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1982		M State of legal domicile: CT

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O																			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																			
	3 Number of voting members of the governing body (Part VI, line 1a)	3 16																		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 16																		
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 38																		
	6 Total number of volunteers (estimate if necessary)	6 100																		
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 304,988.																		
	7b Net unrelated business taxable income from Form 990-T, line 39	7b -239,486.																		
Revenue	8 Contributions and grants (Part VIII, line 1h)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Prior Year</th> <th style="width:35%;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">18,757,602.</td> <td align="right">18,221,388.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">76,662.</td> <td align="right">60,436.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">17,343,153.</td> <td align="right">11,960,068.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">-87,133.</td> <td align="right">9,849.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">36,090,284.</td> <td align="right">30,251,741.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	18,757,602.	18,221,388.	9 Program service revenue (Part VIII, line 2g)	76,662.	60,436.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,343,153.	11,960,068.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-87,133.	9,849.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,090,284.	30,251,741.
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Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,507,204.	21,158,209.																	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.																	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,188,471.	3,609,292.																	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.																	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 852,310.																			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,894,465.	3,446,856.																	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,590,140.	28,214,357.																		
19 Revenue less expenses. Subtract line 18 from line 12	10,500,144.	2,037,384.																		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"></th> <th style="width:35%;">Beginning of Current Year</th> <th style="width:35%;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td align="right">220,753,385.</td> <td align="right">213,804,475.</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td align="right">1,664,876.</td> <td align="right">1,523,834.</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td align="right">219,088,509.</td> <td align="right">212,280,641.</td> </tr> </tbody> </table>		Beginning of Current Year	End of Year	20 Total assets (Part X, line 16)	220,753,385.	213,804,475.	21 Total liabilities (Part X, line 26)	1,664,876.	1,523,834.	22 Net assets or fund balances. Subtract line 21 from line 20	219,088,509.	212,280,641.						
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Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 21,158,209. including grants of \$ 21,158,209.) (Revenue \$) GRANTS - THE COMMUNITY FOUNDATION AWARDED AND MADE GRANTS TO 501(C)(3) ORGANIZATIONS TO SUPPORT EDUCATION AND YOUTH DEVELOPMENT, COMMUNITY AND ECONOMIC DEVELOPMENT, THE EMPOWERMENT OF WOMEN AND GIRLS, IMMIGRATION SUPPORT AND NONPROFIT CAPACITY BUILDING.

4b (Code:) (Expenses \$ 2,322,646. including grants of \$) (Revenue \$ 60,436.) 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 LEADERSHIP DEVELOPMENT WORKSHOPS, TRAININGS AND TECHNICAL ASSISTANCE TO AGENCIES AND THEIR STAFF & VOLUNTEERS THROUGH THE FOUNDATION'S CENTER FOR NONPROFIT EXCELLENCE.

4c (Code:) (Expenses \$ 328,363. 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 6TH FAIRFIELD COUNTY GIVING DAY, A COMMUNITY-WIDE DAY OF GIVING DAY THAT RAISED \$1.7 MILLION IN GIVING DIRECTLY TO LOCAL CHARITIES.

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

4e Total program service expenses 23,809,218.

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

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Part IV Checklist of Required Schedules *(continued)*

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	33
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

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

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

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

Section A. Governing Body and Management

			Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	16		
b Enter the number of voting members included on line 1a, above, who are independent	1b	16		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9			X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ **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 on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JUANITA JAMES PRESIDENT AND CEO	55.00			X			279,103.	0.	28,128.	
(2) MICHAEL ROSEN CHIEF BUSINESS DEV. OFFICER	55.00				X		203,293.	0.	35,418.	
(3) KAREN BROWN VP, INNOVATION & STRATEGIC LEARNING	55.00				X		170,126.	0.	31,577.	
(4) MENDI BLUE VP, COMMUNITY IMPACT	55.00					X	171,286.	0.	23,125.	
(5) WILLIAM ANDREWS CFO	55.00			X			132,252.	0.	27,837.	
(6) ELAINE MINTZ VP, OPERATIONS	55.00					X	138,212.	0.	9,864.	
(7) ELIZABETH DEMARTE DIRECTOR OF MARKETING & COMM.	55.00					X	119,576.	0.	14,142.	
(9) MARTHA OLSON BOARD CHAIR (THRU JUNE 2020)	4.00	X		X			0.	0.	0.	
(10) CLAYTON H. FOWLER BOARD VICE CHAIR	2.00	X		X			0.	0.	0.	
(11) BRIGGS L. TOBIN BOARD VICE CHAIR	2.00	X		X			0.	0.	0.	
(12) EDWIN FORD BOARD TREASURER	3.00	X		X			0.	0.	0.	
(13) JOHNNA TORSONE BOARD SECRETARY	2.00	X		X			0.	0.	0.	
(16) ANNIE BURLEIGH BOARD MEMBER (THRU JUNE 2020)	1.00	X					0.	0.	0.	
(17) BRANDON L. CARDWELL BOARD MEMBER (THRU JUNE 2020)	2.00	X					0.	0.	0.	
(18) BOB EYDT BOARD MEMBER	2.00	X					0.	0.	0.	
(19) GERALD M. FOX III BOARD MEMBER	1.00	X					0.	0.	0.	
(20) MICHELLE KAY GARVEY BOARD MEMBER	1.00	X					0.	0.	0.	

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(21) STEVEN GOLDSTEIN BOARD MEMBER (THRU JUNE 2020)	2.00	X						0.	0.	0.
(22) JOEL GREEN BOARD MEMBER	3.00	X						0.	0.	0.
(23) JENNIFER HILL BOARD MEMBER (THRU SEPT. 2019)	1.00	X						0.	0.	0.
(24) DONALD KENDALL, JR. BOARD MEMBER	1.00	X						0.	0.	0.
(25) LIZ LAZARUS BOARD MEMBER (THRU JUNE 2020)	1.00	X						0.	0.	0.
(26) CHARLES MACCORMACK BOARD MEMBER	1.00	X						0.	0.	0.
(27) NEIL MARCUS BOARD MEMBER	1.00	X						0.	0.	0.
(28) JENNIFER PAGNILLO, ESQ. BOARD MEMBER	1.00	X						0.	0.	0.
(29) MARK RISER BOARD MEMBER	2.00	X						0.	0.	0.
1b Subtotal								1,213,848.	0.	170,091.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,213,848.	0.	170,091.

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 7

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NEPC, LLC. 255 STATE STREET, BOSTON, MA 02109	INVESTMENT ADVISOR	331,155.
SILCHESTER INTERNATIONAL INVESTORS, 780 THIRD AVENUE, 42ND FLOOR, NEW YORK, NY	INVESTMENT MANAGEMENT SERVICES	167,953.
HELEN L. KOVEN LLC 56 WIRE MILL ROAD, STAMFORD, CT 06903	PUBLIC RELATIONS CONSULTING	116,279.
CORNELL CONSULTING LLC 14 BONSILENE STREET, MILFORD, CT 06460	PROGRAM CONSULTING	102,987.
MARK ARGOSH 12 TRANQUILTY LANE, WESPORT, CT 06880	SOCIAL VENTURE PARTNERS PROGRAM CON	100,823.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Form 990 (2019)

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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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	45,263.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	18,176,125.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,386,681.				
	h Total. Add lines 1a-1f			18,221,388.			
Program Service Revenue	2 a WORKSHOP INCOME AND SYMPOSIUM FEE	Business Code					
		900099	60,436.	60,436.			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			60,436.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,430,712.		266,885.	2,163,827.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	41,697,991.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	32,168,635.				
	c Gain or (loss)	7c	9,529,356.				
	d Net gain or (loss)			9,529,356.	38,103.	9,491,253.	
8 a Gross income from fundraising events (not including \$ 45,263. of contributions reported on line 1c). See Part IV, line 18	8a		32,353.				
		b Less: direct expenses	8b	24,654.			
c Net income or (loss) from fundraising events			7,699.		7,699.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
		b Less: direct expenses	9b				
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
		b Less: cost of goods sold	10b				
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a OTHER INCOME	Business Code					
		900099	2,150.			2,150.	
	b _____						
	c _____						
	d All other revenue						
e Total. Add lines 11a-11d			2,150.				
12 Total revenue. See instructions			30,251,741.	60,436.	304,988.	11,664,929.	

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

Form 990 (2019)

06-1083893 Page **10**

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	20,345,775.	20,345,775.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	812,434.	812,434.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	941,874.	476,736.	287,508.	177,630.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,138,295.	908,464.	966,046.	263,785.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	101,452.	42,973.	46,064.	12,415.
9 Other employee benefits	203,859.	90,321.	87,762.	25,776.
10 Payroll taxes	223,812.	100,387.	91,719.	31,706.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	48,850.		48,850.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	1,548,029.		1,548,029.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	880,464.	615,065.	122,199.	143,200.
12 Advertising and promotion	32,064.	13,743.	12,588.	5,733.
13 Office expenses	173,689.	86,897.	61,447.	25,345.
14 Information technology	223,580.	100,294.	91,609.	31,677.
15 Royalties				
16 Occupancy	309,490.	138,831.	126,810.	43,849.
17 Travel	4,855.	2,178.	1,989.	688.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	23,181.	10,399.	9,498.	3,284.
20 Interest	1,001.	397.	479.	125.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	78,655.	35,283.	32,228.	11,144.
23 Insurance	18,351.	4,950.	11,838.	1,563.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EVENT EXPENSE	90,633.	18,126.		72,507.
b MISCELLANEOUS	11,448.	4,814.	5,114.	1,520.
c REPAIRS & MAINTENANCE	2,566.	1,151.	1,052.	363.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	28,214,357.	23,809,218.	3,552,829.	852,310.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

Form 990 (2019)

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,237,790.	1	958,952.	
	2 Savings and temporary cash investments	9,232,118.	2	15,590,800.	
	3 Pledges and grants receivable, net	43,644.	3	41,677.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	95,769.	9	147,587.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 571,640.			
	b Less: accumulated depreciation	10b 354,701.	284,208.	10c	216,939.
	11 Investments - publicly traded securities	85,133,543.	11	76,880,920.	
	12 Investments - other securities. See Part IV, line 11	124,695,689.	12	119,935,396.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	30,624.	15	32,204.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	220,753,385.	16	213,804,475.		
Liabilities	17 Accounts payable and accrued expenses	229,818.	17	561,983.	
	18 Grants payable	1,100,715.	18	109,951.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	334,343.	25	851,900.	
	26 Total liabilities. Add lines 17 through 25	1,664,876.	26	1,523,834.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	4,997,707.	27	5,792,213.	
	28 Net assets with donor restrictions	214,090,802.	28	206,488,428.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	219,088,509.	32	212,280,641.	
33 Total liabilities and net assets/fund balances	220,753,385.	33	213,804,475.		

Form **990** (2019)

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

Form 990 (2019)

06-1083893 Page **12**

Part XI Reconciliation of Net Assets

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

1 Total revenue (must equal Part VIII, column (A), line 12)	1	30,251,741.
2 Total expenses (must equal Part IX, column (A), line 25)	2	28,214,357.
3 Revenue less expenses. Subtract line 2 from line 1	3	2,037,384.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	219,088,509.
5 Net unrealized gains (losses) on investments	5	-8,846,833.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	1,581.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	212,280,641.

Part XII Financial Statements and Reporting

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

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

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14379340.	27193090.	18806102.	18757602.	18221388.	97357522.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14379340.	27193090.	18806102.	18757602.	18221388.	97357522.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						21241750.
6 Public support. Subtract line 5 from line 4.						76115772.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	14379340.	27193090.	18806102.	18757602.	18221388.	97357522.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1736844.	2034972.	1404696.	2356122.	2163827.	9696461.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		20,976.				20,976.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	400.	440.	1,400.	2,364.	2,150.	6,754.
11 Total support. Add lines 7 through 10						107081713
12 Gross receipts from related activities, etc. (see instructions)					12	412,227.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	71.08 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	75.19 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

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

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2019 INC.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

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

Schedule A (Form 990 or 990-EZ) 2019

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2019 INC.

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2019 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

2015 AMOUNT: \$ 400.

2016 AMOUNT: \$ 440.

2017 AMOUNT: \$ 1,400.

2018 AMOUNT: \$ 2,364.

2019 AMOUNT: \$ 2,150.

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

2019

Name of the organization

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

Employer identification number

06-1083893

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>888,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>2,073,444.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>448,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>2,766,878.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>1,021,031.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>380,892.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>1,000,000.</u>	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.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input 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 FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.	Employer identification number 06-1083893
------------------------------------------------------------------------------	-----------------------------------------------------

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	DONATED STOCK _____ _____ _____	\$ 380,892.	05/07/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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

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

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

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

(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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2019**

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	7,348.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c	Total lobbying expenditures (add lines 1a and 1b)	7,348.													
d	Other exempt purpose expenditures	25,806,670.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	25,814,018.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1"> <thead> <tr> <th align="left">If the amount on line 1e, column (a) or (b) is:</th> <th align="left">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures		795.		7,348.	8,143.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures		795.		7,348.	8,143.

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	207	
2 Aggregate value of contributions to (during year)	11,230,904.	
3 Aggregate value of grants from (during year)	12,462,537.	
4 Aggregate value at end of year	89,075,855.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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)?

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

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

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

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment 1.67%
b Permanent endowment .00%
c Term endowment 98.33%

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

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

- (i) Unrelated organizations
(ii) Related organizations

Table with 2 columns: Yes, No. Rows: 3a(i) X, 3a(ii) X, 3b

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

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

Part VI Land, Buildings, and Equipment.

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

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 216,939.

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

Schedule D (Form 990) 2019

06-1083893 Page **3**

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	119,935,396.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	119,935,396.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER SPLIT-INTEREST	
(3) AGREEMENTS	3,953.
(4) DEFERRED RENT	318,647.
(5) PPP LOAN PAYABLE	529,300.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	851,900.

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

Schedule D (Form 990) 2019

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

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

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

1 Total revenue, gains, and other support per audited financial statements		1	19,895,708.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a	-8,846,833.	
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)	2d	119,924.	
e Add lines 2a through 2d	2e	-8,726,909.	
3 Subtract line 2e from line 1		3	28,622,617.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,548,029.	
b Other (Describe in Part XIII.)	4b	81,095.	
c Add lines 4a and 4b	4c	1,629,124.	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	30,251,741.

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

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

1 Total expenses and losses per audited financial statements		1	26,339,888.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d	24,654.	
e Add lines 2a through 2d	2e	24,654.	
3 Subtract line 2e from line 1		3	26,315,234.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,548,029.	
b Other (Describe in Part XIII.)	4b	351,094.	
c Add lines 4a and 4b	4c	1,899,123.	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	28,214,357.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE COMMUNITY FOUNDATION'S ENDOWMENT CONSISTS OF APPROXIMATELY 600

INDIVIDUAL FUNDS ESTABLISHED BY HUNDREDS OF DONORS TO PROVIDE GRANTS,

SCHOLARSHIPS AND OTHER SERVICES TO IMPROVE THE QUALITY OF LIFE IN

FAIRFIELD COUNTY AND BEYOND.

ENDOWED FUNDS INCLUDE BOTH DONOR-RESTRICTED AND BOARD-DESIGNATED FUNDS

THAT FUNCTION AS ENDOWMENTS. THE COMMUNITY FOUNDATION HAS ADOPTED

INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT SEEK TO PROVIDE

A PREDICTABLE STREAM OF FUNDING TO ORGANIZATIONS AND PROGRAMS SUPPORTED BY

ITS ENDOWMENT, WHILE MAINTAINING THE PURCHASING POWER OF THE ENDOWMENT

ASSETS. TO SATISFY ITS LONG-TERM RATE-OF-RETURN OBJECTIVES, THE COMMUNITY

Part XIII Supplemental Information (continued)

FOUNDATION RELIES ON A TOTAL RETURN STRATEGY IN WHICH INVESTMENT RETURNS ARE ACHIEVED THROUGH BOTH CAPITAL APPRECIATION (REALIZED AND UNREALIZED) AND CURRENT YIELD (INTEREST & DIVIDENDS). THE COMMUNITY FOUNDATION TARGETS A DIVERSIFIED ASSET ALLOCATION THAT PLACES A GREATER EMPHASIS ON EQUITY-BASED INVESTMENTS TO ACHIEVE ITS LONG-TERM RETURN OBJECTIVES WITHIN PRUDENT RISK CONSTRAINTS.

THE INVESTMENT COMMITTEE FOCUSES ON ASSET ALLOCATION AMONG EQUITY, DEBT, AND OTHER INVESTMENT OPPORTUNITIES THAT BALANCE GROWTH, INCOME AND LIQUIDITY. THE INVESTMENT COMMITTEE SEEKS A RETURN IN LINE WITH THE COMMUNITY FOUNDATION'S SPENDING POLICY AS IT RELATES TO LONG-TERM GRANTMAKING GOALS THAT ARE BASED UPON CURRENT AND CHANGING CHARITABLE NEEDS IN THE COMMUNITY. THE SPENDING POLICY SEEKS TO PRESERVE AND BUILD THE FUNDS ENTRUSTED TO THE COMMUNITY FOUNDATION ON A REAL DOLLAR BASIS AND TO MAINTAIN GRANT LEVELS IN PERIODS OF DOWN MARKETS. THE SPENDING POLICY APPLIES TO ALL DISCRETIONARY, DONOR DESIGNATED, FIELD OF INTEREST, SCHOLARSHIP AND OTHER FUNDS, UNLESS THE DONOR HAS CLEARLY EXPRESSED A DIFFERENT INTENT. ADHERENCE TO THE SPENDING POLICY IS OPTIONAL FOR CERTAIN DONOR ADVISED FUNDS.

PART X, LINE 2:

THE COMMUNITY FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS WHEN THEY ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE COMMUNITY FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE COMMUNITY FOUNDATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO FISCAL 2017.

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON PART VIII, LINE 8B	24,654.
AGENCY FUNDS - OTHER EXPENSES	93,689.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	1,581.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	119,924.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUNDS - CONTRIBUTIONS	52,000.
AGENCY FUNDS - INVESTMENT EARNINGS	29,095.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	81,095.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES REPORTED ON PART VIII, LINE 8B	24,654.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

AGENCY FUNDS - GRANTS MADE	351,094.
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**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

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		54,051,946.
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		2,355,301.
NORTH AMERICA			INVESTMENTS		526,223.
3 a Subtotal	0	0			56,933,470.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			56,933,470.

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

Schedule F (Form 990) 2019

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

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

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

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

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART IV, LINE 1:

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

PART IV, LINE 3:

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

PART IV, LINE 4:

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

PART IV, LINE 5:

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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

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

Employer identification number
06-1083893

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		THUMBALINA DINNER	WOMEN & GIRLS LUNCHE	1	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	41,601.	20,975.	15,040.	77,616.
	2 Less: Contributions	30,010.	1,245.	14,008.	45,263.
	3 Gross income (line 1 minus line 2)	11,591.	19,730.	1,032.	32,353.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	13,160.			13,160.
	8 Entertainment			750.	750.
	9 Other direct expenses	2,876.	5,703.	2,165.	10,744.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				24,654.
11 Net income summary. Subtract line 10 from line 3, column (d)				7,699.	

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

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,

Schedule G (Form 990 or 990-EZ) 2019 INC.

06-1083893 Page 3

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

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

Name ► _____

Address ► _____

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

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule G (Form 990 or 990-EZ)

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Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

Schedule G (Form 990 or 990-EZ)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

**Employer identification number
06-1083893**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
4-CT CORP 20 OLD EASTON TURNPIKE EASTON, CT 06883	85-0535172	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT.
ABILIS INC. 50 GLENVILLE STREET GREENWICH, CT 06831	06-6009327	501(C)(3)	15,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
ABILITY BEYOND 4 BERKSHIRE BLVD BETHEL, CT 06801	06-0776594	501(C)(3)	37,875.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
ACCESS EDUCATIONAL SERVICES PO BOX 397 BRIDGEPORT, CT 06601	46-1884180	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
ACHIEVE HARTFORD 1429 PARK ST., UNIT 114 HARTFORD, CT 06106	45-0499390	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
ACT OF CONNECTICUT 36 OLD QUARRY ROAD RIDGEFIELD, CT 06877	81-3092871	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **496.**

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) (2019)

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
ADAM J. LEWIS ACADEMY INC 500 STATE ST. BRIDGEPORT, CT 06604	45-3859735	501(C)(3)	265,500.	0.			FOR GENERAL SUPPORT.
ADVANCECT FOUNDATION 805 BROOK STREET, BUILDING 4 ROCKY HILL, CT 06067	84-4530545	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
ALL OUR KIN PO BOX 8477 NEW HAVEN, CT 06604	06-1539280	501(C)(3)	105,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
ALLIANCE FOR COMMUNITY EMPOWERMENT 1070 PARK AVE BRIDGEPORT, CT 06530	06-0797841	501(C)(3)	70,324.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION - CT CHAPTER - 200 EXECUTIVE BLVD, STE. 4B - SOUTHTON, CT 06080-8462	13-3039601	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
ALZHEIMER'S ASSOCIATION - IL CHAPTER - PO BOX 8462 - CHICAGO, IL 06489-1058	13-3039601	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
AMERICAN CANCER SOCIETY 38 RICHARDS AVE NORWALK, CT 06854	13-1788491	501(C)(3)	10,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
AMERICAN FOUNDATION FOR FIREARM INJURY REDUCTION IN MEDICINE - PO BOX 503 - WILLIAMSTOWN, MA 01267	82-3454784	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.
AMERICAN HOLISTIC VETERINARY MEDICAL FOUNDATION - 8 CARNATION CT W - HOMOSASSA, FL 34446	26-1583307	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.

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
AMERICAN MUSEUM OF NATURAL HISTORY 200 CENTRAL PARK WEST NEW YORK, NY 10024-5192	13-6162659	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
AMERICARES FOUNDATION, INC 88 HAMILTON AVE STAMFORD, CT 06902	06-1008595	501(C)(3)	51,900.	0.			FOR GENERAL SUPPORT.
AMERICARES FREE CLINICS, INC 88 HAMILTON AVE STAMFORD, CT 06902	06-1422741	501(C)(3)	109,500.	0.			FOR GENERAL SUPPORT.
ANIMAL HAVEN 200 CENTRE ST NEW YORK, NY 10013	11-6101487	501(C)(3)	33,333.	0.			FOR GENERAL SUPPORT.
ANN'S PLACE, INC 80 SAW MILL RD DANBURY, CT 06810	22-3181832	501(C)(3)	25,972.	0.			FOR GENERAL SUPPORT.
ANTI DEFAMATION LEAGUE - CT 1952 WHITNEY AVE, #6 HAMDEN, CT 06517-1209	13-1818723	501(C)(3)	5,009.	0.			FOR GENERAL SUPPORT.
APOSTLE IMMIGRANT SERVICES 81 SALTONSTALL AVENUE NEW HAVEN, CT 06513	27-1023812	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
APPALACHIAN MOUNTAIN CLUB 10 CITY SQUARE, SUITE 2 BOSTON, MA 02129	04-6001677	501(C)(3)	12,269.	0.			FOR GENERAL SUPPORT.
ARI OF CONNECTICUT, INC. 174 RICHMOND HILL AVE STAMFORD, CT 06902-5696	06-0712017	501(C)(3)	7,500.	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
ARTHRTIS FOUNDATION, INC. 35 COLD SPRING RD, STE 412 ROCKY HILL, CT 06067-3166	58-1341679	501(C)(3)	11,008.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
ARTISTS COLLECTIVE OF WESTPORT 2 OLD HILL ROAD WESTPORT, CT 06880	83-1047320	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
ASPETUCK LAND TRUST, INC PO BOX 444 WESTPORT, CT 06881	06-6088827	501(C)(3)	200,000.	0.			FOR GENERAL SUPPORT.
ATLAS NETWORK 2 LIBERTY CENTER, 4075 WILSON BLVD, STE 310 - ARLINGTON, VA 22203	94-2763845	501(C)(3)	5,100.	0.			FOR GENERAL SUPPORT.
AUDUBON CONNECTICUT 613 RIVERSVILLE RD GREENWICH, CT 06831	13-1624102	501(C)(3)	17,500.	0.			FOR GENERAL SUPPORT.
BALLET DES AMERIQUES 16 KING STREET PORT CHESTER, NY 10573	45-2960043	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
BANTAM LAKE PROTECTIVE ASSOCIATION PO BOX 37 MORRIS, CT 06763	06-1312754	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
BARD COLLEGE OFFICE OF FINANCIAL AID, PO BOX 5000 - ANNANDALE-ON-HUDSON, NY 12504	14-1713034	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT.
BARTLETT ARBORETUM AND GARDENS 151 BROOKDALE RD STAMFORD, CT 06903-4199	06-6079591	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

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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
BEARDSLEY ZOO 1875 NOBLE AVE BRIDGEPORT, CT 06610	23-7068821	501(C)(3)	11,395.	0.			FOR GENERAL SUPPORT.
BECKET ATHENAEUM 3367 MAIN ST BECKET, MA 01223	04-3458519	501(C)(3)	46,400.	0.			FOR GENERAL SUPPORT.
BERKLEE COLLEGE OF MUSIC 1140 BOYLSTON ST, MS-161 IA BOSTON, MA 02215	04-2300472	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.
BERKSHIRE BOTANICAL GARDEN 5 WEST STOCKBRIDGE RD STOCKBRIDGE, MA 01262	04-2125011	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
BLOSSOM HILL FOUNDATION PO BOX 143 NEW CANAAN, CT 06840	26-4094865	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
BOCA GRANDE HEALTH CLINIC FOUNDATION - PO BOX 2340 - BOCA GRANDE, FL 33921	57-1160149	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
BOSTON COLLEGE 140 COMMONWEALTH AVE CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
BOSTON UNIVERSITY 881 COMMONWEALTH AVE BOSTON, MA 02215	04-2103547	501(C)(3)	5,154.	0.			FOR GENERAL SUPPORT.
BOYS & GIRLS CLUB OF GREENWICH 4 HORSENECK LN GREENWICH, CT 06830	06-0646655	501(C)(3)	34,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND 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
BOYS & GIRLS CLUB OF RIDGEFIELD 41 GOVERNOR STREET RIDGEFIELD, CT 06830-6399	06-0653182	501(C)(3)	7,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
BOYS & GIRLS CLUB OF THE LOWER NAUGATUCK VALLEY - ONE POSITIVE PLACE - SHELTON, CT 06877	06-0653185	501(C)(3)	20,900.	0.			FOR GENERAL SUPPORT.
BOYS & GIRLS VILLAGE 528 WHEELERS FARMS RD MILFORD, CT 06484	22-2562827	501(C)(3)	10,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
BOYS CLUB OF NEW YORK 287 EAST 10TH ST NEW YORK, NY 06461	13-5591750	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
BRAIN & BEHAVIOR RESEARCH FOUNDATION - 747 THIRD AVENUE, 33RD FLOOR - 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)	26,000.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT CARIBE YOUTH LEADERS INC. - 1067 PARK AVE - BRIDGEPORT, CT 06604	20-0421577	501(C)(3)	27,000.	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	22-2908698	501(C)(3)	44,698.	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
BRIDGEPORT NEIGHBORHOOD TRUST 570 STATE STREET BRIDGEPORT, CT 06604	22-2809353	501(C)(3)	41,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
BRIDGEPORT PUBLIC EDUCATION FUND 446 UNIVERSITY AVE BRIDGEPORT, CT 06604	06-1379383	501(C)(3)	51,792.	0.			FOR GENERAL SUPPORT.
BRIDGEPORT RESCUE MISSION 31 STIRRUP PLACE WILTON, CT 06897	06-1362705	501(C)(3)	32,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
BRIDGEPORT ROTARY CLUB FOUNDATION, INC. - 16 CENTERVIEW DR - SHELTON, CT 06484	20-5655260	501(C)(3)	7,454.	0.			FOR GENERAL SUPPORT.
BRIGHAM AND WOMEN'S HOSPITAL 116 HUNTINGTON AVE, DEVELOPMENT OFFICE, 3RD FLOOR - BOSTON, MA 02116	04-2312909	501(C)(3)	16,200.	0.			FOR GENERAL SUPPORT.
BRUCE MUSEUM 1 MUSEUM DR GREENWICH, CT 06830	23-7105904	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
BUILDING ONE COMMUNITY 75 SELLECK STREET STAMFORD, CT 06902	27-5024317	501(C)(3)	394,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
BURROUGHS COMMUNITY CENTER 2470 FAIRFIELD AVE BRIDGEPORT, CT 06605	06-1418097	501(C)(3)	10,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
CARDINAL SHEHAN CENTER 1494 MAIN ST BRIDGEPORT, CT 06604	06-1101081	501(C)(3)	82,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT

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CAREER RESOURCES, INC 350 FAIRFIELD AVE BRIDGEPORT, CT 06604	06-1427945	501(C)(3)	134,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
CARNEGIE MELLON UNIVERSITY 5000 FORBES AVE PITTSBURGH, PA 15213-3890	25-0969449	501(C)(3)	5,050.	0.			FOR GENERAL SUPPORT.
CAROLINE HOUSE, INC. 574 STILLMAN ST BRIDGEPORT, CT 06608	06-1455101	501(C)(3)	32,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
CARVER FOUNDATION 7 ACADEMY ST NORWALK, CT 06850	06-0862072	501(C)(3)	485,500.	0.			FOR GENERAL SUPPORT.
CATHOLIC CHARITIES OF FAIRFIELD COUNTY - 238 JEWETT AVE - BRIDGEPORT, CT 06606	06-0653053	501(C)(3)	62,870.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
CELEBRATION BARN THEATER 190 STOCK FARM ROAD SOUTH PARIS, ME 04281	23-7321583	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
CENTER FOR CHILDREN'S ADVOCACY 65 ELIZABETH ST HARTFORD, CT 06105	06-1489575	501(C)(3)	38,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
CENTER FOR FAMILY JUSTICE, INC 753 FAIRFIELD AVE BRIDGEPORT, CT 06604	06-0646991	501(C)(3)	107,750.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
CENTER FOR POPULAR DEMOCRACY 850 STATE ST BRIDGEPORT, CT 06606	45-3813436	501(C)(3)	47,500.	0.			FOR GENERAL SUPPORT.

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CENTRAL CONNECTICUT COAST YMCA 1240 CHAPEL ST NEW HAVEN, CT 06511	06-0662195	501(C)(3)	184,023.	0.			FOR GENERAL SUPPORT.
CENTRAL CONNECTICUT STATE UNIVERSITY - FINANCIAL AID OFFICE, 221 DAVIDSON HALL, 1615 STANLEY ST - NEW BRITAIN, CT 06050	23-7354328	501(C)(3)	13,000.	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.
CHARLEVOIX COUNTY COMMUNITY FOUNDATION - PO BOX 718 - EAST JORDAN, MI 49727	38-3033739	501(C)(3)	19,778.	0.			FOR GENERAL SUPPORT.
CHARTER OAK CULTURAL CENTER 21 CHARTER OAK AVENUE HARTFORD, CT 06106	06-1026597	501(C)(3)	7,962.	0.			FOR GENERAL SUPPORT.
CHASHAMA, INC 675 3RD AVENUE, 32ND FLOOR NEW YORK, NY 10017	13-3862422	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
CHILD AND FAMILY GUIDANCE CENTER 180 FAIRFIELD AVE BRIDGEPORT, CT 06604	06-0669106	501(C)(3)	45,900.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
CHILD FIRST, INC 35 NUTMEG DRIVE, STE 385 TRUMBULL, CT 06611	46-1272768	501(C)(3)	53,500.	0.			FOR GENERAL SUPPORT.
CHILD GUIDANCE CENTER OF MID-FAIRFIELD COUNTY - 100 EAST AVE - NORWALK, CT 06851	06-0725052	501(C)(3)	195,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT

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CHILD GUIDANCE CENTER OF SOUTHERN CONNECTICUT - 103 WEST BROAD STREET - STAMFORD, CT 06902	06-0712058	501(C)(3)	66,000.	0.			FOR GENERAL SUPPORT.
CHILDREN OF HOPE PO BOX 18636 GOLDEN, CO 80402	81-0570599	501(C)(3)	10,100.	0.			FOR GENERAL SUPPORT.
CHILDREN'S HEALTH DEFENSE 1227 NORTH PEACHTREE PKWY, SUITE 20 PEACHTREE CITY, GA 30269	26-0388604	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT.
CHILDREN'S LEARNING CENTER OF FAIRFIELD COUNTY - 64 PALMERS HILL RD - STAMFORD, CT 06902	06-0665191	501(C)(3)	94,756.	0.			FOR GENERAL SUPPORT.
CHILDREN'S RESCUE MISSION 3 PAPP ST NORWALK, CT 06854	06-1532209	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
CHILDREN'S SCHOOL 118 SCOFIELDTOWN RD STAMFORD, CT 06903	06-1104354	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
CIRCLE OF CARE FOR FAMILIES WITH CANCER - 144 DANBURY ROAD - WILTON, CT 06897	26-2224475	501(C)(3)	8,463.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
CITY CENTER DANBURY 268 MAIN ST DANBURY, CT 06810	06-1290494	501(C)(3)	38,000.	0.			FOR GENERAL SUPPORT.
CITY LAX, INC 65 WEST 89TH ST NEW YORK, NY 10024	20-4531166	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.

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CITY LIGHTS AND COMPANY 130 ELM STREET BRIDGEPORT, CT 06604	20-5462244	501(C)(3)	33,500.	0.			FOR GENERAL SUPPORT.
CITY OF NORWALK 125 EAST AVENUE, ROOM 202 NORWALK, CT 06851	06-6011881	CITY OF NORWALK	10,000.	0.			FOR GENERAL SUPPORT.
CITY SQUASH, INC PO BOX 619, FORDHAM STATION BRONX, NY 10458	42-1535583	501(C)(3)	16,000.	0.			FOR GENERAL SUPPORT.
CLASP HOMES, INC 246 POST RD E WESTPORT, CT 06880	06-1074055	501(C)(3)	22,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
COLUMBIA UNIVERSITY 622 WEST 113TH STREET, MC 4524 NEW YORK, NY 10025	13-5598093	501(C)(3)	19,009.	0.			FOR GENERAL SUPPORT.
COMMUNITY CENTERS, INC. 61 EAST PUTNAM AVENUE GREENWICH, CT 06830	06-0703570	501(C)(3)	7,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
COMMUNITY FOUNDATION FOR GREATER NEW HAVEN - 70 AUDUBON ST - NEW HAVEN, CT 06510	06-6032106	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT.
COMMUNITY FUND OF DARIEN 30 OLD KINGS HIGHWAY SOUTH, 1ST FLOOR, PO BOX 926 - DARIEN, CT 06820	06-0737286	501(C)(3)	12,500.	0.			FOR GENERAL SUPPORT.
CONCORDIA CONSERVATORY 171 WHITE PLAINS ROAD BRONXVILLE, NY 10708	06-1595505	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.

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CONNECT 185 COLD SPRING ST NEW HAVEN, CT 06511	06-1392836	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
CONGREGATION B'NAI ISRAEL 2710 PARK AVENUE BRIDGEPORT, CT 06604	06-0653159	501(C)(3)	7,447.	0.			FOR GENERAL SUPPORT.
CONNECT US, INC 855 MAIN STREET, 10TH FLOOR BRIDGEPORT, CT 06824	38-4043924	501(C)(3)	101,880.	0.			FOR GENERAL SUPPORT.
CONNECTICUT AUDUBON SOCIETY 314 UNQUOWA RD FAIRFIELD, CT 06511	06-0653531	501(C)(3)	10,500.	0.			FOR GENERAL SUPPORT.
CONNECTICUT COALITION FOR ACHIEVEMENT NOW - 85 WILLOW STREET - NEW HAVEN, CT 06106	20-1612161	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
CONNECTICUT COUNCIL FOR PHILANTHROPY - 75 CHARTER OAK AVE, SUITE 1-205 - HARTFORD, CT 06708	23-7024016	501(C)(3)	67,581.	0.			FOR GENERAL SUPPORT.
CONNECTICUT COUNSELING CENTERS, INC. - 50 BROOKSIDE ROAD - WATERBURY, CT 06106	22-2515051	501(C)(3)	10,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
CONNECTICUT FAIR HOUSING CENTER, INC - 60 POPIELUSZKO COURT - HARTFORD, CT 06492	06-1453727	501(C)(3)	50,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
CONNECTICUT FOOD BANK, INC 2 RESEARCH PKWY WALLINGFORD, CT 06611	06-1063025	501(C)(3)	67,750.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT

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CONNECTICUT HOUSING PARTNERS 1235 HUNTINGTON TURNPIKE TRUMBULL, CT 06111	22-3035152	501(C)(3)	10,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
CONNECTICUT HUMANE SOCIETY 701 RUSSELL RD NEWINGTON, CT 06810	06-0667605	501(C)(3)	152,000.	0.			FOR GENERAL SUPPORT.
CONNECTICUT INSTITUTE FOR COMMUNITIES, INC - 120 MAIN ST - DANBURY, CT 06605	91-2187143	501(C)(3)	20,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
CONNECTICUT INSTITUTE FOR REFUGEES AND IMMIGRANTS - 670 CLINTON AVENUE - BRIDGEPORT, CT 06457	06-0669118	501(C)(3)	75,100.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
CONNECTICUT LEGAL SERVICES, INC 62 WASHINGTON ST, 4TH FL MIDDLETOWN, CT 06105	06-0955461	501(C)(3)	116,000.	0.			FOR GENERAL SUPPORT.
CONNECTICUT MIRROR 1049 ASYLUM AVENUE HARTFORD, CT 06516	27-0583046	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT.
CONNECTICUT VETERANS LEGAL CENTER 114 BOSTON POST ROAD WEST HAVEN, CT 06106	27-0963659	501(C)(3)	17,500.	0.			FOR GENERAL SUPPORT.
CONNECTICUT WOMEN'S EDUCATION & LEGAL FUND - 75 CHARTER OAK AVE, SUITE 1-300 - HARTFORD, CT 06460-0032	06-0913214	501(C)(3)	24,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
CONNECTICUT YANKEE COUNCIL, INC., BOY SCOUTS OF AMERICA - 60 WELLINGTON RD, PO BOX 32 - MILFORD, CT 06604	06-0646793	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.

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CORNELL UNIVERSITY PO BOX 752 ITHACA, NY 14851	15-0532082	501(C)(3)	21,919.	0.			FOR GENERAL SUPPORT.
CORNERSTONE COMMUNITY CHURCH 718 WEST AVENUE NORWALK, CT 06850	06-0770879	501(C)(3)	5,300.	0.			FOR GENERAL SUPPORT.
COS COB VOLUNTEER FIRE DEPARTMENT 200 POST ROAD COS COB, CT 06807	06-6064017	501(C)(3)	27,523.	0.			FOR GENERAL SUPPORT.
COUNCIL ON FOUNDATIONS 1255 23RD ST. NW, SUITE 200 WASHINGTON, DC 20037	13-6068327	501(C)(3)	14,750.	0.			FOR GENERAL SUPPORT.
COVENANT HOUSE TIMES SQUARE STATION, PO BOX 731 NEW YORK, NY 10108	13-2725416	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT.
CREATIVE YOUTH PRODUCTIONS, INC. 53 DAVIS AVE BRIDGEPORT, CT 06605	45-3539007	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
CROSSPURPOSE PO BOX 2483 DENVER, CO 80201	46-3862392	501(C)(3)	25,400.	0.			FOR GENERAL SUPPORT.
CT CENTER FOR PATIENT SAFETY 857 POST RD, #220 FAIRFIELD, CT 06824	20-1517678	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
CT QUEST FOR PEACE PO BOX 356 GEORGETOWN, CT 06829	26-4439286	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.

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CT RENAISSANCE 350 FAIRFIELD AVENUE, SUITE 701 BRIDGEPORT, CT 06604	06-0854288	501(C)(3)	10,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
CURTAIN CALL 1349 NEWFIELD AVE STAMFORD, CT 06905	06-1343144	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
DANA FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST, 6TH FLOOR BROOKLINE, MA 02445	04-2263040	501(C)(3)	45,100.	0.			FOR GENERAL SUPPORT.
DANBURY FAMILY LEARNING CENTER 49 OSBORNE STREET DANBURY, CT 06810	46-5714227	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
DANBURY FARMERS' MARKET COMMUNITY COLLABORATIVE - 285 MAIN STREET - DANBURY, CT 06810	06-1290494	501(C)(3)	7,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
DANBURY GRASSROOTS ACADEMY 196 MAIN ST DANBURY, CT 06810	20-4929313	501(C)(3)	18,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
DANBURY HOSPITAL 24 HOSPITAL AVENUE DANBURY, CT 06810	06-0646597	501(C)(3)	30,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
DANBURY YOUTH SERVICES, INC 91 WEST ST DANBURY, CT 06810	06-0878252	501(C)(3)	44,377.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
DANIEL TRUST FOUNDATION, INC PO BOX 320322 FAIRFIELD, CT 06825	27-1015420	501(C)(3)	19,500.	0.			FOR GENERAL SUPPORT.

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DARTMOUTH COLLEGE 6132 MCNUTT HALL, ROOM 103 HANOVER, NH 03755	02-0222111	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT.
DC VOLUNTEER LAWYERS PROJECT 5335 WISCONSIN AVE NW, STE 440 WASHINGTON, DC 20015	26-1089584	501(C)(3)	16,000.	0.			FOR GENERAL SUPPORT.
DIRECT RELIEF 6100 WALLACE BECKNELL ROAD GOLETA, CA 93117	95-1831116	501(C)(3)	1,000,000.	0.			FOR GENERAL SUPPORT.
DISTRICT INNOVATION & VENTURE CENTER - 470 JAMES STREET, SUITE 002 - NEW HAVEN, CT 06513	82-3618329	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
DOCTORS WITHOUT BORDERS PO BOX 5030 HAGERSTOWN, MD 21741	13-3433452	501(C)(3)	19,500.	0.			FOR GENERAL SUPPORT.
DOMESTIC VIOLENCE CRISIS CENTER 111 SUMMER STREET, SUITE 203 STAMFORD, CT 06905	06-1057356	501(C)(3)	87,958.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
DOMUS 83 LOCKWOOD AVE STAMFORD, CT 06902	06-0891998	501(C)(3)	158,023.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
DONORS CHOOSE PO BOX 7247 PHILADELPHIA, PA 19170	13-4129457	501(C)(3)	26,500.	0.			FOR GENERAL SUPPORT.
DOVETAIL: SIP, INC. (SUBSIDIARY OF CHARTER OAK COMMUNITIES) - 22 CLINTON AVENUE - STAMFORD, CT 06901	30-0998597	501(C)(3)	15,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND

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DURHAM ACADEMY 3601 RIDGE ROAD DURHAM, NC 27705	56-0538019	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT.
EASTERN CONNECTICUT STATE UNIVERSITY - 83 WINDHAM STREET - WILLIMANTIC, CT 06226	06-0726009	501(C)(3)	12,500.	0.			FOR GENERAL SUPPORT.
EDADVANCE 345 MAIN ST DANBURY, CT 06810	06-0842189	501(C)(3)	10,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
EDUCATE2ENVISION INTERNATIONAL PO BOX 223 SAN LEANDRO, CA 94577	27-2998868	501(C)(3)	9,702.	0.			FOR GENERAL SUPPORT.
EDUCATORS FOR EXCELLENCE 152 EAST ST, STE 400 NEW HAVEN, CT 06511	27-3382030	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
ELDERHOUSE 7 LEWIS ST NORWALK, CT 06851	06-0963343	501(C)(3)	26,000.	0.			FOR GENERAL SUPPORT.
ELIM PARK 140 COOK HILL ROAD CHESHIRE, CT 06410	06-0658099	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
ELMWOOD COMMUNITY PLAYHOUSE 24 WESTVIEW AVENUE WHITE PLAINS, NY 10603	13-6160972	501(C)(3)	13,410.	0.			FOR GENERAL SUPPORT.
ENCOURAGE KIDS FOUNDATION 1560 BROADWAY, STE 600 NEW YORK, NY 10036	13-3442216	501(C)(3)	13,000.	0.			FOR GENERAL SUPPORT.

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ENGAGE CONNECTICUT 77 HARTFORD ROAD SIMSBURY, CT 06070	82-3700390	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
EVANS SCHOLARS FOUNDATION 1 BRIAR RD GOLF, IL 60029	36-2865979	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT.
EXCHANGE CLUB PARENTING SKILLS CENTER - 141 FRANKLIN STREET - STAMFORD, CT 06901	06-1398440	501(C)(3)	10,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
FACING HISTORY AND OURSELVES 16 HURD RD BROOKLINE, MA 02445	04-2761636	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
FAIRFIELD COUNTY CHORALE 606 POST ROAD EAST, #705 WESTPORT, CT 06880	06-0801816	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
FAIRFIELD THEATRE COMPANY, INC 70 SANFORD ST FAIRFIELD, CT 06824	06-1594125	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
FAIRFIELD UNIVERSITY 1073 N BENSON RD FAIRFIELD, CT 06824	06-0646623	501(C)(3)	26,666.	0.			FOR GENERAL SUPPORT.
FAIRFIELD UNIVERSITY - CENTER FOR FAITH & PUBLIC LIFE - 1073 NORTH BENSON ROAD - FAIRFIELD, CT 06824	06-0646623	501(C)(3)	35,680.	0.			FOR GENERAL SUPPORT.
FAITHACTS FOR EDUCATION 285 FAIRFIELD AVENUE BRIDGEPORT, CT 06604	47-2150020	501(C)(3)	47,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT

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FAMILY AND CHILDREN'S AID 75 WEST ST DANBURY, CT 06810	06-0888719	501(C)(3)	25,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
FAMILY & CHILDREN'S AGENCY 9 MOTT AVE NORWALK, CT 06830	06-0970985	501(C)(3)	164,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
FAMILY CENTERS, INC 40 ARCH ST GREENWICH, CT 06850	06-0646656	501(C)(3)	64,380.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
FASHION INSTITUTE OF TECHNOLOGY 227 WEST 27TH STREET NEW YORK, NY 10001	13-5675757	501(C)(3)	8,194.	0.			FOR GENERAL SUPPORT.
FIDELITY CHARITABLE PO BOX 770001 CINCINNATI, OH 45277-0003	11-0303001	501(C)(3)	39,805.	0.			FOR GENERAL SUPPORT.
FILLING IN THE BLANKS, INC 346 MAIN AVE., SUITE 3A NORWALK, CT 06851	46-4980002	501(C)(3)	32,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
FIRST CONGREGATIONAL CHURCH OF KENT - 97 NORTH MAIN STREET, PO BOX 306 - KENT, CT 06757	06-6042383	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
FIRST PRESBYTERIAN CHURCH OF NEW CANAAN - 178 OENOK RIDGE ROAD - NEW CANAAN, CT 06840	06-0885172	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
FIVE FROGS, INC 357 COMMERCE DRIVE, SUITE 1142 FAIRFIELD, CT 06825	81-3273201	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT.

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FOOD BANK FOR NEW YORK CITY 39 BROADWAY NEW YORK, NY 10006	13-3179546	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
FOOD BANK OF LOWER FAIRFIELD COUNTY - 461 GLENBROOK RD - STAMFORD, CT 06906-1820	02-0684220	501(C)(3)	23,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
FOOD RESCUE US 27 ANN STREET NORWALK, CT 06854	27-4486556	501(C)(3)	32,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
FOUNDATION FOR INDIVIDUAL RIGHTS IN EDUCATION - 510 WALNUT STREET, SUITE 1250 - PHILADELPHIA, PA 19106	04-3467254	501(C)(3)	10,700.	0.			FOR GENERAL SUPPORT.
FRIENDS OF THE FERGUSON LIBRARY 1 PUBLIC LIBRARY PLZ STAMFORD, CT 06907	06-1027077	501(C)(3)	45,870.	0.			FOR GENERAL SUPPORT.
FRIENDS OF THE SECOND COMPANY GOVERNOR'S HORSE GUARD - 261 SOUTH MAIN STREET, UNIT 178 - NEWTOWN, CT 06904	22-2786804	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
FRIENDSHIP CIRCLE OF CONNECTICUT 1074 HOPE STREET SUITE 201 STAMFORD, CT 06470	26-1093886	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT.
FUND FOR UCAP 75 CARPENTER STREET PROVIDENCE, RI 02903	26-0656828	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT.
FUTURE 5 135 ATLANTIC ST STAMFORD, CT 06902	46-2986201	501(C)(3)	54,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT

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GBAPP-GREATER BRIDGEPORT AREA PREVENTION PROGRAM - 1470 BARNUM AVE, STE 301 - BRIDGEPORT, CT 06610	06-1132473	501(C)(3)	10,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
GEORGETOWN UNIVERSITY 3700 O STREET, NW WASHINGTON, DC 20073	53-0196603	501(C)(3)	68,500.	0.			FOR GENERAL SUPPORT.
GIRL SCOUTS OF CONNECTICUT 340 WASHINGTON ST. HARTFORD, CT 06106	06-0662134	501(C)(3)	35,000.	0.			FOR GENERAL SUPPORT.
GIRLS WITH IMPACT 15 E. PUTNAM AVE #276 GREENWICH, CT 06830	83-1742762	501(C)(3)	22,500.	0.			FOR GENERAL SUPPORT.
GRASSROOT SOCCER 15 LEBANON STREET HANOVER, NH 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)	7,094.	0.			FOR GENERAL SUPPORT.
GREEN VILLAGE INITIATIVE, INC. 325 LAFAYETTE ST, UNIT 9101 BRIDGEPORT, CT 06824	27-1439954	501(C)(3)	37,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
GREENFIELD HILL CONGREGATIONAL CHURCH - 1045 OLD ACADEMY RD - FAIRFIELD, CT 06880	06-6012213	501(C)(3)	10,700.	0.			FOR GENERAL SUPPORT.
GREENS FARMS ACADEMY 35 BEACHSIDE AVE WESTPORT, CT 06604	06-0733693	501(C)(3)	22,500.	0.			FOR GENERAL SUPPORT.

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GREENWICH ALLIANCE FOR EDUCATION 48 MAPLE AVE GREENWICH, CT 06830	20-4356460	501(C)(3)	7,176.	0.			FOR GENERAL SUPPORT.
GREENWICH COUNTRY DAY SCHOOL 401 OLD CHURCH ROAD GREENWICH, CT 06830	06-0646657	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
GREENWICH EMERGENCY MEDICAL SERVICES, INC - 1111 EAST PUTNAM AVE, STE 201 - RIVERSIDE, CT 06878	22-2721171	501(C)(3)	14,500.	0.			FOR GENERAL SUPPORT.
GREENWICH HISTORICAL SOCIETY 47 STRICKLAND RD COS COB, CT 06807	06-6036049	501(C)(3)	17,176.	0.			FOR GENERAL SUPPORT.
GREENWICH HOSPITAL 35 RIVER RD COS COB, CT 06807	06-0646659	501(C)(3)	18,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
GREENWICH LIBRARY 101 WEST PUTNAM AVE GREENWICH, CT 06830-5387	06-6002281	501(C)(3)	22,000.	0.			FOR GENERAL SUPPORT.
GREENWICH SCHOLARSHIP ASSOCIATION PO BOX 4627 GREENWICH, CT 06831	06-1467698	501(C)(3)	216,341.	0.			FOR GENERAL SUPPORT.
GUIDE DOGS FOR THE BLIND PO BOX 151200 SAN RAFAEL, CA 94912	94-1196195	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
H.O.R.S.E. OF CONNECTICUT, INC 43 WILBUR ROAD WASHINGTON, DC 06610	22-2611615	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.

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HABITAT FOR HUMANITY OF COASTAL FAIRFIELD COUNTY - 1542 BARNUM AVE - BRIDGEPORT, CT 10005	22-2597077	501(C)(3)	12,500.	0.			FOR GENERAL SUPPORT.
HADASSAH 40 WALL STREET, 8TH FLOOR NEW YORK, NY 10001	13-1656651	501(C)(3)	68,000.	0.			FOR GENERAL SUPPORT.
HALL NEIGHBORHOOD HOUSE 52 GEORGE E PIPKINS WAY BRIDGEPORT, CT 02116	06-0676851	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
HANDEL AND HAYDN SOCIETY 9 HARCOURT STREET BOSTON, MA 07480	04-2126598	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
HANDS IN 4 YOUTH 296 MACOPIN RD WEST MILFORD, NJ 07480	13-5641852	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
HARTFORD FOUNDATION FOR PUBLIC GIVING - HARTFORD SQUARE NORTH, 10 COLUMBUS BLVD 8TH FL - HARTFORD, CT 22903	06-0699252	501(C)(3)	191,000.	0.			FOR GENERAL SUPPORT.
HEART AND ARMOR FOUNDATION 700 HARRIS STREET, STE 201 CHARLOTTESVILLE, VA 22904	82-4502174	501(C)(3)	150,000.	0.			FOR GENERAL SUPPORT.
HEDGE FUNDS CARE 106 W. 32ND STREET, 2ND FLOOR NEW YORK, NY 10001	43-1959796	501(C)(3)	80,000.	0.			FOR GENERAL SUPPORT.
HIGH SCHOOL SCHOLARSHIP FOUNDATION OF FAIRFIELD - PO BOX 682 - FAIRFIELD, CT 06810	06-1273415	501(C)(3)	11,303.	0.			FOR GENERAL SUPPORT.

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HILLSIDE FOOD OUTREACH, INC 39 OLD RIDGEBURY ROAD, SUITE 16 DANBURY, CT 06810	01-0712431	501(C)(3)	10,127.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
HOBART & WILLIAM SMITH COLLEGES 300 PULTENEY STREET GENEVA, NY 11549	16-0743040	501(C)(3)	5,050.	0.			FOR GENERAL SUPPORT.
HOFSTRA UNIVERSITY 205 MEMORIAL HALL, 126 HOFSTRA UNIVERSITY - HEMPSTEAD, CT 06511-6107	11-1630906	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
HOLE IN THE WALL GANG CAMP 555 LONG WHARF DRIVE NEW HAVEN, CT 29928	06-1157655	501(C)(3)	26,000.	0.			FOR GENERAL SUPPORT.
HOLY FAMILY CATHOLIC CHURCH 24 POPE AVE HILTON HEAD, CT 06604	57-0644999	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
HOMES FOR THE BRAVE 655 PARK AVE BRIDGEPORT, CT 06880	06-1520511	501(C)(3)	33,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
HOMES WITH HOPE 49 RICHMONDVILLE AVE, STE 212 WESTPORT, CT 06515-2501	22-2534326	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
HOPKINS SCHOOL 986 FOREST RD NEW HAVEN, CT 06830	06-0646674	501(C)(3)	55,000.	0.			FOR GENERAL SUPPORT.
HORIZONS AT BRUNSWICK SCHOOL 100 MAHER AVENUE GREENWICH, CT 06838-0998	06-0646562	501(C)(3)	14,600.	0.			FOR GENERAL SUPPORT.

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HORIZONS AT GREENS FARMS ACADEMY 35 BEACHSIDE AVE, PO BOX 998 GREENS FARMS, CT 06840	06-0733693	501(C)(3)	67,000.	0.			FOR GENERAL SUPPORT.
HORIZONS AT NEW CANAAN COUNTRY SCHOOL - 635 FROGTOWN RD - NEW CANAAN, CT 06853	06-0646765	501(C)(3)	79,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
HORIZONS AT NORWALK COMMUNITY COLLEGE - PO BOX 244 - NORWALK, CT 06825	81-4133542	501(C)(3)	52,500.	0.			FOR GENERAL SUPPORT.
HORIZONS AT SACRED HEART UNIVERSITY - 5151 PARK AVE - FAIRFIELD, CT 06604	06-0776644	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
HORIZONS BRIDGEPORT 1057 BROAD ST, 2ND FL BRIDGEPORT, CT 06880	83-4544991	501(C)(3)	92,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
HORIZONS NATIONAL 120 POST RD W, STE 202 WESTPORT, CT 06777	06-1468129	501(C)(3)	102,500.	0.			FOR GENERAL SUPPORT.
HOUR CHILDREN, INC 36-11 12TH LONG ISLAND CITY, NY 11106	13-3647412	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
HOUSATONIC COMMUNITY COLLEGE 900 LAFAYETTE BLVD BRIDGEPORT, CT 06604	06-1291848	501(C)(3)	7,438.	0.			FOR GENERAL SUPPORT.
HOUSATONIC COMMUNITY COLLEGE FOUNDATION - 900 LAFAYETTE BLVD, BEACON HALL, RM 279 - BRIDGEPORT, CT 06604-4704	06-1291848	501(C)(3)	261,380.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT

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HOUSATONIC VALLEY ASSOCIATION, INC PO BOX 28, 150 KENT ROAD CORNWALL BRIDGE, CT 06754	06-6049295	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
HOUSE OF BLUES MUSIC FORWARD FOUNDATION - 7060HOLLYWOOD BLVD., 2ND FL. - LOS ANGELES, CA 90028	47-4907184	501(C)(3)	250,000.	0.			FOR GENERAL SUPPORT.
HOUSING DEVELOPMENT FUND 100 PROSPECT STREET STAMFORD, CT 06901	06-1276156	501(C)(3)	15,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
HUNTER COLLEGE FOUNDATION 695 PARK AVE, ROOM 1313 EAST NEW YORK, NY 10065	13-3598671	501(C)(3)	200,000.	0.			FOR GENERAL SUPPORT.
IDEAL SCHOOL OF MANHATTAN 314 WEST 91ST STREET NEW YORK, NY 10024	76-0800603	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
IMMIGRANT JUSTICE CORPS 17 BATTERY PLACE SUITE 236 NEW YORK, NY 10004	46-4879076	501(C)(3)	200,000.	0.			FOR GENERAL SUPPORT.
IMPACT FAIRFIELD COUNTY PO BOX 7666 GREENWICH, CT 06836	47-2770533	501(C)(3)	18,000.	0.			FOR GENERAL SUPPORT.
INROADS, INC. 10 S. BROADWAY, SUITE 300 ST. LOUIS, MO 63102	62-0967197	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
INSPIRICA, INC 141 FRANKLIN STREET STAMFORD, CT 06901	06-1172535	501(C)(3)	142,705.	0.			FOR GENERAL SUPPORT.

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INSTITUTE FOR ANATOMICAL RESEARCH 1490 WEST FILLMORE STREET, SUITE 13 COLORADO SPRINGS, CO 80904	45-5088768	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
INTEMPO 58 CHURCH STREET STAMFORD, CT 06906	90-0725572	501(C)(3)	77,530.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
IRIS - INTEGRATED REFUGEE & IMMIGRANT SERVICES - 235 NICOLL STREET, 2ND FL - NEW HAVEN, CT 06511	06-0653044	501(C)(3)	87,500.	0.			FOR GENERAL SUPPORT.
JAZZREACH PERFORMING ARTS & EDUCATION - 45 MAIN ST, STE 728 - BROOKLYN, NY 11201	11-3179208	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
JERICHO PARTNERSHIP, INC. 13 ROSE STREET DANBURY, CT 06810	01-0837128	501(C)(3)	25,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
JESUIT REFUGEE SERVICE 1627 K STREET, NW, SUITE 1100 WASHINGTON, DC 20006	52-1355257	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
JEWISH SENIOR SERVICES 4200 PARK AVENUE BRIDGEPORT, CT 06604	06-0846991	501(C)(3)	15,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
JEWISH SENIOR SERVICES FOUNDATION 4200 PARK AVE BRIDGEPORT, CT 06604	06-0846991	501(C)(3)	12,227.	0.			FOR GENERAL SUPPORT.
JOHNSON & WALES UNIVERSITY PO BOX 5956 PROVIDENCE, RI 02903	05-0306206	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.

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JUVENILE DIABETES RESEARCH FDN - GREATER CT & WESTERN MA - PO BOX 37920 - BOONE, IA 50037	23-1907729	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
KIDS HELPING KIDS 347 STILLWATER AVE STAMFORD, CT 06902	27-1224284	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT.
KIDS IN CRISIS INC. 1 SALEM ST COS COB, CT 06807	06-1027885	501(C)(3)	67,509.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
LAFC SPORTS FOUNDATION 818 W 7TH ST, #1200 LOS ANGELES, CA 90017	47-4683101	501(C)(3)	55,556.	0.			FOR GENERAL SUPPORT.
LAKE WARAMAUG TASK FORCE, INC 50 CEMETERY ROAD WARREN, CT 06754	06-1063687	501(C)(3)	6,500.	0.			FOR GENERAL SUPPORT.
LAUREL HOUSE, INC. 1616 WASHINGTON BOULEVARD STAMFORD, CT 06902	22-2511467	501(C)(3)	14,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
LIBERATION PROGRAMS, INC 129 GLOVER AVENUE NORWALK, CT 06850	06-0867006	501(C)(3)	11,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
LIFE IN MY DAYS, INC 12 DONALD TERRACE WATERBURY, CT 06605	81-5093147	501(C)(3)	7,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
LIFEBRIDGE COMMUNITY SERVICES 475 CLINTON AVE BRIDGEPORT, CT 06705	06-0646974	501(C)(3)	106,484.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT

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LITERACY LAB 1400 16TH ST NW, SUITE 410 WASHINGTON, DC 20036	27-1777117	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
LIVEGIRL 237 ELM STREET NEW CANAAN, CT 06840	81-0872133	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
LIVINGSTON HEALTHCARE FOUNDATION 320 ALPENGLow LANE LIVINGSTON, MT 59047	81-0621997	501(C)(3)	71,859.	0.			FOR GENERAL SUPPORT.
LONG ISLAND COMMUNITY FOUNDATION 909 WALT WHITMAN RD, STE 205 MELVILLE, NY 11747	13-6089923	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
LOST TREE VILLAGE CHARITABLE FOUNDATION - 8 CHURCH LANE - NORTH PALM BEACH, FL 33408	59-2104920	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
MAKE THE ROAD NEW YORK 301 GROVE ST BROOKLYN, NY 11237	11-3344389	501(C)(3)	55,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
MALTA HOUSE 5 PROWITT STREET EAST NORWALK, CT 06855	06-1604710	501(C)(3)	38,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
MANHATTANVILLE COLLEGE 2900 PURCHASE STREET PURCHASE, CT 10577	13-1740469	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
MARITIME AQUARIUM 10 N WATER ST NORWALK, CT 06854	06-1062912	501(C)(3)	19,006.	0.			FOR GENERAL SUPPORT.

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MARITIME ODYSSEY PRESCHOOL 11 INGALLS AVENUE NORWALK, CT 06854	81-3250482	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
MARK TWAIN LIBRARY PO BOX 1009 REDDING, CT 06875	06-0776655	501(C)(3)	13,500.	0.			FOR GENERAL SUPPORT.
MATTHEW GAFFNEY FOUNDATION 2704 LONG RIDGE ROAD STAMFORD, CT 06903	55-0842939	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
MAXFUND 720 W 10TH AVE DENVER, CO 80204	84-1116882	501(C)(3)	33,333.	0.			FOR GENERAL SUPPORT.
MCGIVNEY COMMUNITY CENTER PO BOX 5220 BRIDGEPORT, CT 06610	22-3059815	501(C)(3)	60,000.	0.			FOR GENERAL SUPPORT.
MEALS-ON-WHEELS OF GREENWICH 89 MAPLE AVE GREENWICH, CT 06830-5652	06-0809614	501(C)(3)	11,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVE - NEW YORK, NY 10065	91-2154267	501(C)(3)	14,000.	0.			FOR GENERAL SUPPORT.
MERCY LEARNING CENTER OF BRIDGEPORT, INC. - 637 PARK AVE. - BRIDGEPORT, CT 06604	22-2859879	501(C)(3)	65,606.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
METROPOLITAN GOLF ASSOCIATION FOUNDATION - 49 KNOLLWOOD RD - ELMSFORD, NY 10523	13-6100835	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.

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MILL RIVER PARK COLLABORATIVE 1055 WASHINGTON BLVD STAMFORD, CT 06901	06-1507648	501(C)(3)	80,429.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
MISSION IN PINK, INC. 524 E 72ND ST, UNIT 32C NEW YORK, NY 10021	35-2443557	501(C)(3)	5,750.	0.			FOR GENERAL SUPPORT.
MONITOR MY HEALTH, INC 1000 LAFAYETTE BOULEVARD, STE 1100 BRIDGEPORT, CT 06604	81-4498882	501(C)(3)	17,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
MOURNING FAMILY FOUNDATION, INC 100 SOUTH BISCAYNE BOULEVARD, 3RD F MIAMI, FL 33131	65-1075983	501(C)(3)	55,556.	0.			FOR GENERAL SUPPORT.
MS PRESIDENT US INC PO BOX 238 RIDGEFIELD, CT 06877	82-2508937	501(C)(3)	5,200.	0.			FOR GENERAL SUPPORT.
MULTIPLE MYELOMA RESEARCH FOUNDATION - 383 MAIN AVE, 5TH FL - NORWALK, CT 06851	06-1504413	501(C)(3)	22,000.	0.			FOR GENERAL SUPPORT.
MUSIC HAVEN, INC ERECTOR SQUARE, 315 PECK ST, BOX A1 NEW HAVEN, CT 90404	01-0870395	501(C)(3)	10,150.	0.			FOR GENERAL SUPPORT.
MUSICARES 3030 OLYMPIC BLVD. SANTA MONICA, CA 90404	95-4470909	501(C)(3)	18,000.	0.			FOR GENERAL SUPPORT.
NAACP EMPOWERMENT PROGRAMS, INC 4805 MOUNT HOPE DR BALTIMORE, MD 21215	13-1084135	501(C)(3)	238,125.	0.			FOR GENERAL SUPPORT.

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NAMI CONNECTICUT 576 FARMINGTON AVE HARTFORD, CT 06105	22-2605701	501(C)(3)	25,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
NARAL PRO-CHOICE AMERICA FOUNDATION - 1725 EYE STREET, NW, STE 900 - WASHINGTON, DC 20006	52-1100361	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
NATIONAL AUDUBON SOCIETY HQ 225 VARICK ST NEW YORK, NY 10014	13-1624102	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
NATIONAL PSORIASIS FOUNDATION 6600 SW 92ND AVE, SUITE 300 PORTLAND, OR 97223-7195	93-0571472	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
NAUGATUCK VALLEY COMMUNITY COLLEGE 750 CHASE PARKWAY WATERBURY, CT 06708		501(C)(3)	8,500.	0.			FOR GENERAL SUPPORT.
NAUGATUCK VALLEY COMMUNITY COLLEGE FOUNDATION - 750 CHASE PKWY - WATERBURY, CT 06708	23-7165869	501(C)(3)	7,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
NEAR & FAR AID ASSOCIATION, INC PO BOX 717 SOUTHPORT, CT 06890-1710	23-7036523	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
NEIGHBOR TO NEIGHBOR 248 EAST PUTNAM AVENUE GREENWICH, CT 06608	06-6071605	501(C)(3)	20,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
NEIGHBORHOOD STUDIOS OF FAIRFIELD COUNTY - 391 E WASHINGTON AVE - BRIDGEPORT, CT 06830	06-0993269	501(C)(3)	16,500.	0.			FOR GENERAL SUPPORT.

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NEIGHBOR-TO-NEIGHBOR 248 E PUTNAM AVE GREENWICH, CT 06830	06-6071605	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT.
NEW CANAAN COUNTRY SCHOOL 635 FROGTOWN ROAD NEW CANAAN, CT 06840	06-0646765	501(C)(3)	11,500.	0.			FOR GENERAL SUPPORT.
NEW HAVEN LEGAL ASSISTANCE ASSOCIATION - 205 ORANGE STREET - NEW HAVEN, CT 06510	06-0793269	501(C)(3)	184,000.	0.			FOR GENERAL SUPPORT.
NEW NEIGHBORHOODS, INC. 76 PROGRESS DR, STE 140 STAMFORD, CT 06902	06-0864050	501(C)(3)	20,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
NEW REACH, INC 269 PECK STREET, 3RD FL NEW HAVEN, CT 06513	22-3037451	501(C)(3)	215,250.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
NEW YORK BOTANICAL GARDEN 2900 SOUTHERN BOULEVARD BRONX, NY 06470	13-1693134	501(C)(3)	5,365.	0.			FOR GENERAL SUPPORT.
NEW YORK CITY CENTER 130 WEST 56TH ST NEW YORK, NY 10458-5126	13-2867442	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.
NEW YORK COMMON PANTRY 8 EAST 109TH STREET NEW YORK, NY 10019	13-3127972	501(C)(3)	55,556.	0.			FOR GENERAL SUPPORT.
NEW YORK HISTORICAL SOCIETY 170 CENTRAL PARK WEST NEW YORK, NY 10029	13-1624124	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.

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NEW YORK PUBLIC RADIO PO BOX 1550 NEW YORK, NY 10024	13-3015230	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
NEW YORK UNIVERSITY 383 LAFAYETTE STREET, 1ST FL. NEW YORK, NY 10116-1550	13-5562308	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
NEWTOWN SCHOLARSHIP ASSOCIATION PO BOX 302 NEWTOWN, CT 06470	06-6059483	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
NHN 76 KINDSFATHER DRIVE LIVINGSTON, MT 59047	46-2144465	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
NORMA F. PFRIEM URBAN OUTREACH INITIATIVES - 2200 NORTH AVENUE - BRIDGEPORT, CT 06604	27-4186000	501(C)(3)	7,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
NOROTON PRESBYTERIAN CHURCH 2011 POST RD DARIEN, CT 06820	54-0994577	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115	04-1679980	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
NORWALK ACTS INC 9 MOTT AVENUE NORWALK, CT 06850	82-5334443	501(C)(3)	325,000.	0.			FOR GENERAL SUPPORT.
NORWALK COMMUNITY COLLEGE 188 RICHARDS AVE NORWALK, CT 06854	06-1425725	501(C)(3)	15,850.	0.			FOR GENERAL SUPPORT.

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NORWALK COMMUNITY COLLEGE FOUNDATION - 188 RICHARDS AVE. E 311 - NORWALK, CT 06854-1634	06-6080293	501(C)(3)	93,707.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
NORWALK COMMUNITY HEALTH CENTER, INC. - 120 CONNECTICUT AVENUE - NORWALK, CT 06854	06-1436620	501(C)(3)	40,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
NORWALK EDUCATION FOUNDATION 125 EAST AVE, 3RD FL NORWALK, CT 06852-6001	06-1498087	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
NORWALK GRASSROOTS TENNIS & EDUCATION, INC - 11 INGALLS AVE - NORWALK, CT 06854	06-1570097	501(C)(3)	25,370.	0.			FOR GENERAL SUPPORT.
NORWALK HOSPITAL 34 MAPLE STREET NORWALK, CT 06856	06-6068853	501(C)(3)	30,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
NORWALK HOSPITAL FOUNDATION 34 MAPLE ST NORWALK, CT 06856-9968	22-2577707	501(C)(3)	16,967.	0.			FOR GENERAL SUPPORT.
NORWALK PUBLIC SCHOOLS 125 EAST AVE NORWALK, CT 06852	06-6011881	501(C)(3)	163,800.	0.			FOR GENERAL SUPPORT.
NORWALK SENIOR CENTER 11 ALLEN RD NORWALK, CT 06851	23-7121169	501(C)(3)	22,756.	0.			FOR GENERAL SUPPORT.
NYU LANGONE HEALTH 1 PARK AVE, 5TH FLOOR NEW YORK, NY 10016	13-3971298	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.

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OAK PARK RIVER FOREST FOOD PANTRY 848 LAKE STREET OAK PARK, IL 60301	27-2018997	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
OHIO STATE UNIVERSITY PO BOX 183248 COLUMBUS, OH 43218	31-1145986	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.
OPEN DOOR SHELTER 4 MERRITT ST NORWALK, CT 06854	22-2536909	501(C)(3)	100,137.	0.			FOR GENERAL SUPPORT.
OPEN HANDS MIDWAY 436 ROY ST N, SUITE 204 ST PAUL, MN 55104	26-4618393	501(C)(3)	55,556.	0.			FOR GENERAL SUPPORT.
OPERATION FUEL 75 CHARTER OAK AVE, STE 2-240 HARTFORD, CT 06106	06-1253091	501(C)(3)	10,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
OPERATION HOPE OF FAIRFIELD, INC 636 OLD POST ROAD FAIRFIELD, CT 06824	06-1193489	501(C)(3)	17,500.	0.			FOR GENERAL SUPPORT.
OPTIMUS HEALTH CARE, INC. 982 E MAIN ST BRIDGEPORT, CT 06608-2409	06-0972166	501(C)(3)	50,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
PACIFIC HOUSE, INC. 137 HENRY ST, STE. 205 STAMFORD, CT 06901	06-1144355	501(C)(3)	8,750.	0.			FOR GENERAL SUPPORT.
PAN MASSACHUSETTS CHALLENGE 77 4TH AVE NEEDHAM, CT 02494	04-2746912	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.

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PARENT PROJECT MUSCULAR DYSTROPHY 401 HACKENSACK AVE, 9TH FL. HACKENSACK, NJ 07601	31-1405490	501(C)(3)	45,996.	0.			FOR GENERAL SUPPORT.
PARK CITY INITIATIVE CORP. PO BOX 915 BRIDGEPORT, CT 06601	90-0074489	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
PARSONAGE COTTAGE 88 PARSONAGE ROAD GREENWICH, CT 06830	91-1849936	501(C)(3)	7,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
PARTNERSHIP FOR STRONG COMMUNITIES 227 LAWRENCE ST HARTFORD, CT 06106	20-0882009	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
PATHWAYS, INC. 175 MILBANK AVE GREENWICH, CT 06830	06-1051588	501(C)(3)	11,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
PAWS CHICAGO 1997 N CLYURN AVE CHICAGO, IL 60614	36-4219778	501(C)(3)	33,333.	0.			FOR GENERAL SUPPORT.
PEQUOT LIBRARY 720 PEQUOT AVE SOUTHPORT, CT 06890	06-0672790	501(C)(3)	16,349.	0.			FOR GENERAL SUPPORT.
PERSON-TO-PERSON 1864 POST RD DARIEN, CT 06820-5802	06-1422248	501(C)(3)	152,450.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
PET ANIMAL WELFARE SOCIETY OF CONNECTICUT, INC - 504 MAIN AVE - NORWALK, CT 06851-1038	06-6067445	501(C)(3)	8,399.	0.			FOR GENERAL SUPPORT.

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PHILADELPHIA UNION FOUNDATION 2501 SEAPORT DR, BH SUITE 100 CHESTER, CT 19013	45-2645813	501(C)(3)	55,556.	0.			FOR GENERAL SUPPORT.
PHYSICIAN FOR REPRODUCTIVE RIGHTS 1430 BROADWAY, SUITE 1614 NEW YORK, NY 10018	13-3693391	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
PLANNED PARENTHOOD OF ARIZONA 2255 N WYATT DRIVE TUCSON, AZ 85712	86-0146520	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVE - NEW HAVEN, CT 06511	06-0263565	501(C)(3)	59,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
POSSE FOUNDATION 14 WALL STREET, SUITE 8A-60 NEW YORK, NY 10005	13-3840394	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
POWER TO DECIDE 1776 MASSACHUSETTS AVE, NW, SUITE 2 WASHINGTON, CT 20036	52-1974611	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
PRO BONO PARTNERSHIP 327 MAMARONECK AVE, STE. 300 WHITE PLAINS, NY 10605	06-1264823	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
PROJECT MORRY 1 GATEWAY PLAZA, SUITE 1D PORT CHESTER, NY 10573	13-3851126	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
PROJECT MUSIC PO BOX 112016 STAMFORD, CT 06902	81-2610342	501(C)(3)	36,666.	0.			FOR GENERAL SUPPORT.

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QUINNIPIAC UNIVERSITY 275 MOUNT CARMEL AVE HAMDEN, CT 06518-1908	06-0646701	501(C)(3)	49,000.	0.			FOR GENERAL SUPPORT.
QUINNIPIAC UNIVERSITY SCHOOL OF LAW - 275 MOUNT CARMEL AVE - HAMDEN, CT 06518	06-0646701	501(C)(3)	6,822.	0.			FOR GENERAL SUPPORT.
RARE 1310 NORTH COURTHOUSE ROAD, SUITE 1 ARLINGTON, VA 22201	23-7380563	501(C)(3)	200,000.	0.			FOR GENERAL SUPPORT.
RAVE FOUNDATION 159 S JACKSON STREET, STE. 200 SEATTLE, WA 98104	46-3932075	501(C)(3)	55,556.	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.
REACH WESTERN CT 17 CHURCH HILL ROAD NEWTOWN, CT 06470	46-0849304	501(C)(3)	7,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
READYCT 350 CHURCH ST, 3RD FLOOR HARTFORD, CT 06103	27-4704040	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
REASON FOUNDATION 5737 MESMER AVE LOS ANGELES, CA 90230	95-3298239	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
REGIONAL HOSPICE 30 MILESTONE RD DANBURY, CT 06810	06-1178847	501(C)(3)	15,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND

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REGIONAL PLAN ASSOCIATION ONE WHITEHALL STREET, 16TH FLOOR NEW YORK, NY 10004	13-1624154	501(C)(3)	30,500.	0.			FOR GENERAL SUPPORT.
REGIONAL YMCA OF WESTERN CONNECTICUT - 246 FEDERAL RD., STE B-21 - BROOKFIELD, CT 06804	06-6051610	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
RELAY GRADUATE SCHOOL OF EDUCATION 25 BROADWAY, 3RD FLOOR NEW YORK, NY 10004	27-5316628	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
RENEWAL HOUSE 18 AARON SAMUELS BLVD, PO BOX 622 DANBURY, CT 06813	22-3221915	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
RENSSELAER POLYTECHNIC INSTITUTE 110 8TH ST TROY, NY 12180	14-1340095	501(C)(3)	6,500.	0.			FOR GENERAL SUPPORT.
RESTAURANT WORKERS' COMMUNITY FOUNDATION - 575 GRAND ST APT E1507 - NEW YORK, NY 10002	82-2737963	501(C)(3)	250,000.	0.			FOR GENERAL SUPPORT.
REVERB 386 FORE ST, #202 PORTLAND, ME 04101	20-1042256	501(C)(3)	35,000.	0.			FOR GENERAL SUPPORT.
RISE NETWORK 700 STATE STREET 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)	66,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND 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
ROCKEFELLER PHILANTHROPY ADVISORS 6 WEST 48TH STREET NEW YORK, NY 10036	13-3615533	501(C)(3)	36,500.	0.			FOR GENERAL SUPPORT.
ROWAYTON HOSE COMPANY NO. 1 136 ROWAYTON AVENUE NORWALK, CT 06853	06-6059177	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
RVNAHEALTH 27 GOVERNOR STREET RIDGEFIELD, CT 06877	06-0646613	501(C)(3)	15,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
RYASAP 2470 FAIRFIELD AVE BRIDGEPORT, CT 06605-2647	06-1357699	501(C)(3)	101,754.	0.			FOR GENERAL SUPPORT.
SACRED HEART UNIVERSITY 5151 PARK AVE FAIRFIELD, CT 06825	06-0776644	501(C)(3)	5,074.	0.			FOR GENERAL SUPPORT.
SACRED HEART UNIVERSITY 5151 PARK AVENUE FAIRFIELD, CT 06825	06-0776644	501(C)(3)	9,500.	0.			FOR GENERAL SUPPORT.
SAINT JOSEPH PARENTING CENTER 90 FAIRFIELD AVENUE STAMFORD, CT 06902	27-0490589	501(C)(3)	31,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
SALVATION ARMY 30 ELM STREET BRIDGEPORT, CT 06605	13-5562351	501(C)(3)	5,695.	0.			FOR GENERAL SUPPORT.
SAVE THE CHILDREN 501 KINGS HWY E, STE 400 FAIRFIELD, CT 06825	06-0726487	501(C)(3)	30,500.	0.			FOR GENERAL SUPPORT.

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SCHOKE JEWISH FAMILY SERVICE 196 GREYROCK PLACE STAMFORD, CT 06901	06-1130830	501(C)(3)	9,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
SCHOLARSHIP AMERICA, INC C/O FIRST NATIONAL BANK MINNESOTA, ST. PETER, MN 56082	04-2296967	501(C)(3)	264,926.	0.			FOR GENERAL SUPPORT.
SCHOOL VOLUNTEER ASSOCIATION OF BRIDGEPORT, INC. - 40 BUTTERNUT LANE - STRATFORD, CT 06614	06-6089700	501(C)(3)	23,065.	0.			FOR GENERAL SUPPORT.
SCHWAB CHARITABLE GIFT FUND PO BOX 628298 ORLANDO, FL 32862	31-1640316	501(C)(3)	13,120.	0.			FOR GENERAL SUPPORT.
SERVING ALL VESSELS EQUALLY, INC. 31 CONCORD ST. NORWALK, CT 06854	05-0616689	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
SHATTERPROOF 101 MERRITT 7, CORPROATE PARK NORWALK, CT 06851	45-4619712	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
SHINING HOPE FOR COMMUNITIES 175 VARICK ST NEW YORK, NY 10014	27-1493201	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
SOUNDWATERS COVE ISLAND PARK, 1281 COVE RD STAMFORD, CT 06902	06-1263947	501(C)(3)	57,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
SOUTH END COMMUNITY CENTER 19 BATES STREET STRATFORD, CT 06615	06-6002103	501(C)(3)	18,000.	0.			FOR GENERAL SUPPORT.

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SOUTHERN CONNECTICUT STATE UNIVERSITY - 501 CRESCENT ST - WINTERGREEN BLDG, RM 117 - NEW HAVEN, CT 06515-1355	23-7208882	501(C)(3)	50,099.	0.			FOR GENERAL SUPPORT.
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	87,513.	0.			FOR GENERAL SUPPORT.
SOUTHPORT SCHOOL 214 MAIN STREET SOUTHPORT, CT 06890	06-1135389	501(C)(3)	26,000.	0.			FOR GENERAL SUPPORT.
SOUTHWEST COMMUNITY HEALTH CENTER 46 ALBION STREET BRIDGEPORT, CT 06605	06-1023013	501(C)(3)	12,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
SOUTHWESTERN CT AGENCY ON AGING 1000 LAFAYETTE BOULEVARD BRIDGEPORT, CT 06604	06-0916407	501(C)(3)	92,917.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
SPECIAL EDUCATION LEGAL FUND INC 1 NAWTHORNE ROAD OLD GREENWICH, CT 06870	83-1467673	501(C)(3)	32,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
SQUASH HAVEN 70 TOWER PKWY NEW HAVEN, CT 06520	20-5500876	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
ST. IGNATIUS LOYOLA CHURCH, NEW YORK, NY - 980 PARK AVENUE - NEW YORK, NY 06904-9317	13-1623956	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
ST. JOSEPH HIGH SCHOOL 2320 HUNTINGTON TPKE TRUMBULL, CT 06902-2448	06-1560973	501(C)(3)	20,828.	0.			FOR GENERAL SUPPORT.

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ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST JUDE PLACE - MEMPHIS, TN 06903	62-0646012	501(C)(3)	6,010.	0.			FOR GENERAL SUPPORT.
ST. LUKE'S EPISCOPAL CHURCH 1864 POST ROAD DARIEN, CT 06904	06-0662180	501(C)(3)	20,250.	0.			FOR GENERAL SUPPORT.
ST. PAUL'S EPISCOPAL CHURCH 661 OLD POST RD FAIRFIELD, CT 06901	06-0655484	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
ST. THERESA SCHOOL 55 ROSEMOND TERRACE TRUMBULL, CT 06901	06-0737923	501(C)(3)	20,828.	0.			FOR GENERAL SUPPORT.
ST. VINCENT'S MEDICAL CENTER FOUNDATION - 2800 MAIN STREET - BRIDGEPORT, CT 06904-2152	22-2558132	501(C)(3)	20,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
STAMFORD HEALTH SYSTEM SHELBURNE RD AT W BROAD ST, PO BOX STAMFORD, CT 06905	06-0646917	501(C)(3)	35,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
STAMFORD HOSPITAL FOUNDATION 1351 WASHINGTON BLVD STE 202 STAMFORD, CT 06852-0470	06-0646917	501(C)(3)	110,000.	0.			FOR GENERAL SUPPORT.
STAMFORD MUSEUM & NATURE CENTER 39 SCOFIELDTOWN RD STAMFORD, CT 05673	06-0653148	501(C)(3)	77,061.	0.			FOR GENERAL SUPPORT.
STAMFORD NAACP PO BOX 885 STANFORD, CT 06109	06-1199669	501(C)(3)	10,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND

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STAMFORD PUBLIC EDUCATION FOUNDATION, INC - 177 BROAD STREET, 3RD FLOOR - STAMFORD, CT 06850	06-1462359	501(C)(3)	38,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
STAMFORD SENIOR CENTER 888 WASHINGTON BLVD STAMFORD, CT 06615	06-1456561	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
STAMFORD YOUTH SERVICES BUREAU - CITY OF STAMFORD - 888 WASHINGTON BLVD, PO BOX 10152 - STAMFORD, CT 10028	06-6001536	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
STAR, INC., LIGHTING THE WAY 182 WOLFPIT AVE NORWALK, CT 06611-5099	06-0726489	501(C)(3)	33,714.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
STARFISH CONNECTION 1127 HIGH RIDGE RD, #255 STAMFORD, CT 38105	26-2410124	501(C)(3)	12,000.	0.			FOR GENERAL SUPPORT.
STARK MOUNTAIN FOUNDATION, INC PO BOX 1221 WAITSFIELD, VT 06820-8128	03-0369897	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
STATEWIDE LEGAL SERVICES OF CT 1290 SILAS DEANE HIGHWAY, SUITE 3A WETHERSFIELD, CT 06824	06-1445097	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
STEPPING STONES MUSEUM FOR CHILDREN - MATHEWS PARK, 303 WEST AVE - NORWALK, CT 06614	22-3199269	501(C)(3)	70,200.	0.			FOR GENERAL SUPPORT.
STERLING HOUSE 2283 MAIN ST STRATFORD, CT 06615	06-0665192	501(C)(3)	32,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT

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STRATFORD ANIMAL RESCUE SOCIETY PO BOX 1371 STRATFORD, CT 06614	06-1596291	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
STRATFORD PUBLIC SCHOOLS 1000 EAST BROADWAY STRATFORD, CT 06611	06-1442457	501(C)(3)	30,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
STRATFORD VISITING NURSE ASSOCIATION - 3060 MAIN STREET - STRATFORD, CT 06614	06-0646943	501(C)(3)	22,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
STUTTERING ASSOCIATION FOR THE YOUNG - 247 WEST 37TH STREET, 5TH FLOOR - NEW YORK, NY 06606	33-1049070	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
SUMMER ON THE HILL, INC 4400 TIBBETT AVE BRONX, NY 10471	65-1232087	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
SUMMER SEARCH 101 HOWARD STREET, SUITE 250 SAN FRANCISCO, CA 94105	68-0200138	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
SUNRISE ROTARY 21ST CENTURY FOUNDATION, INC - PO BOX 43 - WESTPORT, CT 06881-4822	06-1616012	501(C)(3)	12,167.	0.			FOR GENERAL SUPPORT.
SUPPORTIVE HOUSING WORKS 815 MAIN STREET, SUITE 201 BRIDGEPORT, CT 06604	20-5529890	501(C)(3)	222,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
SUSTAINABLE CT, INC. 83 WINDHAM STREET WILLIMANTIC, CT 06226	82-4894473	501(C)(3)	30,000.	0.			FOR GENERAL SUPPORT.

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TBICO 22 EAGLE RD DANBURY, CT 06810	06-1377246	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
TEACH FOR AMERICA 25 BROADWAY, 12TH FLOOR NEW YORK, NY 10004	13-3541913	501(C)(3)	26,200.	0.			FOR GENERAL SUPPORT.
TEACH FOR AMERICA NEW ENGLAND 370 JAMES ST, STE 404 NEW HAVEN, CT 06513	13-3541913	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT.
TEAM RUBICON 6171 WEST CENTURY BLVD, STE. 310 LOS ANGELES, CA 90045	27-1720480	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
THE ALS ASSOCIATION CONNECTICUT CHAPTER - 4 OXFORD RD, UNIT E-4 - MILFORD, CT 06460	04-3417472	501(C)(3)	10,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
THE CAMPAIGN SCHOOL AT YALE UNIVERSITY - PO BOX 1194 - NEW CANAAN, CT 06840	22-3275455	501(C)(3)	6,800.	0.			FOR GENERAL SUPPORT.
THE CHILDREN'S ADVENTURE CENTER 14 RIVERSIDE ROAD SANDY HOOK, CT 06482	06-0852809	501(C)(3)	12,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
THE COMMUNITY ACTION AGENCY OF WESTERN CONNECTICUT, INC. - 66 NORTH STREET - DANBURY, CT 06810	06-0813725	501(C)(3)	15,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
THE COUNCIL OF CHURCHES OF GREATER BRIDGEPORT - 1718 CAPITOL AVENUE - BRIDGEPORT, CT 06604	06-0647008	501(C)(3)	77,541.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT

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THE DIAPER BANK OF CONNECTICUT 370 STATE STREET NORTH HAVEN, CT 06473	20-1179912	501(C)(3)	20,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
THE DOOR 121 AVENUE OF THE AMERICAS NEW YORK, NY 10013	13-6127348	501(C)(3)	55,000.	0.			FOR GENERAL SUPPORT.
THE FIRST TEE OF CONNECTICUT 55 GOLF CLUB RD CROMWELL, CT 06416	06-1510744	501(C)(3)	6,611.	0.			FOR GENERAL SUPPORT.
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 JOY BUS 3375 E. SHEA BLVD. PHOENIX, AZ 85028	46-3188719	501(C)(3)	45,000.	0.			FOR GENERAL SUPPORT.
THE KENNEDY CENTER, INC. 2440 RESERVOIR AVE TRUMBULL, CT 06611	06-0709295	501(C)(3)	122,318.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
THE NASHVILLE FOOD PROJECT, INC 5904 CALIFORNIA AVENUE NASHVILLE, TN 37209	45-2905951	501(C)(3)	55,556.	0.			FOR GENERAL SUPPORT.
THE RIDGEFIELD PLAYHOUSE 80 E RIDGE AVE RIDGEFIELD, CT 06877	06-1463501	501(C)(3)	9,000.	0.			FOR GENERAL SUPPORT.
THE ROWAN CENTER 1111 SUMMER ST., STE. 202 STAMFORD, CT 06901	06-1037583	501(C)(3)	48,250.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT

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THE STAMFORD PARTNERSHIP 2 LANDMARK SQUARE, SUITE 108 STAMFORD, CT 06901	06-0993590	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
THE TINY MIRACLES FOUNDATION 381 POST RD, 2ND FLOOR DARIEN, CT 06820	41-2125069	501(C)(3)	6,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
TIDES CENTER PO BOX 29907 SAN FRANCISCO, CA 94129-0907	94-3213100	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
TOWN OF MONROE 7 FAN HILL RD MONROE, CT 06468	06-6002038	TOWN OF MONROE	6,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
TRANSPORTATION ASSOCIATION OF GREENWICH - 13 RIVERSIDE AVENUE - RIVERSIDE, CT 06878	22-2531166	501(C)(3)	7,500.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
TRENDS CHARITABLE FUND 4400 N. SCOTTSDALE ROAD SCOTTSDALE, AZ 85251	86-0826428	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
TRIANGLE COMMUNITY CENTER 618 WEST AVENUE, STE 205 NORWALK, CT 06850	22-3079559	501(C)(3)	55,250.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
TRUMBULL LIBRARY 33 QUALITY ST TRUMBULL, CT 06611	23-7098043	501(C)(3)	5,382.	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.

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TUFTS UNIVERSITY 419 BOSTON AVENUE MEDFORD, MA 02155	04-2103634	501(C)(3)	5,500.	0.			FOR GENERAL SUPPORT.
UJA / JCC GREENWICH 1 HOLLY HILL LN GREENWICH, CT 06830	06-6068624	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
UMASS DARTMOUTH 285 OLD WESTPORT ROAD DARTMOUTH, CT 02747	23-7336988	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
UNITED NEGRO COLLEGE FUND 1805 7TH ST NW WASHINGTON, DC 20001	13-1624241	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
UNITED WAY OF COASTAL FAIRFIELD COUNTY - 855 MAIN ST, 10TH FL - BRIDGEPORT, CT 06604-4915	06-0864341	501(C)(3)	33,951.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
UNITED WAY OF CONNECTICUT 1344 SILAS DEANE HIGHWAY ROCKY HILL, CT 06067	06-1084194	501(C)(3)	40,000.	0.			FOR GENERAL SUPPORT.
UNITED WAY OF GREENWICH 500 WEST PUTNAM AVENUE, STE. 415 GREENWICH, CT 06830	06-0646578	501(C)(3)	58,000.	0.			FOR GENERAL SUPPORT.
UNITED WAY OF WESTERN CONNECTICUT 301 MAIN ST DANBURY, CT 06810	06-0646577	501(C)(3)	16,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
UNITED WE DREAM NETWORK INC C/O CT STUDENTS FOR A DREAM, PO BOX WASHINGTON, DC 20033	46-2216565	501(C)(3)	37,200.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT

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UNIVERSITY OF BRIDGEPORT 219 PARK AVE BRIDGEPORT, CT 06604	06-0646936	501(C)(3)	57,898.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF COLORADO AT BOULDER 2055 REGENT DR., ROOM 175 BOULDER, CO 80309-0077	84-6000555	501(C)(3)	11,000.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF CONNECTICUT 233 GLENBROOK ROAD, UNIT 4100 STORRS, CT 06269-4100	06-0772160	501(C)(3)	113,700.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF CONNECTICUT - STAMFORD - 1 UNIVERSITY PL - STAMFORD, CT 06901	06-0772160	501(C)(3)	23,146.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVENUE WEST HARTFORD, CT 06117-1599	06-0731360	501(C)(3)	9,000.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF MIAMI PO BOX 025551 MIAMI, FL 33102-5551	59-0624458	501(C)(3)	6,450.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF MICHIGAN 515 E. JEFFERSON STREET ANN ARBOR, CT 48109-1316	38-6006309	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF MISSISSIPPI FOUNDATION - 406 UNIVERSITY AVENUE - OXFORD, MS 38655	23-7310293	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF NEW HAVEN 300 BOSTON POST ROAD WEST HAVEN, CT 06516	06-0761704	501(C)(3)	15,012.	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
UNIVERSITY OF SOUTH CAROLINA 1244 BLOSSOM STREET, STE 200 COLUMBIA, MA 29208	57-6001153	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF ST. JOSEPH 1678 ASYLUM AVENUE WEST HARTFORD, CT 06117	06-0646829	501(C)(3)	8,000.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF VERMONT 85 SOUTH PROSPECT ST. BURLINGTON, VT 05405	03-0179440	501(C)(3)	9,000.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF VIRGINIA PO BOX 400204 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	6,848.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF VIRGINIA SCHOOL OF LAW FOUNDATION - 580 MASSIE ROAD - CHARLOTTESVILLE, VA 22907-3032	54-0838566	501(C)(3)	6,000.	0.			FOR GENERAL SUPPORT.
UNIVERSITY OF WISCONSIN FOUNDATION U.S. BANK LOCKBOX 78807 MILWAUKEE, WI 53278	39-0743975	501(C)(3)	121,752.	0.			FOR GENERAL SUPPORT.
URBAN JUSTICE CENTER 40 RECTOR ST NEW YORK, NY 10006	13-3442022	501(C)(3)	100,000.	0.			FOR GENERAL SUPPORT.
VILLANOVA UNIVERSITY 800 LANCASTER AVENUE VILLANOVA, PA 19085	23-1352688	501(C)(3)	10,500.	0.			FOR GENERAL SUPPORT.
VIRGINIA ATHLETICS FOUNDATION PO BOX 400833 CHARLOTTESVILLE, VA 22904	54-0517188	501(C)(3)	25,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

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

Schedule I (Form 990)

06-1083893

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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
VISITING NURSE & HOSPICE OF FAIRFIELD COUNTY - 22 DANBURY ROAD - WILTON, CT 06897	06-1062903	501(C)(3)	15,500.	0.			FOR GENERAL SUPPORT.
VISITING NURSE SERVICES OF CONNECTICUT, INC - 765 FAIRFIELD AVE - BRIDGEPORT, CT 06604	06-0665196	501(C)(3)	7,603.	0.			FOR GENERAL SUPPORT.
WAKE FOREST UNIVERSITY PO BOX 7227 WINSTON SALEM, NC 27109	56-2038194	501(C)(3)	9,000.	0.			FOR GENERAL SUPPORT.
WAKEMAN BOYS & GIRLS CLUB 268 POST RD FAIRFIELD, CT 06824	06-0662198	501(C)(3)	106,950.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
WATERSIDE SCHOOL 770 PACIFIC ST STAMFORD, CT 06902	06-1609222	501(C)(3)	10,500.	0.			FOR GENERAL SUPPORT.
WAVENY LIFECARE NETWORK 3 FARM ROAD NEW CANAAN, CT 06840	06-0859588	501(C)(3)	10,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
WCSU FOUNDATION 181 WHITE STREET DANBURY, CT 06810	06-1086725	501(C)(3)	13,000.	0.			FOR GENERAL SUPPORT.
WE STAND WITH CHRIST, INC 238 JEWETT AVENUE BRIDGEPORT, CT 06459	82-3779115	501(C)(3)	7,000.	0.			FOR GENERAL SUPPORT.
WESLEYAN UNIVERSITY 237 HIGH ST MIDDLETOWN, CT 06606	06-0646959	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
INC.

Schedule I (Form 990)

06-1083893

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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
WESTERN CONNECTICUT STATE UNIVERSITY - 181 WHITE STREET - DANBURY, CT 06810	06-1086725	501(C)(3)	43,612.	0.			FOR GENERAL SUPPORT.
WESTON LACROSSE 40 TANNERY LANE SOUTH WESTON, CT 06883	06-1555400	501(C)(3)	9,500.	0.			FOR GENERAL SUPPORT.
WESTPORT COUNTRY PLAYHOUSE 25 POWERS CT WESTPORT, CT 06880	23-7357943	501(C)(3)	50,000.	0.			FOR GENERAL SUPPORT.
WESTPORT LIBRARY ASSOCIATION 20 JESUP RD WESTPORT, CT 06880	06-0672798	501(C)(3)	7,866.	0.			FOR GENERAL SUPPORT.
WESTSIDE FOOD BANK 1710 22ND STREET SANTA MONICA, CA 90404	95-3685875	501(C)(3)	20,000.	0.			FOR GENERAL SUPPORT.
WHITE MEMORIAL CONSERVATION CENTER 80 WHITEHALL ROAD, PO BOX 368 LITCHFIELD, CT 06759	06-6065807	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.
WHOLESOME WAVE 855 MAIN ST, STE. 910 BRIDGEPORT, CT 06604	26-0352899	501(C)(3)	15,000.	0.			FOR GENERAL SUPPORT.
WILDLIFE IN CRISIS, INC PO BOX 1246 WESTON, CT 06883	22-3020015	501(C)(3)	21,000.	0.			FOR GENERAL SUPPORT.
WILTON LAND CONSERVATION TRUST PO BOX 77 WILTON, CT 06897	06-6070618	501(C)(3)	28,000.	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
WOMEN'S BUSINESS DEVELOPMENT COUNCIL - 184 BEDFORD STREET, SUITE 201 - STAMFORD, CT 06901	06-1493737	501(C)(3)	56,000.	0.			FOR GENERAL SUPPORT.
WOMEN'S CENTER OF GREATER DANBURY 2 WEST ST DANBURY, CT 06810	06-0983819	501(C)(3)	60,250.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
WOMEN'S MENTORING NETWORK, INC. 141 FRANKLIN ST STAMFORD, CT 06901	06-1470354	501(C)(3)	15,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND
WOFGANG & CO 2490 BLACK ROCK TURNPIKE, #401 FAIRFIELD, CT 06825	82-2473868	501(C)(3)	17,000.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT
WORLD AFFAIRS FORUM 30 OAK ST, STE. 105 STAMFORD, CT 06905	06-1018103	501(C)(3)	6,500.	0.			FOR GENERAL SUPPORT.
XAVIER UNIVERSITY 3800 VICTORY PARKWAY, SCHOTT HALL 1 CINCINNATI, OH 45207	31-0537516	501(C)(3)	7,500.	0.			FOR GENERAL SUPPORT.
YALE LAW SCHOOL PO BOX 208215 NEW HAVEN, CT 06520-8215	06-0646973	501(C)(3)	200,000.	0.			FOR GENERAL SUPPORT.
YALE UNIVERSITY PO BOX 2038 NEW HAVEN, CT 06521	06-0646973	501(C)(3)	39,000.	0.			FOR GENERAL SUPPORT.
YALE UNIVERSITY SCHOOL OF MANAGEMENT - 517 ORANGE STREET, APT 5 - NEW HAVEN, CT 06511	06-0646973	501(C)(3)	10,000.	0.			FOR GENERAL SUPPORT.

Schedule I (Form 990)

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

Schedule I (Form 990)

06-1083893

Page 1

Part II Continuation of Grants and Other Assistance to 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
YANKEE INSTITUTE FOR PUBLIC POLICY 216 MAIN ST HARTFORD, CT 06106	52-1358144	501(C)(3)	16,000.	0.			FOR GENERAL SUPPORT.
YAZMIN RODRIGUEZ 32 ELM ST., SUITE 1 NEW HAVEN, CT 06510	46-3386937	501(C)(3)	11,775.	0.			FOR GENERAL SUPPORT.
YEAR UP - BOSTON 45 MILK ST BOSTON, MA 02109	04-3534407	501(C)(3)	26,000.	0.			FOR GENERAL SUPPORT.
YWCA GREENWICH 259 E PUTNAM AVE GREENWICH, CT 06830	06-0646992	501(C)(3)	48,250.	0.			DISASTER RELIEF: COVID-19 RESILIENCY FUND AND GENERAL SUPPORT

**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	489	812,434.	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

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

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

06-1083893

Schedule J (Form 990) 2019

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)	279,103.	0.	0.	14,113.	14,015.	307,231.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL ROSEN CHIEF BUSINESS DEV. OFFICER	(i)	203,293.	0.	0.	10,750.	24,668.	238,711.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KAREN BROWN VP, INNOVATION & STRATEGIC LEARNING	(i)	170,126.	0.	0.	8,955.	22,622.	201,703.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MENDI BLUE VP, COMMUNITY IMPACT	(i)	171,286.	0.	0.	8,887.	14,238.	194,411.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WILLIAM ANDREWS CFO	(i)	132,252.	0.	0.	7,135.	20,702.	160,089.	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)							

FAIRFIELD COUNTY'S COMMUNITY FOUNDATION,
 INC.

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	30	1,386,681.	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**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

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

Schedule M (Form 990) 2019

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 ORGANZIATION IS REPORTING THE NUMBER OF CONTRIBUTORS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

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 OPPORTUNITY GAP, WOMEN AND GIRLS,
 AFFORDABLE HOUSING, ECONOMIC OPPORTUNITY, IMMIGRATION AND OTHER AREAS

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

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

FORM 990, PART III, LINE 1:

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.	Employer identification number 06-1083893
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DISPARITIES IN INCOME, EDUCATION, EMPLOYMENT, HOUSING AND HEALTH. TO DO THIS TRANSFORMATIVE WORK, THE COMMUNITY FOUNDATION FOSTERS AND FACILITATES THE COMING TOGETHER OF THE PUBLIC, PRIVATE AND NONPROFIT SECTORS.

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

THE COMMUNITY FOUNDATION PROVIDES:

- PERSONALIZED PHILANTHROPIC ADVISORY SERVICES, GRANT SERVICES AND FINANCIAL STEWARDSHIP TO FUND HOLDERS.
- COMMUNITY LEADERSHIP AND STRATEGIC, COLLABORATIVE INITIATIVES TO ADDRESS KEY REGIONAL ISSUES, SUCH AS OLDER YOUTH, WOMEN AND GIRLS, AFFORDABLE HOUSING, ECONOMIC OPPORTUNITY, IMMIGRATION AND OTHER AREAS.
- GRANTS, COUNSEL AND PROFESSIONAL DEVELOPMENT/LEADERSHIP AND OTHER TRAINING TO LOCAL NONPROFITS.
- RESEARCH ON NONPROFITS AND CAUSES, DUE DILIGENCE AND CONSULTATION WITH AGENCIES AND MONITORING AND EVALUATION OF GRANT PROGRAMS AND FOUNDATION INITIATIVES.

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

- THE BYLAWS WERE AMENDED ON JUNE 10, 2020. SIGNIFICANT CHANGES INCLUDED:
- ADDRESSES AND CLARIFIES THE POWER OF THE BOARD TO CREATE AND DISSOLVE COMMITTEES AND SUBCOMMITTEES INCLUDING ADVISORY COMMITTEES;
 - THE TERMS SERVED BY MEMBERS OF THE VARIOUS COMMITTEES AND THEIR CHAIRS

Name of the organization	FAIRFIELD COUNTY'S COMMUNITY FOUNDATION, INC.	Employer identification number	06-1083893
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AND VICE-CHAIRS, WHICH WAS PREVIOUSLY NOT WELL DEFINED IN THE BYLAWS;

- ESTABLISHES THAT MEMBERS OF COMMITTEES SHALL BE APPROVED BY THE GOVERNANCE COMMITTEE;

- FORMALLY ESTABLISHES THE AUTHORITY OF THE BOARD TO APPOINT CO-CHAIRS AND/OR CO-VICE-CHAIRS FOR ANY COMMITTEE;

- FORMALIZES THE CONCEPT THAT, EXCEPT AS TO ANY POWER OR AUTHORITY EXPRESSLY CONFERRED UPON ANY COMMITTEE PURSUANT TO THE BYLAWS OR AS SPECIFICALLY DELEGATED TO ANY COMMITTEE BY THE BOARD, COMMITTEES SHALL OTHERWISE ACT IN A STRICTLY ADVISORY CAPACITY;

- FORMALIZES THE PROPOSED MERGER OF THE MARKETING COUNCIL WITH THE DEVELOPMENT COMMITTEE;

- ESTABLISHES THE AUTHORITY OF THE GOVERNANCE COMMITTEE TO REMOVE ANY MEMBER OF A COMMITTEE WHO IS UNABLE OR UNWILLING TO CONTINUE TO MEET THE MEMBERSHIP EXPECTATIONS OF THE COMMITTEE;

- FORMALLY ESTABLISHES THE AUTHORITY OF THE BOARD TO DISSOLVE ANY COMMITTEE OTHER THAN A STANDING COMMITTEE.

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.

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

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

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.

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THE EXECUTIVE COMMITTEE USES INFORMATION AND STUDIES TO SET AN APPROPRIATE COMPENSATION LEVEL FOR ITS CEO AND PRESIDENT. THE EXECUTIVE COMMITTEE USES SIMILAR DATA TO REVIEW AND APPROVE COMPENSATION RECOMMENDATIONS FOR OFFICERS AND KEY EMPLOYEES AS WELL. THE EXECUTIVE COMMITTEE'S COMPENSATION RECOMMENDATION IS DOCUMENTED AND INCLUDES THE DATE THE RECOMMENDATION IS REACHED, THE MEMBERS PRESENT AND VOTING, THE TERMS OF THE COMPENSATION THAT WERE APPROVED, AND THE COMPARABLE DATA USED TO MAKE THE RECOMMENDATION. THE COMPENSATION DECISION IS THEN PRESENTED TO THE BOARD OF DIRECTORS AT A REGULARLY SCHEDULED MEETING FOR APPROVAL.

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

COMPENSATION FOR THE CEO AND KEY EMPLOYEES WAS LAST REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE IN 2019. NO MEETING WAS HELD IN 2020 BECAUSE ALL SALARIES WERE FROZEN DUE TO UNCERTAINTY SURROUNDING POTENTIAL IMPACT OF THE PANDEMIC.

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

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

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DIRECTLY AT 203-750-3200.

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

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 1,581.

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.