

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2010

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
THE CONNECTICUT COMMUNITY FOUNDATION
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
43 FIELD STREET
 City or town, state or country, and ZIP + 4
WATERBURY, CT 06702

D Employer identification number
06-6038074

E Telephone number
203-753-1315

G Gross receipts \$ **10,451,241.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **CONNCF.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1923** **M State of legal domicile:** **CT**

F Name and address of principal officer: **INGRID MANNING**
SAME AS C ABOVE

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION'S PURPOSE AS A CENTER OF PHILANTHROPY IS TO INCREASE CHARITABLE RESOURCES AVAILABLE		
	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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	12
	6 Total number of volunteers (estimate if necessary)	6	130
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 12,204,696.	Current Year 7,373,346.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-758,242.	1,422,056.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	98,593.	120,255.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,545,047.	8,915,657.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,899,243.	2,202,357.
	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)	775,523.	773,100.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	259,753.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	247,561.	239,361.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,922,327.	3,214,818.	
19 Revenue less expenses. Subtract line 18 from line 12	8,622,720.	5,700,839.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 62,838,264.	End of Year 74,470,932.
	21 Total liabilities (Part X, line 26)	799,191.	866,642.
	22 Net assets or fund balances. Subtract line 21 from line 20	62,039,073.	73,604,290.

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 ▶ *Charles Boulier III* Signature of officer **11/15/11** Date

CHARLES BOULIER III, TREASURER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name **CHRISTOPHER A. GALLO** Preparer's signature Date Check if self-employed PTIN

Firm's name ▶ **BLUM, SHAPIRO & COMPANY, P.C.** Firm's EIN ▶

Firm's address ▶ **2 ENTERPRISE DRIVE** Phone no. **203 944-2100**
SHELTON, CT 06484-4640

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 to any question in this Part III

1 Briefly describe the organization's mission:

FOUNDATION GRANTS AND COMMUNITY SERVICE ARE INTENDED TO IMPROVE ALL ASPECTS OF THE QUALITY OF LIFE OF RESIDENTS IN THE SERVICE AREA AND SUPPORT ALL MANNER OF SERVICES FOR SENIOR CITIZENS LIVING IN THE AREA.

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 No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,621,330. including grants of \$ 2,202,357.) (Revenue \$) PROVIDES FINANCIAL SUPPORT TO CHARITABLE ORGANIZATIONS IN THE CENTRAL NAUGATUCK VALLEY AND LITCHFIELD HILLS REGION FOR GENERAL SUPPORT OF EDUCATION, MEDICAL PREVENTION, DETECTION AND TREATMENT PROGRAMS, MEDICAL INSTITUTIONS, SUPPORT OF BASIC NEEDS FOR THOSE IN NEED AND YOUTH DEVELOPMENT AND SERVICES. ALSO PROVIDE FOR SCHOLARSHIPS FOR INDIVIDUALS IN THE SAME AREA.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 2,621,330.

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; 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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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, XII, and XIII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding 'Yes' or 'No' responses.

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

Check if Schedule O contains a response to any question 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		
1b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a The governing body?	X	
8b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **CT**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **THE CONNECTICUT COMMUNITY FOUNDATION - (203) 753-1315**
43 FIELD STREET, WATERBURY, CT 06702

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PETER JACOBY, MD PRESIDENT	1.00	X		X				0.	0.	0.
RICHARD LAU VICE PRESIDENT	1.00	X		X				0.	0.	0.
EDWIN RODRIGUEZ TREASURER	1.00	X		X				0.	0.	0.
MOLLY PARKER TRUSTEE	1.00	X		X				0.	0.	0.
JAMES LAWLOR, ESQ TRUSTEE	1.00	X						0.	0.	0.
KEVIN DELGOBBO TRUSTEE	1.00	X						0.	0.	0.
ATTY FRANK SCINTO TRUSTEE	1.00	X						0.	0.	0.
A.J. WASSERSTEIN TRUSTEE	1.00	X						0.	0.	0.
JACK BAKER TRUSTEE	1.00	X						0.	0.	0.
CHARLES BOULIER III TRUSTEE	1.00	X						0.	0.	0.
MARGARET FIELD TRUSTEE	1.00	X						0.	0.	0.
CHRISTINE REARDON SECRETARY	1.00	X						0.	0.	0.
JOHN MCCARTHY TRUSTEE	1.00	X						0.	0.	0.
WAYNE MCCORMACK TRUSTEE	1.00	X						0.	0.	0.
JEANNE PAPARAZZO TRUSTEE	1.00	X						0.	0.	0.
JOHN MILLINGTON TRUSTEE	1.00	X						0.	0.	0.
CRAIG CARRAGAN TRUSTEE	1.00	X						0.	0.	0.

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7373346.				
	g	Noncash contributions included in lines 1a-1f: \$		4229584.				
	h	Total. Add lines 1a-1f		7373346.				
	Program Service Revenue	2 a	_____	Business Code				
b		_____						
c		_____						
d		_____						
e		_____						
f		All other program service revenue						
g		Total. Add lines 2a-2f						
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		2043046.			2,043,046.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			-620,990.	-620,990.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
		b	Less: direct expenses	b				
		c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a					
b		Less: cost of goods sold	b					
c		Net income or (loss) from sales of inventory						
Miscellaneous Revenue								
11 a	PRVT FOUND FEES & MISC	Business Code	900099	120,255.	120,255.			
	b	_____						
	c	_____						
	d	All other revenue						
	e	Total. Add lines 11a-11d			120,255.			
12	Total revenue. See instructions			8915657.	-500,735.	0.	2,043,046.	

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	1,600,371.	1,600,371.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	601,986.	601,986.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	114,680.		80,316.	34,364.
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	534,031.	279,576.	120,678.	133,777.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	31,650.	12,666.	10,483.	8,501.
9 Other employee benefits	44,267.	13,826.	14,615.	15,826.
10 Payroll taxes	48,472.	21,325.	15,235.	11,912.
11 Fees for services (non-employees):				
a Management				
b Legal	720.	310.	223.	187.
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	26,386.		26,386.	
g Other	28,655.	12,322.	8,884.	7,449.
12 Advertising and promotion	300.	129.	93.	78.
13 Office expenses	12,084.	5,196.	3,746.	3,142.
14 Information technology	7,362.	3,166.	2,282.	1,914.
15 Royalties				
16 Occupancy	61,776.	26,563.	19,151.	16,062.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,055.	454.	327.	274.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,097.	1,762.	1,270.	1,065.
23 Insurance	10,582.	4,551.	3,280.	2,751.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PRINTING AND PUBLISHING	24,621.	10,587.	7,632.	6,402.
b UTILITIES	18,142.	7,801.	5,624.	4,717.
c TECHNOLOGY SUPPORT	16,671.	7,168.	5,168.	4,335.
d TRAVEL/MEETING EXPENSE	14,605.	6,280.	4,528.	3,797.
e DEVELOPMENT	9,211.	3,961.	2,855.	2,395.
f All other expenses	3,094.	1,330.	959.	805.
25 Total functional expenses. Add lines 1 through 24f	3,214,818.	2,621,330.	333,735.	259,753.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	2,916,367.	1	1,328,101.
	2	Savings and temporary cash investments	6,906,763.	2	0.
	3	Pledges and grants receivable, net	1,816,314.	3	3,665,825.
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	11,751.	9	5,679.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 48,082.		
	b	Less: accumulated depreciation	10b 44,449.	10c 7,730.	3,633.
	11	Investments - publicly traded securities	50,629,339.	11	68,700,488.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	550,000.	15	767,206.
16	Total assets. Add lines 1 through 15 (must equal line 34)	62,838,264.	16	74,470,932.	
Liabilities	17	Accounts payable and accrued expenses	37,373.	17	34,802.
	18	Grants payable	361,934.	18	429,860.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	399,884.	25	401,980.
	26	Total liabilities. Add lines 17 through 25	799,191.	26	866,642.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	61,822,688.	27	73,373,167.
	28	Temporarily restricted net assets	216,385.	28	231,123.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	62,039,073.	33	73,604,290.
34	Total liabilities and net assets/fund balances	62,838,264.	34	74,470,932.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,915,657.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,214,818.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,700,839.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	62,039,073.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	5,864,378.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	73,604,290.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

Form 990 (2010)

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,773,054.	2,392,761.	4,836,767.	3,004,696.	2,102,671.	15,109,949.
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	2,773,054.	2,392,761.	4,836,767.	3,004,696.	2,102,671.	15,109,949.
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)						6,630,943.
6 Public support. Subtract line 5 from line 4.						8,479,006.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,773,054.	2,392,761.	4,836,767.	3,004,696.	2,102,671.	15,109,949.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,597,472.	1,680,213.	1,468,219.	1,479,410.	2,024,759.	8,250,073.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	65,784.	57,838.	31,014.	114,432.	138,542.	407,610.
11 Total support. Add lines 7 through 10						23,767,632.
12 Gross receipts from related activities, etc. (see instructions)					12	
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 2010 (line 6, column (f) divided by line 11, column (f))	14	35.67 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	33.90 %
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 IV 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 - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 IV.)						
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 2010 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18		%

19a 33 1/3% support tests - 2010. 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 - 2009. 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

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

THE CONNECTICUT COMMUNITY FOUNDATION

Employer identification number

06-6038074

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization THE CONNECTICUT COMMUNITY FOUNDATION	Employer identification number 06-6038074
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	<u>DR. RAYMOND GAMBY</u> <u>349 PONPERAUG WOODS</u> <u>SOUTHURY, CT 06488</u>	\$ 232,324.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	<u>DR. RAYMOND GAMBY</u> <u>349 PONPERAUG WOODS</u> <u>SOUTHURY, CT 06488</u>	\$ 249,705.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	<u>FAIRFIELD COUNTY COMMUNITY FOUNDATION</u> <u>MERRITT VIEW BUILDING</u> <u>NORWALK, CT 06851</u>	\$ 1,604,850.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	<u>ESTATE OF SARA ROBIN</u> <u>PO BOX 808</u> <u>SOUTHURY, CT 06488</u>	\$ 714,791.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	<u>ESTATE OF NINA AND ELIZABETH ANDERSON</u> <u>PO BOX 808</u> <u>SOUTHURY, CT 06488</u>	\$ 3,665,852.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization THE CONNECTICUT COMMUNITY FOUNDATION	Employer identification number 06-6038074
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	<u>10860.12 SHARES OF FIDELITY SPRANTAN</u> <u>(IMMEDIATELY SOLD)</u>	\$ <u>232,324.</u>	<u>03/03/10</u>
5	<u>STOCK GIFT (IMMEDIATELY SOLD)</u>	\$ <u>3,665,852.</u>	<u>12/31/10</u>
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization THE CONNECTICUT COMMUNITY FOUNDATION	Employer identification number 06-6038074
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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 information once. See instructions.) ▶ \$

(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 D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

THE CONNECTICUT COMMUNITY FOUNDATION

Employer identification number

06-6038074

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	86	305
2 Aggregate contributions to (during year)	1,814,543.	1,677,511.
3 Aggregate grants from (during year)	410,488.	1,753,623.
4 Aggregate value at end of year	11,364,123.	58,560,917.
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" to Form 990, Part IV, line 7.

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

- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

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

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

- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____

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

- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

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

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

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

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" to 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 XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	61,708,018.	41,600,847.	53,767,790.		
b Contributions	7,290,957.	12,060,431.	4,734,298.		
c Net investment earnings, gains, and losses	7,226,594.	10,527,278.	-13,409,359.		
d Grants or scholarships	2,181,341.	1,835,669.	2,690,432.		
e Other expenditures for facilities and programs					
f Administrative expenses	826,379.	644,869.	801,450.		
g End of year balance	73,217,849.	61,708,018.	41,600,847.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment %
- c Term endowment %

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		48,082.	44,449.	3,633.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,633.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
1. (1) Federal income taxes	
(2) LIABILITY UNDER SPLIT-INTEREST	
(3) AGREEMENTS	105,840.
(4) ANNUITY PAYABLE	81,158.
(5) FUNDS HELD AS AGENCY ENDOWMENTS	214,982.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	401,980.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,915,657.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,214,818.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	5,700,839.
4	Net unrealized gains (losses) on investments	4	5,864,378.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	5,864,378.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	11,565,217.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	14,780,035.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	5,864,378.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	5,864,378.
3	Subtract line 2e from line 1	3	8,915,657.
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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	8,915,657.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,214,818.
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 XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,214,818.
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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,214,818.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

Open to Public
Inspection

Name of the organization: **THE CONNECTICUT COMMUNITY FOUNDATION**
Employer identification number: **06-6038074**

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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN CANCER SOCIETY 825 BROOK STREET I-91 TECHNOLOGY CENTER BUILDING 3 - ROCKY HILL, CT 06067	05-0271570	501(C)3	79,247.	0.			HALLDEN: 2010-2011 ACTIVITIES
AMERICAN HEART ASSOCIATION 5 BROOKSIDE DRIVE WALLINGFORD, CT 06067	13-5613797	501(C)3	142,750.	0.			HALLDEN: 2010-2011 ACTIVITIES
CATHOLIC CHARITIES INC, ARCHDIOCESE OF HARTFORD - 839-841 ASYLUM AVE - HARTFORD, CT 06105	06-0667607	501(C)3	38,750.	0.			LITLINKS; WATERBURY FAMILY CENTER
SOUTHBURY MIDDLEBURY YOUTH & FAMILY SERVICES - 1287 STRONGTOWN RD. - SOUTHBURY, CT 06488	06-1161004	501(C)3	14,399.	0.			DESIGNATED
CHILDREN'S CENTER 11-A ASPETUCK AVE NEW MILFORD, CT 06776	23-7137832	501(C)3	7,500.	0.			NAI: COMPUTER TECHNOLOGY IMPROVEMENT CHILDREN'S COMMUNITY SCHOOL - FUND DESIGNATED; WHITTEMORE EDUCATION DESIGNATED
CHILDREN'S COMMUNITY SCHOOL 31 WOLCOTT ST P.O. BOX 1746 WATERBURY, CT 06721	06-1000761	501(C)3	35,020.	0.			

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

THE CONNECTICUT COMMUNITY FOUNDATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTICUT CHARTS-A-COURSE ACCREDITATION FACILITATION PROJECT - 2321 WHITNEY AVE - HAMDEN, CT 06518		501(C)3	15,000.	0.			LITLINKS: CONSULTATIVE SUPPORT TO SITES SEEKING ACCREDITATION
CONNECTICUT COUNCIL OF FAMILY SERVICE AGENCIES, INC. - 1310 SILAS DEANE HWY - WETHERSFIELD, CT 06109	06-1184674	501(C)3	22,309.	0.			TANF ECF: NON-RECURRING SHORT TERM BENEFITS PROGRAM ONLINE BENEFITS SCREENING
GIRLS INCORPORATED OF SOUTHWESTERN CONNECTICUT - 35 PARK PLACE - WATERBURY, CT 06702	06-0646950	501(C)3	22,085.	0.			DESIGNATED; NAI: GIRLS INC. TECHNOLOGY SYSTEM
IN THE MAKING 232 NORTH ELM STREET WATERBURY, CT 06702	06-1521333	501(C)3	12,500.	0.			NAI: ORGANIZATION RESTRUCTURE AND MERGER
INDEPENDENCE NORTHWEST ROUTE 63 PROFESSIONAL CENTER - 1183 NEW HAVEN ROAD, STE 200 - NAUGATUCK, CT	06-1246618	501(C)3	16,500.	0.			NAI: TECHNOLOGY PLANS AND WEBSITE; AGING AND DISABILITY RESOURCE CENTER WEBSITE
NAUGATUCK HIGH SCHOOL 543 RUBBER AVENUE NAUGATUCK, CT 06700		501(C)3	5,000.	0.			WHITTEMORE: NHS CHAMBER SINGERS TOUR OF FRANCE
PENNSYLVANIA STATE UNIVERSTIY - SCHOOL OF HOSPITALITY MANAGEMENT - 201 MATEER BUILDING - UNIVERSITY PARK, PA 16802		501(C)3	49,753.	0.			EAST HILL WOODS: ACADEMIC COMPONENT
PLANNED PARENTHOOD OF SOUTHERN NEW ENGLAND - 345 WHITNEY AVE. - NEW HAVEN, CT 06511	06-0263565	501(C)3	27,125.	0.			DESIGNATED
POMPERAUG RIVER WATERSHED COALITION - 39 SHERMAN HILL ROAD SUITE 102C - WOODBURY, CT 06798 LHA	06-1583895	501(C)3	11,750.	0.			SCFP: OUTREACH PROJECT YR 3 OF 3 YEAR GRANT

THE CONNECTICUT COMMUNITY FOUNDATION

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
RIVERS ALLIANCE 7 WEST ST. SUITE 33 P.O. BOX 1797 LITCHFIELD, CT 06759	06-1361719	501(C)3	11,917.	0.			SHEPAUG RIVER WATERSHED COALITION BASELINE INFORMATION YR 2; NAUGATUCK RIVER
ROXBURY CONGREGATIONAL CHURCH, U.C.C - 24 CHURCH ST. - ROXBURY, CT 06783	06-0646844	501(C)3	5,000.	0.			WHITTEMORE: STUDENTS PROVIDING SHELTER & SMILES
SAINT MARY'S HOSPITAL 56 FRANKLIN ST. WATERBURY, CT 06706	06-0646844	501(C)3	19,772.	0.			DESIGNATED
UNITED WAY OF GREATER WATERBURY 60 NORTH MAIN ST. 3RD FLOOR WATERBURY, CT 06702	06-0646634	501(C)3	94,506.	0.			DESIGNATED; WHITTEMORE - WOMEN AND CHILDREN
UNITED WAY OF NAUGATUCK & BEACON FALLS - 284 CHURCH ST. P.O. BOX 209 - NAUGATUCK, CT 06770	06-0788028	501(C)3	12,600.	0.			DESIGNATED AND LITLINKS: PRESCHOOL/KINDERGARTEN PEER MENTOR INITIATIVE
VNA HEALTH CARE - HARTFORD 103 WOODLAND ST. HARTFORD, CT 06105	06-0646938	501(C)3	8,852.	0.			DESIGNATED
WATERBURY HOSPITAL HEALTH CENTER 64 ROBBINS ST. WATERBURY, CT 06721	06-0665979	501(C)3	42,550.	0.			WATERBURY HEALTH ACCESS PROJECT (PHASE 2); DESIGNATED
WATERBURY SYMPHONY ORCHESTRA 110 BANK ST. P.O. BOX 1762 WATERBURY, CT 06721	06-6090876	501(C)3	18,563.	0.			DESIGNATED
WEANTLINOGE HERITAGE LAND TRUST, INC. - P.O. BOX 242 - NEW MILFORD, CT 06776	06-6082034	501(C)3	15,000.	0.			NAI: THE INITIATIVE FOR BOARD DEVELOPMENT & STRATEGIC PLANNING

LHA

Schedule I (Form 990)

THE CONNECTICUT COMMUNITY FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF GREATER WATERBURY - 1037 EAST MAIN STREET - WATERBURY, CT 06705	06-0646551	501(C)3	10,728.	0.			TRIPLE PLAY FAMILY PROGRAM
BRASS CITY HARVEST P.O. BOX 1115 WATERBURY, CT 06703	75-3263005	501(C)3	16,500.	0.			BASIC NEEDS, HOMELESS OUTREACH
CHESHIRE PERFORMING AND FINE ARTS 1220 WATERBURY ROAD CHESHIRE, CT 06410	32-0144666	501(C)3	9,000.	0.			KENSETT PROGRAM
CONGREGATION EMANUEL OF THE CITY OF NEW YORK - 1 EAST 65TH STREET - NEW YORK, NY 10021	13-1623975	501(C)3	7,000.	0.			DONOR ADVISED
CONNECTICUT COUNSELING CENTERS, INC - 60 BEAVER BROOK ROAD - DANBURY, CT 06810	22-2515051	501(C)3	10,000.	0.			PATIENT SCHOLARSHIP FUND
DOUBLE D LIVING HISTORY FARM 102 PAINTER HILL ROAD ROXBURY, CT 06783	20-1469683	501(C)3	19,360.	0.			DONOR ADVISED
FAMILY SERVICES OF GREATER WATERBURY - 34 MURRAY STREET - WATERBURY, CT 06710	06-0646627	501(C)3	20,326.	0.			NAUGATUCK BEHAVIORAL HEALTH PROGRAM, LITLINKS, DESIGNATED
FLANDERS NATURE CENTER & LAND TRUST - 5 CHURCH HILL ROAD - WOODBURY, CT 06798	06-0791923	501(C)3	7,887.	0.			PROGRAM IMPROVEMENTS, AUTUMN FEST, ADVISED
JEWISH COMMUNITIES OF WESTERN CT, INC - 444 MAIN STREET NORTH - SOUTHBRURY, CT 06488	06-0646691	501(C)3	6,389.	0.			DESIGNATED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JUNIOR ACHIEVEMENT OF SOUTHWEST NEW ENGLAND, INC. - 11 ASYLUM STREET, STE 601 - HARTFORD, CT 06103	06-0665972	501(C)3	8,023.	0.			5TH GRADE INITIATIVE
LEON KOZMINSKI ACADEMY OF ENTREPRENEURSHIP & MANAGEMENT FDN - 420 LEXINGTON AVE, SUITE 300 - NEW YORK, CT 10170	02-0543530	501(C)3	12,000.	0.			KOZMINSKI UNIVERSITY CENTER FOR CORPORATE GOVERNANCE
LINDEN HILL SCHOOL 154 SOUTH MOUNTAIN ROAD NORTHFIELD, MA 01360	04-2295584	501(C)3	25,000.	0.			DONOR ADVISED
LOYOLA DEVELOPMENT CORPORATION 20 EAST MAIN STREET, STE 103 WATERBURY, CT 06702	26-1622245	501(C)3	15,000.	0.			SOUTH END NEIGHBORHOOD REVITALIZATION PLAN
LUPUS FOUNDATION OF AMERICA - CT CHAPTER - 270 FARMINGTON AVE - FARMINGTON, CT 06032	23-7327744	501(C)3	17,000.	0.			DONOR ADVISED
MATTATUCK MUSEUM 144 WEST MAIN STREET WATERBURY, CT 06702	06-0443990	501(C)3	7,631.	0.			DESIGNATED, DONOR ADVISED
NAUGATUCK VALLEY PROJECT, INC 26 LUDLOW STREET WATERBURY, CT 06710	22-2726260	501(C)3	10,000.	0.			NVP JOBS FOR THE FUTURE PROJECT
NEIGHBORHOOD HOUSING SERVICES OF WATERBURY, INC. - 161 NORTH MAIN STREET - WATERBURY, CT 06702	06-1022915	501(C)3	30,000.	0.			NEIGHBORHOOD DEVELOPMENT PLAN FOR NORTH MAIN STREET
NEW YORK CITY BALLET 20 LINCOLN CENTER NEW YORK, CT 10023 LHA	13-2947386	501(C)3	15,000.	0.			DONOR ADVISED

THE CONNECTICUT COMMUNITY FOUNDATION

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
NORTHWEST CONSERVATION DISTRICT 1185 NEW LITCHFIELD STREET TORRINGTON, CT 06790	06-0869263	501(C)3	9,500.	0.			ENERGY CONSERVATION, EFFICIENCY, AND RENEWABLE ENERGY
OXFORD CULTURAL ARTS COMMISSION 486 OXFORD ROAD OXFORD, CT 06478	06-6002061	501(C)3	6,000.	0.			NINE MILE PLAYERS (COMMUNITY THEATER)
SAFE HAVEN OF GREATER WATERBURY 29 CENTRAL AVE, STE 2 WATERBURY, CT 06721	06-0996479	501(C)3	14,739.	0.			DOMESTIC VIOLENCE SHELTER
SALVATION ARMY 74 CENTRAL AVE WATERBURY, CT 06702	13-5562351	501(C)3	18,124.	0.			HOMELESSNESS PREVENTION PROGRAM
SHAKESPEARE PRODUCTIONS, INC. 117 BANK STREET WATERBURY, CT 06702	06-1555859	501(C)3	10,500.	0.			FALL FESTIVAL OF THEATER, SUSTAIN PROGRAMS
ST VINCENT DEPAUL SOCIETY 34 WILLOW ST WATERBURY, CT 06721	06-1001527	501(C)3	9,420.	0.			SHELTER PROGRAM, SOUP KITCHEN AND FOOD PANTRY, DONOR ADVISED
THE WOMEN'S BUSINESS DEVELOPMENT COUNCIL - 184 BEDFORD ST, STE 201 - STAMFORD, CT 06901	06-1493737	501(C)3	15,000.	0.			ACCESS TO CAPITAL, BUSINESS SUSTAINABILITY, FINANCIAL COACHING
UNIVERSITY OF PENNSYLVANIA LAW SCHOOL - 3400 CHESTNUT ST - PHILADELPHIA, PA 19104	26-1383963	501(C)3	16,000.	0.			DONOR ADVISED SAFE PLACE, LIT LINKS, PROFESSIONAL HOME DAY CARE TRAINING, PREVENTION POLICY
WATERBURY YOUTH SERVICE SYSTEM, INC. - 83 PROSPECT STREET - WATERBURY, CT 06702 LHA	06-1219372	501(C)3	29,917.	0.			

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN CT AREA AGENCY ON AGING 84 PROGRESS LANE WATERBURY, CT 06705	06-1182488	501(C)3	58,900.	0.		EAST HILL WOODS	
WESTOVER SCHOOL 1237 WHITMORE ROAD MIDDLEBURY, CT 06762	06-0646961	501(C)3	9,198.	0.		DONOR ADVISED, DESIGNATED	

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	300	601,986.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART II, LINE 1, COLUMN (H):
NAME OF ORGANIZATION OR GOVERNMENT:
 CONNECTICUT COUNCIL OF FAMILY SERVICE AGENCIES, INC.
(H) PURPOSE OF GRANT OR ASSISTANCE: TANF ECF: NON-RECURRING SHORT TERM BENEFITS PROGRAM
 ONLINE BENEFITS SCREENING INITIATIVE
NAME OF ORGANIZATION OR GOVERNMENT: RIVERS ALLIANCE
(H) PURPOSE OF GRANT OR ASSISTANCE: SHEPAUG RIVER WATERSHED COALITION

Part IV Supplemental Information

BASELINE INFORMATION YR 2; NAUGATUCK RIVER CONVOCATION

NAME OF ORGANIZATION OR GOVERNMENT: FAMILY SERVICES OF GREATER WATERBURY

(H) PURPOSE OF GRANT OR ASSISTANCE: NAUGATUCK BEHAVIORAL HEALTH PROGRAM,
LITLINKS, DESIGNATED

NAUGATUCK BEHAVIORAL HEALTH PROGRAM, LITLINKS, DESIGNATED

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

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.**

**Open to Public
Inspection**

Name of the organization

THE CONNECTICUT COMMUNITY FOUNDATION

Employer identification number

06-6038074

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	7	4,229,584.	FMV
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**

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

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

Schedule M (Form 990) (2010)

Supplemental Information to Form 990 or 990-EZ

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

THE CONNECTICUT COMMUNITY FOUNDATION

Employer identification number

06-6038074

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

TO ITS COMMUNITY THROUGH ITS OWN ENDOWMENT, DONOR ADVISED FUNDS,
PRIVATE FOUNDATIONS AND OTHER OUTSIDE FUNDERS

FORM 990, PART VI, SECTION A, LINE 6: MEMBERSHIP ELECTS TRUSTEES

FORM 990, PART VI, SECTION A, LINE 7A: AS PROVIDED IN 33-1055 OF THE ACT,
THE CORPORATION SHALL BE A MEMBERSHIP CORPORATION. THE CORPORATION SHALL
HAVE ONE CLASS OF MEMBERS CALLED "MEMBERS." THE MEMBERS SHALL HAVE THE
RIGHT TO ELECT THE MEMBERS OF THE BOARD OF TRUSTEES OF THE CORPORATION, AND
SUCH OTHER RIGHTS, PRIVILEGES AND POWERS AS ARE AFFORDED TO VOTING MEMBERS
OF A CONNECTICUT NONSTOCK CORPORATION UNDER THE CERTIFICATE OF
INCORPORATION, THESE BY-LAWS, AND THE ACT. IN ORDER TO QUALIFY AS A MEMBER,
A MEMBER OF THE CORPORATION SHALL MEET ANY OF THE FOLLOWING REQUIREMENTS:

(A) AN INDIVIDUAL, WHO IS A FUND FOUNDER AND MAINTAINS A CERTAIN MINIMUM IN
HIS OR HER FUND AS OF THE BEGINNING OF THE FOUNDATION'S FISCAL YEAR, AND
SUCH INDIVIDUAL'S SPOUSE;

(B) AN INDIVIDUAL, WHO HAS INCLUDED THE FOUNDATION AS A BENEFICIARY IN A
PLANNED GIFT OR WILL AND HAS AGREED TO BE A LEGACY SOCIETY MEMBER WITH THE
FOUNDATION;

(C) AN INDIVIDUAL HOLDING A POSITION DESCRIBED IN THE FUND AGREEMENT OR
OTHER DOCUMENT AS THE REPRESENTATIVE FOR FUNDS ESTABLISHED BY CORPORATIONS
OR ORGANIZATIONS THAT MAINTAIN A MINIMUM IN THEIR FUNDS AS OF THE BEGINNING

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OF THE FOUNDATION'S FISCAL YEAR;

(D) AN INDIVIDUAL WHO CONTRIBUTES, IN A GIVEN YEAR, AN AMOUNT EQUAL TO THAT REQUIRED FOR THE ESTABLISHMENT OF A PERMANENT FUND TO ONE OR MORE PERMANENT FUNDS IN A GIVEN YEAR, AND SUCH INDIVIDUAL'S SPOUSE; OR

(E) ANY CURRENT OR FORMER TRUSTEE OF THE FOUNDATION.

(F) ALL OTHER MEMBERS, NOT INCLUDED IN (A-E) ABOVE, AS OF THE EFFECTIVE DATE OF THESE BY-LAWS

FORM 990, PART VI, SECTION A, LINE 7B: EACH MEMBER OF THE CORPORATION SHALL BE ENTITLED TO ONE (1) VOTE ON EACH MATTER SUBMITTED TO MEMBERS FOR ACTION. MEMBER ACTION ON ANY MATTER WHATSOEVER SHALL REQUIRE THE AFFIRMATIVE VOTE OF A MAJORITY OF THE MEMBERS OF THE CORPORATION PRESENT AT A MEETING AT WHICH THERE IS A QUORUM, EXCEPT THAT THE FOLLOWING MATTERS (REFERRED TO HEREIN AS THE "FUNDAMENTAL MEMBER MATTERS") SHALL REQUIRE THE AFFIRMATIVE VOTE OF TWO-THIRDS (2/3) OF THE MEMBERS PRESENT AT A MEETING AT WHICH THERE IS A QUORUM:

(A) THE REMOVAL OF A TRUSTEE WITH CAUSE UNDER SECTION 5 OF ARTICLE III;

(B) THE DISSOLUTION AND LIQUIDATION OF THE CORPORATION UNDER SECTION 2 OF ARTICLE VII;

(C) THE AMENDMENT OF THESE BY-LAWS UNDER SECTION 4 OF ARTICLE VIII; PROVIDED, HOWEVER, THAT THE AMENDMENT RELATES TO ANY CHANGE IN THE DEFINITION OF THE QUALIFICATIONS REQUIRED TO BE A MEMBER IN THIS CORPORATION PURSUANT TO SECTION 1(A-E) OF THIS ARTICLE II AND TO ANY

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PROVISION RELATING TO A MEMBER'S RIGHTS AND DUTIES UNDER ARTICLE II AND ARTICLE III OF THESE BY-LAWS;

(D) THE AMENDMENT OF THE CERTIFICATE OF INCORPORATION UNDER SECTION 6 OF ARTICLE VIII; AND

(E) ANY MERGER OF THE CORPORATION WITH OR INTO ANY OTHER CORPORATION OR ENTITY IN WHICH THE CORPORATION IS NOT THE SURVIVING ENTITY.

SECTION 11 - PROXIES. VOTING BY PROXY SHALL NOT BE PERMITTED AT ANY MEETING OF THE MEMBERS.

SECTION 12 - CONSENTS. MEMBERS SHALL NOT BE PERMITTED TO VOTE BY WRITTEN CONSENT.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS REVIEWED BY THE AUDIT COMMITTEE THEN BROUGHT TO THE BOARD OF TRUSTEES FOR APPROVAL

FORM 990, PART VI, SECTION B, LINE 12C: BOARD AND COMMITTEE ARE ASKED TO EXCUSE THEMSELVES FROM DISCUSSIONS AND VOTING WHERE THERE IS A CONFLICT OF INTEREST

FORM 990, PART VI, SECTION B, LINE 15: ON AN ANNUAL BASIS THE EXECUTIVE COMMITTEE REVIEWS COMPARABLE COMPENSATION DATA. THE DATA MAY INCLUDE BUT IS NOT LIMITED TO COMMUNITY FOUNDATION SURVEYS NATIONWIDE, CHAMBERS OF COMMERCE, AND LOCAL UNITED WAYS. THE EXECUTIVE COMMITTEE MAKES A RECOMMENDATION TO THE BOARD FOR APPROVAL. THE DELIBERATIONS AND DECISIONS ARE RECORDED BY THE SECRETARY OF THE FOUNDATION.

FORM 990, PART VI, SECTION C, LINE 19: COPIES MAY BE REQUESTED BY MAIL,

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization THE CONNECTICUT COMMUNITY FOUNDATION	Employer identification number 06-6038074
	Number, street, and room or suite no. If a P.O. box, see instructions. 43 FIELD STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WATERBURY, CT 06702	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE CONNECTICUT COMMUNITY FOUNDATION

- The books are in the care of **▶ 43 FIELD STREET - WATERBURY, CT 06702**
Telephone No. **▶ (203) 753-1315** FAX No. **▶**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011.**

5 For calendar year **2010**, or other tax year beginning _____, and ending _____.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO FINALIZE FINANCIAL STATEMENTS REQUIRED TO PREPARE A COMPLETE AND ACCURATE REPORT OF EXEMPT ORGANIZATION

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** _____ Title **▶** **TREASURER** Date **▶** _____