CONNECTICUT HUMANITIES COUNCIL, INC

Returns of Organization Exempt From Income Tax

June 30, 2023



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.

Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning 07/01/22 , and ending 06/30/23

OMB No. 1545-0047 2022 Open to Public Inspection

В	Check if appl	icable: C Name of organization				DE	mployer	r identification number					
	Address char	nge CONNECTICUT	HUMANITIES C	OUNCIL,	INC								
\Box	Name change	Doing business as						902244					
H	· ·	Number and street (or P.O. box if mail is not delivered to 100 RIVERVIEW CENTER, 290	,		Roo			number 785-9640					
님	Initial return/ Final return/	City or town, state or province, country, and ZIP or foreig				- 0	00-	763-3040					
Ш	terminated		06457					24 270 501					
	Amended ret		00437			G G	ross rec	eipts\$ 24 ,370,581					
一	Application p	·				H(a) Is this a group re	eturn for	subordinates Yes X No					
ш	, pp.:.cac p	100 RIVERVIEW CENTER	CIITME 200		١,	H(b) Are all subordina	atoe incl	uded? Yes No					
		MIDDLETOWN			'			See instructions					
_		<u> </u>				ii ivo, allac	ar a not.						
<u> </u>	Tax-exempt	status: X 501(c)(3) 501(c) () (insert no	o.) 4947(a)(1)	or 527									
<u>J</u>	Website:		MI			H(c) Group exemption							
	Form of orga		Other		L Year	of formation: 197	4	M State of legal domicile: CT					
	Part I	Summary	attiana and and atting										
a)	I Brie	efly describe the organization's mission or most sign											
Š		CONNECTICUT HUMANITIES ENCOURAGE					KITI	CAL					
ī	CONNECTICUT HUMANITIES ENCOURAGES CURIOSITY, UNDERSTANDING AND CRITICAL THINKING, PROVIDING LEADERSHIP THROUGH GRANTS, PARTNERSHIPS AND COLLABORATIVE PROGRAMS. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.												
ove.													
		eck this box if the organization discontinued its	•			I	ا م	23					
φ		mber of voting members of the governing body (Par					3 4	23					
ij		mber of independent voting members of the governi					5	17					
Activities		al number of individuals employed in calendar year		6	30								
Ă	1	al number of volunteers (estimate if necessary)					7a						
	1	al unrelated business revenue from Part VIII, colum					7a 7b	0					
	D INE	t unrelated business taxable income from Form 990	-1, Part I, line 11		· · · · · · · · · · · · · · · · · · ·	Prior Year	76	Current Year					
	8 Coi	ntributions and grants (Part VIII, line 1h)				22,383,7	43	24,019,944					
Revenue	9 Pro	(D. 1.) (III. I' O.)				17,2		7,149					
š	10 Inv	estment income (Part VIII, column (A), lines 3, 4, ar	nd 7d)			9,7		343,488					
æ	11 Oth	ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9	c. 10c. and 11e)					0					
		al revenue – add lines 8 through 11 (must equal Pa	22,410,7	20	24,370,581								
		ants and similar amounts paid (Part IX, column (A),	20,957,5		21,882,595								
		nefits paid to or for members (Part IX, column (A), li			0								
G	15 00	aries, other compensation, employee benefits (Part				1,048,3	307	1,441,404					
Expenses	16a Pro	ofessional fundraising fees (Part IX. column (A). line	11e)	/		, , -		, , , , , , , , , , , , , , , , , , , ,					
be	b Tot	ofessional fundraising fees (Part IX, column (A), line al fundraising expenses (Part IX, column (D), line 2	5) 41	0,784									
Щ	17 Oth	ner expenses (Part IX, column (A), lines 11a-11d, 1	1f–24e)			479,2	281	723,136					
		al expenses. Add lines 13-17 (must equal Part IX,				22,485,1	-	24,047,135					
	19 Re	venue less expenses. Subtract line 18 from line 12				-74,4		323,446					
Net Assets or	3	·				ginning of Current		End of Year					
sets	20 Tot	al assets (Part X, line 16)				7,276,5		5,627,753					
Ä	21 Tot					6,211,7		4,239,519					
Ž,	22 Ne	t assets or fund balances. Subtract line 21 from line	20			1,064,7	/88	1,388,234					
F	Part II	Signature Block											
		ties of perjury, I declare that I have examined this return, i					of my	knowledge and belief, it is					
tr	ue, correct,	and complete. Declaration of preparer (other than officer)	is based on all informa	tion of which p	reparer nas	s any knowledge.	00/0	77/0004					
	-	Gason R. Mancini						27/2024					
Si	9 ^c	itgrature of officer	_				Date						
He	re	03/27/2024 19:57:07 UTC	I	PRESIDE	NT								
	<u></u>	d6ddcb1bdaa949229503						<u> </u>					
D-'		rint/Type preparer's name Prep	parer's signature			Date	Check	if PTIN					
Pai			BER D. TUCKER			03/14/24	self-emp	· · · · · · · · · · · · · · · · · · ·					
		irm's name FIONDELLA, MILON		· · · · · · · · · · · · · · · · · · ·	LLP	Firm's	EIN	06-1648707					
US	e Only	300 WINDING BROO		•				0.00 000 0000					
_		irm's address GLASTONBURY, CT	06033			Phone	no.	860-657-3651					
Ma	y the IRS	discuss this return with the preparer shown above?	See instructions					X Yes No					

Form 990 (2022) CC	NNECTICUT H	UMANITIES COUNCI	L, INC 06-0902244	Page 2
		Service Accomplishme		-
			to any line in this Part III	<u>X</u>
	the organization's miss	ion:		
SEE SCHED	OTE O			
•				
*				
2 Did the organiza	ation undertake any sigr	nificant program services during t	he year which were not listed on the	
prior Form 990	or 990-EZ?			Yes X No
If "Yes," describ	e these new services o	n Schedule O.		
=	ation cease conducting,	or make significant changes in h	now it conducts, any program	
services?				Yes X No
	e these changes on Sc		of its three lawsest was away on income	and a second by
			of its three largest program services, as r report the amount of grants and allocation	
•		for each program service report	· ·	ins to others,
the total expend	ico, and revende, if any	nor odon program service report		
4a (Code:) (Expenses \$ 2	2,321,839 including gra	ants of \$ 21,882,595) (Re	venue \$
	UT HUMANITIE	S COUNCIL, INC.	AWARDED OVER 900 GR	ANTS TO QUALIFIED
			ENT, DELIVERY OF HUM	
		COVID RELIEF GRA	NTS INTERNET-BASED	AND DIRECT SERVICE
			OR MUSEUM PRACTITION	
• • • • • • • • • • • • • • • • • • • •				
	` <u> </u>	100 100		7 140
4b (Code:) (Expenses \$	180,109 including gr	ants of \$) (Re CT BOOK AWARDS AND B	venue \$ 7,149)
			O TO HELPING FAMILIES	
WITH LITE		IIMI IO DEDICALE		AND IOUIII ENGAGE

4 - (O) /F	220 050 :		
4c (Code:)(Expenses \$ UT HUMANITIE	238,858 including gr	ants or \$	venue \$)
	· <u>··</u> ····	BASED RESOURCES		THISTORY.ORG WHICH
SERVES AS			ORMATION ABOUT CONNE	
HISTORY.	· · · · · · · · · · · · · · · · · · ·	INGING CT HISTOR		
				
•				
•				
	services (Describe on S		·	
(Expenses \$	289, 585) (Revenue \$)
4e Total program s	service expenses	23,030,391		

Form 990 (2022) CONNECTICUT HUMANITIES COUNCIL, INC 06-0902244 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? See instructions X 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 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? If "Yes," complete Schedule C, Part II 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 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? If "Yes," complete Schedule D, Part I X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes." complete Schedule D, Part III 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? If "Yes," complete Schedule D, Part IV X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a 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? If "Yes," complete Schedule D, Part VII X 11b 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? If "Yes," complete Schedule D, Part VIII X 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? If "Yes," complete Schedule D, Part IX X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e 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)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b X "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? X 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? If "Yes," complete Schedule F, Parts I and IV X 14b 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? If "Yes," complete Schedule F, Parts II and IV X 15 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? If "Yes," complete Schedule F, Parts III and IV X 16 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? If "Yes," complete Schedule G, Part I. See instructions 17 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? If "Yes," complete Schedule G, Part II X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II :

Pa	art 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 individu	ıals oı	n			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			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 compensations	ated				ĺ
	employees? If "Yes," complete Schedule J			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? If "Yes," answer	lines .	24b			
	through 24d and complete Schedule K. If "No," go to line 25a			24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during th	e yea	r			
	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 exc	ess b	enefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in	n a pr	ior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	990-E	Z?			
	If "Yes," complete Schedule L, Part I			25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to ar	ny cur	rent			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trus	stee, k	кеу			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	ee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of the	ese				
	persons? If "Yes," complete Schedule L, Part III			27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Sch		L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contrib	utor?	If			
	"Yes," complete Schedule L, Part IV			28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	lf				
	"Yes," complete Schedule L, Part IV			28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Sched		1	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualif					
	conservation contributions? If "Yes," complete Schedule M			30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Scheol	dule N	I, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,		• • •			
	complete Schedule N, Part II			32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Req					
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Pa					
	or IV, and Part V, line 1			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	а				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, lin	ne 2 _.		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charita	able				
	related organization? If "Yes," complete Schedule R, Part V, line 2			36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	anizati	on			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines	11b a	and			
_	19? Note: All Form 990 filers are required to complete Schedule O.			38	X	<u> </u>
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part	t V .			<u> </u>	
	ı		l		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	44			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	X	

2a Either the number of employees reported on From W-3. Transmittal of Wage and Tax Selatements. Ref of the celestred year ending with or within the year oceaned by this return. b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? b If we's, Teas it filed a from 980-T for this year? If "No" to line 3b, provide an explanation or Schedule O 3b	Form 990 (2022) CONNECTICUT HUMANITIES COUNCIL, INC 06-0902244										
Statements, filed for the calendar year ending with or within the year covered by this return 2 b X 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a Ax 3b 11 **Yes;** That is filed a Form 990-T for this year 11 **No* to file 85, provide an explanation on Schedule O. 4a Army time during the calendar year, did the organization have an interest in, or a signature or other authority over, 5a Army time during the calendar year, did the organization have an interest in, or a signature or other authority, over, 5a filed a filed per year of the calendar year, did the organization have an interest in, or a signature or other authority, over, 5a filed per year 5a filed per year 5a Sx 5b Y*es; "state the name of the foreign country 5a a financial adocount is a foreign country 5a same state of the organization as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelts transaction? 5a Was the organization and the organization file Form 8886-17. 5b Dd any stateba parry notify the organization file Form 8886-17. 5c If Yes; "to line 5a or 5b, dd the organization file Form 8886-17 or organization stock and contributions that were not tax deductables. 5c If Yes; "did the organization include with every solicitation an express statement that such contributions or girts were not tax deductables. 5c If Yes; "did the organization include with every solicitation an express statement that such contributions or girts were not tax deductables. 5c If Yes; "did the organization necesses a payment in excess of 375 made party as a contribution and party tor goods and services provided to the payor? 5c If Yes; "did the organization necesses and express of state that are payored to the payor? 5c If Yes; "did the organization necesses and express of the payor and t				Yes	No						
b It at least one is reported on line 2a, did the organization field in larguarde federal employment tax returns? 3a	2a										
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes", First it filed a Form 990 For first ley and "I" "Wo" of the 8d, year overlea an explanation on Schedule O. 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly or a financial accountly or the foreign country (such as a bank account, securities account, or other financial accounts)? 5a Was the organization to filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization to a profit before tax shelter transaction at any time during the tax year? 5a X B Was the organization to a profitable tax shelter transaction at any time during the tax year? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization line organization in clude with every solicitation an express statement that such contributions or girls were not tax diductables and schriftable contributions or girls were not tax diductables and schriftable contributions or girls were not tax diductables and schriftable contributions or girls were not tax diductables and schriftable contributions or girls were not tax diductables and partly so a prohibited tax schriftable contributions or girls were not tax diductables. 6b W 17*** To organizations that may receive deductable contributions under section 170(c). 7c Organizations that may receive deductable contributions under section 170(c). 8 Did the organization expressed a payment in excess of 575 made partly as a contribution and partly for goods and sondess provided to the payor? 7d If Yes, "did the organization exceive an apparent in excess of 575 made partly as a contribution and partly for goods and sondess provided to the payor? 8 Did the organization exceived an apparent in excess of 575 made partly as a contribution and partly for goods and sondess provided to the payor? 9 Did the											
b II **Nes*, *has it filled a Form 990-T for this year? If **Ne* to line 8b, provide an explanation on Schedule O a financial account in a foreign country (such as a bank account, securities account, or other financial account)? a financial account in a foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for filing form seed for filing for goods and services provided to the payor? To grain and filing for filing form see a filing for filing form filing form filing form filing form filing form filing form filing	_			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 accounts (FBAR). b If "Yes" either the name of the foreign country See instructions for filing equirements 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? 5b LX If "Yes" to line Sor 5b, did fine organization life Fine 8886"? 6c 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 contributions? 6c A X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gills were not tax deductible? 6c Does the organization shart many receive deductible contributions under section 170(c). 6c Does the organization than any receive deductible contributions under section 170(c). 6c Does the organization shart many receive deductible contributions under section 170(c). 6c Does the organization shart may receive deductible contributions under section 170(c). 6c Does the organization shart may receive devictible contributions under section 170(c). 6c Does the organization receive any funds, directly or indirectly, or pay premium son a personal brenefit contract? 7c X d If "Yes," indicate the number of Forms 8282 filed during the year 6c Does the organization received any funds, directly or indirectly, or as personal benefit contract? 7r X 7	_	= : : : : : : : : : : : : : : : : : : :			<u> </u>						
a financial account in a foreign country (such as a bank account, securilies account, or other financial accounts (FBAR). b il "Yes," enter the name of the foreign country (such as a bank account, securilies accounts (FBAR). b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? c il "Yes," to line Sa or Sb, dot the organization that it was or is a party to a prohibited tax shelter transaction? b Il "Yes," to line Sa or Sb, dot the organization that it was or is a party to a prohibited tax shelter transaction? c il "Yes," to line Sa or Sb, dot the organization that it was or is a party to a prohibited tax shelter transaction? c in the secondary contributions that the secondary contributions with the organization solicit any contributions under section 170(c). b Il "Yes," old the organization include with every solicitation are representatement 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 party as a contribution and partly for goods and services provided to the payor? 7 If "Yes," indicate the number of Forms \$282 filed during the year promises of the payor of the value of the goods or services provided? 7 If "Yes," indicate the number of Forms \$282 filed during the year promises of the payor promises on a personal benefit contract? 7 If If the organization received a contribution of qualified intellectual property, did the organization file a Form 1084-07 and the payor promises of the payor pro	_		3b								
b II "Yes," enter the name of the foreign country See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5	4a				.,						
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 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. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 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? 15 X If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	b	Gross income from other sources. (Do not net amounts due or paid to other sources									
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		against amounts due or received from them.)									
Section 501(c)(29) qualified nonprofit health insurance issuers. 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. 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 Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O If "Yes," has it filed a Form 720 to report these 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. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
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Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O. 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. 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. Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities	13										
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excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. 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. 17 Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities			14b		<u> </u>						
If "Yes," see instructions and file Form 4720, Schedule N. 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. 17 Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities	15				.,						
 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities 			15		X						
If "Yes," complete Form 4720, Schedule O. 17 Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities					7.7						
17 Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities	16		16		X						
	4-	·									
that would regult in the imposition at an evolue tay under costion 4051, 4052 or 40522	1/										
If "Yes," complete Form 6069.		that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17								

Own website Another's website X Upon request Other (explain on Schedule O)

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

DIANE BERUBE

100 RIVERVIEW CENTER

MIDDLETOWN CT 06457 860-685-2260

Form 990 (2	2022) CONNECTICUT HUMANITIES COUNCIL, INC 06-0902244	Page 7
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	Ц_
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 anding with ar within the	

- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) JASON MANCINI										
	1.00									
PRESIDENT	0.00	X		X				154,015	0	46,628
(2) NICHOLAS BELLAN										
OFFICER	1.00	x						o	o	0
(3) DAVID CLAIBORN										
	1.00									
OFFICER	0.00	X						0	0	0
(4) MELINDA CRUANES										
	1.00									
TREASURER	0.00	X		X				0	0	0
(5) KATE DONOVAN	1 00									
	1.00								_	o
OFFICER (6) CATHRINE FIELDS	0.00	X						0	0	<u> </u>
(6) CATHRINE FIELDS	1.00									
OFFICER	0.00	x						0	o	0
(7) RAMIN GANESHRAM	0.00	A						<u> </u>		
(/)Idazzii Ginizoiiidas	1.00									
OFFICER	0.00	X						0	o	0
(8) AKEIA DE BARROS										
. ,	1.00									
OFFICER	0.00	X						0	0	0
(9) SANDY GRANDE										
	1.00									
OFFICER	0.00	X						0	0	0
(10) HELEN HIGGINS										
	1.00									
CHAIR	0.00	X		X		\vdash		0	0	0
(11) VALERIANO RAMOS	JR.									
Am Tance leven	1.00								o	_
AT-LARGE MEMBER	0.00	X	<u> </u>	X				0	<u> </u>	Form 990 (2022)

Par	t VII Section A. Officers	s, Directors, Tr	uste	es,	Key	Em	ploye	ees,	and Highest Compensa	ted Employees (continue	<u>:d)</u>			
	(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe	rson i	than o is both or/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) stimated of oth compens	amount er	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	OI	from from from from from from from from	he on and	S
(12) JACQUES LAMA	RRE 1.00					<u> </u>							
	ICER) ELAINE MCDON	0.00	X						0	0				0
(13) ELAINE MCDON	1.00												
OFF	ICER	0.00	X						0	0				0
(14) KARIANN MCDO													
	ICER	1.00	X						0	o				0
(15														
· <u></u>	<u></u>	1.00												^
OFF (16	ICER) FRANK MITCHE:	0.00	X	-	\vdash				0	0				0
(10	, ridakit rirrond.	1.00												
	E CHAIR	0.00	X		X				0	0				0
(17) REGEN O'MALL	1.00												
AT-	LARGE MEMBER	0.00	X		x				0	0				0
(18) HANNA PRZADA													
	ICER	1.00	x						0	o				0
(19			^						0	0				
ччо	ICER	1.00	X						0	0				0
	Subtotal		_						154,015			4	46,628	
	Total from continuation she	,							154 015				10	<u> </u>
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (ir								ve) who received more that	l n \$100.000 of			16,6	<u> </u>
	reportable compensation from			1									Yes	No
3	Did the organization list any for	ormer officer, di	irecto	or, tr	uste	e, ke	ey en	nplo	yee, or highest compensat	ted			162	
4	employee on line 1a? If "Yes, For any individual listed on lin									o from the		3		X
4	organization and related organization													
5	individual	1a receive or ac	····						unv unrelated organization	or individual		4	Х	
	for services rendered to the c											5		X
	on B. Independent Contract									H				
1	Complete this table for your fi compensation from the organi								dar year ending with or wi	thin the organization's tax	year.			
	Name and	(A) d business address							Descrip	(B) tion of services		Co	(C) mpensat	ion
												L_		
	Total number of independent	contractors (incl	udin	a bu	t not	limi	tad tr) th	nee listed above) who					
	received more than \$100,000								USE IISIEU ADUVE) WIIU	0				
DAA												Forr	ո 990	(2022)

Form 990 (2022) CONNECTICUT HUMANITIES COUNCIL, INC 06-0902244

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

Part VII Section A. Officers	s, Directors, Tr	usic	C3, I	\Cy		picy	ces,	and ingliest compensa	ited Employees (continue	u)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	not cox, unle icer ar Institutional trustee	Pos heck ss pe	more rson i	s both	an ee)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amou of other compensation from the organization an related organizati		on and	
(20) RORIE RUECKEI	ŕ		ě			ated							
SECRETARY	0.00	x		x				0	o				0
(21) MYRON STACHIV													
OPPICED	1.00 0.00	v							_				^
OFFICER (22) ROBERT SVENSI		X						0	0				0
(, 11022112 5121152	1.00												
OFFICER	0.00	X						0	0				0
(23) RUTH G. TORRI													
OFFICER	1.00 0.00	x						0	o				0
(24) JONATHAN WEII													<u> </u>
	1.00												
MEMBER-AT-LARGE	0.00	X		X				0	0				0
1b Subtotal													
c Total from continuation she	-												
d Total (add lines 1b and 1c)								(a) who recoived more tha	n 0100 000 of	<u> </u>			
2 Total number of individuals (in reportable compensation from			eu io	trios	se iis	sieu	abov	ve) who received more that	11 \$100,000 01				
O Diddle americation list and for									1I		Y	es	No
3 Did the organization list any for employee on line 1a? If "Yes,"	" complete Sche	dule	Jfc	or su	ich i	ndivi	dua	Í		L	3		
4 For any individual listed on line	e 1a, is the sum	of r	epor	table	oo e	nper	nsati	on and other compensation	n from the				
organization and related organ individual	nizations greater						es,	complete Scriedule J for	SUCTI	L	4		
5 Did any person listed on line	1a receive or ac	crue	com	pen	satic	n fro					_		
for services rendered to the o Section B. Independent Contractor		res,	COL	пріе	te S	cnec	iuie	J for such person			5		
1 Complete this table for your fi	ve highest comp												
compensation from the organi		omp	ensa	tion	for t	he c	alen T			year.		C)	
Name and	(A) business address							Descrip	(B) tion of services		Comp	C) ensatio	<u>n</u>
							\vdash						
							L						
-													
O Total pumber of independent	controctors // 1	:امر	ا المارة		lie-"	lod,	24-	one listed above)t					
2 Total number of independent received more than \$100,000								use listed above) who					

ra	rt v			edule O con	tains	a resp	onse or no	te to any line in	this Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nt S	1a	Federated camp	oaians		1a						
	b	Membership du	es		1b						
A,S	С	Fundraising eve	ents		1c						
声	d	Related organiz	ations		1d						
Ęį,	е	Government grants (contributi	ons)	1e	23,	945,499				
and Other Similar Amounts	f	All other contributions and similar amounts r	, gifts, gi not includ	rants, led above	1f		74,445				
	g	Noncash contributions			1g	σ					
턴	h	Total. Add lines						24,019,944			
J (0		Total. Add lines	ia-i				Business Code	24,013,344			
a.	2a	PROGRAM CO	nemeu	ADE:			business Code	7,149	7,149		
₽	b							7,143	7,143		
Program Service Revenue											
ᇋᅘ	4										
	u a										
<u>፣</u>	f	All other prograi		 iico revenue							
	,	Total. Add lines						7,149			
	3	Investment inco						.,			
		other similar am	•	•				343,488			343,488
	4	Income from inv	/estme	nt of tax-exemn	t bond	l proceed	ls	010,100			010,100
	5										
	Ū	rioyanoo		(i) Real			Personal				
	6a	Gross rents	6a	(7 1100)		(1)					
		Less: rental expenses	—								
		Rental inc. or (loss)	6c								
	d	Net rental incom		ines)							
		Gross amount from		(i) Securities		1	i) Other				
		sales of assets other than inventory	7a	(4)		,	,, -, -, -, -, -, -, -, -, -, -, -, -, -				
و	h	Less: cost or other	1 a								
Revenue		basis and sales exps.	7b								
Š	_	Gain or (loss)	7c								
<u> </u>		Net gain or (loss		<u> </u>		1					
Other		Gross income from	,								
9	ou	(not including \$		•							
		of contributions rep									
		1c). See Part IV, li			8a						
	h	Less: direct exp			8b						
		Net income or (<u> </u>					
		Gross income fi	. ,	•	0.000						
	Ju	activities. See P	_	-	9a						
	h	Less: direct exp			9b						
		Net income or (
		Gross sales of i			I VILIOO						
	iou	returns and allo			10a						
	h	Less: cost of go			10b						
		Net income or (
,		Tiet moonto of (. 555/ 11		Jy		Business Code				
ا ۾ ق	11a										
Miscellaneous Revenue	b										
景影	c										
<u>≅</u> ~	q	All other revenu									
-		Total. Add lines									
		Total revenue.						24,370,581	7,149	0	343,488

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 (A) Total expenses (B) Program service (C) Management and (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 21,882,595 21,882,595 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,088,133 541,214 423,019 123,900 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 353,271 Payroll taxes 234,507 42,572 76,192 Fees for services (nonemployees): a Management 187,096 131,801 4,676 50,619 **b** Legal c Accounting **d** Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 109<u>, 488</u> 48,977 26,889 (A) amount, list line 11g expenses on Schedule O.) 33,622 1,158 185,792 106,077 78,557 12 Advertising and promotion 14,97813 Office expenses 18,926 2,396 1,552 Information technology 14 15 Royalties 24,687 16 Occupancy 12,278 9,598 2,811 **17** Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 49,769 10,754 16,581 22,434 Conferences, conventions, and meetings 19 20 Payments to affiliates 21 3,600 1,790 1,400 410 22 Depreciation, depletion, and amortization 13,416 13,416 23 Insurance 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.) 6,494 63,369 27,290 29,585 DUES & MEMBERSHIPS GRANTS AWARDED & REFUNDED 36,301 36,301 OTHER OPERATING EXPENSES 30,692 30,562 130 e All other expenses 24,047,135 23,030,391 605,960 410,784 25 Total functional expenses. Add lines 1 through 24e . Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 544,172 368,484 Cash—non-interest-bearing 1 Savings and temporary cash investments 5,885,321 4,204,808 2 348,120 475,526 Pledges and grants receivable, net 3 Accounts receivable, net 2,520 3,290 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 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 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 11,573 10,109 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 46,723 **b** Less: accumulated depreciation 10b 33,425 6,646 13,298 10c Investments—publicly traded securities 478,163 552,238 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 5,627,753 Total assets. Add lines 1 through 15 (must equal line 33) 7,276,515 16 16 117,775 Accounts payable and accrued expenses 71,848 17 17 3,960,144 6,030,053 Grants payable 18 18 Deferred revenue 63,899 19 207,527 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 24 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 25 6,211,727 4,239,519 26 26 **Total liabilities.** Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 898,305 1,307,933 27 27 Net assets with donor restrictions 166,483 80,301 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 Retained earnings, endowment, accumulated income, or other funds 31 31 1,064,788 1,388,234 Total net assets or fund balances 32 32 7,276,515 5,627,753 Total liabilities and net assets/fund balances

Form **990** (2022)

Forn	1 990 (2022) CONNECTICUT HUMANITIES COUNCIL, INC 06-0902244				Pag	ge 12
Pa	art 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			70,5	
2	Total expenses (must equal Part IX, column (A), line 25)	2	24		17,1	
3	Revenue less expenses. Subtract line 2 from line 1	3		32	23,4	<u>446</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	, 06	54,	<u> 788</u>
5	Net unrealized gains (losses) on investments	5				
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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	., 38	38,2	<u> 234</u>
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					<u>. Ш</u>
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	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:					
	Separate basis Consolidated basis 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:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	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					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	<u> </u>
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	X	

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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

OMB No. 1545-0047

Open to Public Inspection

Attach to Form 990 or Form 990-EZ.

CONNECTICUT HUMANITIES COUNCIL. INC

Employer identification number 06-0902244

			COLLECTION	HOLD COOL		T110	00 000	447						
Pa	ırt I	Reas	on for Public Charity	Status. (All organization	ns mus	t compl	ete this part.) See instru	uctions.						
The	orga	nization is not	a private foundation because	se it is: (For lines 1 through 12,	check or	lly one bo	ox.)							
1	\sqcap	A church, co	nvention of churches, or as	sociation of churches described	d in secti	on 170(l	o)(1)(A)(i).							
2	П	A school des	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (Fo	rm 990).)	,								
3	П			ice organization described in se			.)(iii).							
4	П			d in conjunction with a hospital				e hospital's name.						
	ш	city, and stat	•					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
5	П	•		of a college or university owned	or opera	ted by a	governmental unit described in							
	ш	=	(b)(1)(A)(iv). (Complete Par	=	. с. срс.с		governmental ann accombed in							
6	П			governmental unit described in	section	170(b)(1)	(A)(v).							
7	x		•	substantial part of its support fi				dic						
•			section 170(b)(1)(A)(vi). (iom a go	70111110110	ar arm or morn the general pas							
8	П			170(b)(1)(A)(vi). (Complete Pa	art II.)									
9	П					ated in co	oniunction with a land-grant co	lleae						
	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or													
40	\Box	university:												
10	Ш	•	•	more than 33 1/3% of its support functions, subject to certain	•									
	receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses													
	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														
12	П	-	= :		-			ooses of						
	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 on 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		11 0 0	upervised or controlled in conne			• (),	· ·						
				rting organization vested in the Part IV, Sections A and C.	same pe	rsons tna	t control or manage the suppo	ortea						
	^		- · · · · · · · · · · · · · · · · · · ·	supporting organization operate	nd in con	oction w	ith, and functionally intograted	with						
	C			structions). You must complet				with i,						
	d	Type III	non-functionally integrate	d. A supporting organization op	perated in	connecti	on with its supported organiza	ation(s)						
		that is no	ot functionally integrated. The	e organization generally must s	satisfy a c	listributior	n requirement and an attentive	ness						
		_ `		must complete Part IV, Section										
	е			ceived a written determination fr			is a Type I, Type II, Type III							
				on-functionally integrated suppo	rting orga	ınızatıon.		Г						
	f		mber of supported organization about t	he supported organization(s).				L						
	g		<u> </u>		I dia in in									
(1)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the	organization ur governing	(v) Amount of monetary support (see	(vi) Amount o other support (s						
	3			above (see instructions))	docur		instructions)	instructions)						
					Yes	No								
(A)														
(B)														
(5)														
(C)														
(D)														
(5)														
(E)														

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

Sec	tion A. Public Support		,		,	<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Jaici	idai yeai (oi liscai yeai begiiilliig iii)	(a) 2010	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(I) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,833,074	1,469,271	3,270,033	22,383,743	24,019,944	52,976,065
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	1,833,074	1,469,271	3,270,033	22,383,743	24,019,944	52,976,065
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	Public support. Subtract line 5 from line 4						52,976,065
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1,833,074	1,469,271	3,270,033	22,383,743	24,019,944	52,976,065
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,852	14,075	8,256	9,773	343,488	392,444
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 VI.)						
11	Total support. Add lines 7 through 10						53,368,509
12	Gross receipts from related activities, etc	. (see instructions)				12	52,175
13	First 5 years. If the Form 990 is for the	organization's first,	second, third, fou	rth, or fifth tax yea	r as a section 50°	1(c)(3)	
	organization, check this box and stop her	re					
Sec	tion C. Computation of Public S	Support Perce	ntage				
14	Public support percentage for 2022 (line 6	6, column (f) divide	d by line 11, colu	mn (f))		14	99.26%
15	Public support percentage from 2021 Sch	edule A, Part II, Iir	ne 14			15	99.83%
16a	33 1/3% support test—2022. If the orga	nization did not che	eck the box on line	e 13, and line 14 is	s 33 1/3% or more	e, check this	
	box and stop here. The organization qua						X
b	33 1/3% support test—2021. If the orga						
	this box and stop here. The organization						Ц
17a	10%-facts-and-circumstances test—20	_					
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa organization		_	•		•	
b	10%-facts-and-circumstances test—20	_					
	15 is 10% or more, and if the organization	n meets the facts-	and-circumstances	s test, check this b	ox and stop here	. Explain	
	in Part VI how the organization meets the	e facts-and-circums	tances test. The	organization qualifi	es as a publicly s	upported	
	organization						📙
18	Private foundation. If the organization di						
	instructions						Ц

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.)

Sec	tion A. Public Support	<u> </u>				,		
Caler	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(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							
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from							
Sec	tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2	(f) Total
9	Amounts from line 6	(4) 2010	(2) 2010	(6) 2020	(4) 2021	(6) 202		(i) Total
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							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included on 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,							
14	and 12.) First 5 years. If the Form 990 is for the	organization's firet	second third for	ırth or fifth tax ve	ar as a section 50)1(c)(3)		
	organization, check this box and stop he							
Sec	tion C. Computation of Public S	Support Perce	entage					
15	Public support percentage for 2022 (line			umn (f))			15	%
16	Public support percentage from 2021 Sch						16	%
	tion D. Computation of Investm							
17	Investment income percentage for 2022 ((line 10c, column ((f), divided by line	13, column (f))			17	%
18	nvestment income percentage from 2021		III. P 47				18	%
	33 1/3% support tests—2022. If the org						ıe	
	17 is not more than 33 1/3%, check this b							L
b	33 1/3% support tests—2021. If the org							_
	line 18 is not more than 33 1/3%, check t	=	_	•		-		
20	Private foundation. If the organization d	id not check a box	x on line 14, 19a, o	or 19b, check this	box and see instr	uctions		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- **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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- 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? If "Yes," provide detail in **Part VI**.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 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)? If "Yes," answer line 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	3a		
	3b		
	35		
	3с		
	4a		
	44		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	_		
	7		
	8		
	9a		
	Ja		
	9b		
	0.0		
	9c	_	
	10a		
	10h		
he	dule A	(Form 9	90) 2022

Schedule A (Form 990) 2022

Parent of Supported Organizations. Answer lines 3a and 3b 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? *If "Yes" or "No," provide details in Part VI.*

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3a

3b

Schedu	ale A (Form 990) 2022 CONNECTICUT HUMANITIES COUN	CIL	, INC 06-09022	244 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No	ov. 20	, 1970 (<i>explain in Part VI</i>)	. See
	instructions. All other Type III non-functionally integrated supporting organizations mu-	st con	plete Sections A through	
Sect	ion 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		
Sect	ion 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		
	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 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 0.035.	6		
7_	Recoveries of prior-year distributions	7		
8_	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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	Check here if the current year is the organization's first as a non-functionally integrated	Type	III supporting organization	

Schedule A (Form 990) 2022

(see instructions).

CONNECTICUT HUMANITIES COUNCIL, INC 06-0902244 Schedule A (Form 990) 2022 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 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 7 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. Distributable amount for 2022 from Section C. line 6 9 9 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Section E - Distribution Allocations (see instructions) **Excess Distributions** Underdistributions Distributable Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 Underdistributions, if any, for years prior to 2022 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017. **b** From 2018 **c** From 2019 **d** From 2020. e From 2021. f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3j and 4c. **8** Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021

Schedule A (Form 990) 2022

e Excess from 2022

Part VI	Supplemental Information III, line 12; Part IV, Section B, lines 1 and 2; Part IV, Sa, and 3b; Part V, line 1; lines 2, 5, and 6. Also contains	n A, lines 1, 2, 3b, 3c, Section C, line 1; Part Part V, Section B, line	4b, 4c, 5a, 6, 9a, 9b, 9 IV, Section D, lines 2 a 1e; Part V, Section D	9c, 11a, 11b, and 11c and 3; Part IV, Sectior , lines 5, 6, and 8; and	; Part IV, Section n E, lines 1c, 2a, 2t
	, ,	,		,	
• • • • • • • • • • • • • • • • • • • •					

DAA Schedule A (Form 990) 2022

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Employer identification number Name of the organization CONNECTICUT HUMANITIES COUNCIL, INC 06-0902244 Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization

CONNECTICUT HUMANITIES COUNCIL, INC

Employer identification number 06-0902244

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CONNECTICUT DEPARTMENT OF ECONOMIC DEVELOPMENT 450 COLUMBUS BLVD HARTFORD CT 06103	\$ 23,165,093	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NATIONAL ENDOWMENT FOR THE HUMANITIES 400 7TH STREET SW WASHINGTON DC 20503	\$ 780,406	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIF + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

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.

OMB No. 1545-0047
2022
Open to Public Inspection

Department of the Treasury

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

• 5	Section 501(c)(4), (5), or (6) organizations: Complete Part I	II.			
	e of organization CONNECTICUT HUMANIT:		1C	Employer iden	tification number
Pa	rt I-A Complete if the organization is exer			tion 527 organiz	ation.
1	Provide a description of the organization's direct and indir				
	definition of "political campaign activities."				
2	Political campaign activity expenditures. See instructions			\$	
3	Volunteer hours for political campaign activities. See instr				
Pa	rt I-B Complete if the organization is exer				
1	Enter the amount of any excise tax incurred by the organi	zation under section 4955		\$	
2	Enter the amount of any excise tax incurred by organization	on managers under section 49	955	\$	
3	If the organization incurred a section 4955 tax, did it file F	orm 4720 for this year?			Yes No
					Yes No
	If "Yes," describe in Part IV.				
	rt I-C Complete if the organization is exe		• • • • • • • • • • • • • • • • • • • •	ection 501(c)(3).	
1	Enter the amount directly expended by the filing organizat	•			
	activities			\$	
2	Enter the amount of the filing organization's funds contribution	J		•	
•	527 exempt function activities			\$	
3	Total exempt function expenditures. Add lines 1 and 2. Er		•	Φ.	
4	line 17b			 \$	☐ Yes ☐ No
4	Did the filing organization file Form 1120-POL for this year Enter the names, addresses and employer identification n	umber (FIN) of all postion 507	, nolitical arganiza	tions to which the filing	Tes INO
5	organization made payments. For each organization listed				
	the amount of political contributions received that were pro				
	as a separate segregated fund or a political action commit			•	1
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(6) 2.11	filing organization's	contributions received and
				funds. If none, enter -0	promptly and directly
					delivered to a separate political organization.
					If none, enter -0
(1)					
(2)					
(0)					
(3)					
(4)					
(5)					
(6)					

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990 E-Z.

Sche	edule C (Form 990) 2022 CONNE (CTICUT HU	MANITIES CO	DUNCIL,	INC 0	6-0902244	Page 2
Pa	rt II-A Complete if the organiz	ation is exem	pt under section	1 501(c)(3) a	nd file	d Form 5768 (e	election under
	section 501(h)).						
Α	Check if the filing organization	belongs to an a	affiliated group (and	d list in Part I'	V each	affiliated group m	ember's name,
	address, EIN, expenses	, and share of	excess lobbying ex	penditures).			
В	Check if the filing organization	checked box A	and "limited control	ol" provisions	apply.		
	Limits on Lobi	ying Expend	itures			(a) Filing	(b) Affiliated
	(The term "expenditures" m	eans amounts	paid or incurred.))	organ	nization's totals	group totals
18	a Total lobbying expenditures to influence pu	blic opinion (grass	roots lobbying)				
k	Total lobbying expenditures to influence a I	egislative body (dir	rect lobbying)				
C	Total lobbying expenditures (add lines 1a a	nd 1b)					
C	d Other exempt purpose expenditures						
6	Total exempt purpose expenditures (add lin	es 1c and 1d)					
	f Lobbying nontaxable amount. Enter the am	ount from the follo	wing table in both				
	columns.						
	If the amount on line 1e, column (a) or (b) is:	The lobbying no	ontaxable amount is:				
	Not over \$500,000	20% of the amou	nt on line 1e.				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15	% of the excess over \$5	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%	6 of the excess over \$1,	500,000.			
	Over \$17,000,000	\$1,000,000.					
Ç	Grassroots nontaxable amount (enter 25%	of line 1f)					
ŀ	1 Subtract line 1g from line 1a. If zero or less	, enter -0					
	i Subtract line 1f from line 1c. If zero or less						
	j If there is an amount other than zero on eit	ner line 1h or line	1i, did the organizatior	n file Form 4720)		
	reporting section 4911 tax for this year?						Yes No
		4-Year Averagi	ng Period Under	Section 501(h)		
	(Some organizations that made a	•	•	•	-	of the five colu	mns below.
	•		nstructions for lin	-			
	Lobk	ying Expenditu	res During 4-Yea	r Averaging	Period		Т
	Calendar year (or fiscal year				.		
	beginning in)	(a) 2019	(b) 2020	(c) 202	1	(d) 2022	(e) Total
28	a Lobbying nontaxable amount						
k	Lobbying ceiling amount						
	(150% of line 2a, column (e))						
(Total lobbying expenditures						
(d Grassroots nontaxable amount						
6	e Grassroots ceiling amount						
	(150% of line 2d, column (e))						
1	f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

CONNECTICUT.

	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).			m 576	8	P	age 3
		(8	a)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Aı	mour	nt	
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						
а	referendum, through the use of: Volunteers?		x				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X				
	Media advertisements?		X				
d	Mailings to members, legislators, or the public?		Х				
е	Publications, or published or broadcast statements?		X				
f	Grants to other organizations for lobbying purposes?		X				
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X	•		2	6, 8	300
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X				
	Other activities?		A		2	6 9	300
J 2a	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		x			υ, ι	,,,,
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						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pa	rt III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	1(c)(5), or	section	1		
					١	/es	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		
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No answered "Yes."					e 3,	is
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).						
а	Current year		2a				
b	Carryover from last year		2b				
C			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						
	1 199 1 199		4				
5	and political expenditures next year? Taxable amount of lobbying and political expenditures. See instructions		5				
	rt IV Supplemental Information						
Prov	ride 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); Pare instructions); and Part II-B, line 1. Also, complete this part for any additional information.	urt II-A,	lines 1	and			
S	CHEDULE C, PART IV, ADDITIONAL INFORMATION						
C	ONNECTICUT HUMANITIES COUNCIL, INC. IS CONTRACTED WITH	A C	OVE	NMEN	T		
R	ELATIONS FIRM TO REPRESENT ITS INTERESTS BEFORE THE CON	NEC	TICU	T GE	NEI	RAI	.
A	SSEMBLY TO RETAIN A STATE APPROPRIATION THAT ENABLES RE	I–GR	ANTS	BY			
C	ONNECTICUT HUMANITIES TO HUNDREDS OF HUMANITIES ORGANIZ	ATI	ONS	ACRO	SS		

DAA Schedule C (Form 990) 2022

Schedule C (Form	990) 2022	CONNECTICUT	HUMANITIES	COUNCIL,	INC 06-0902244	Page 4
Part IV	Supplemental	Information (contin	nued)			
,						

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 Open to Public Inspection

Name of the organization

Employer identification number

C	ONNECTICUT HUMANITIES COUNCIL, INC		06-0902244
	rt I Organizations Maintaining Donor Advised I		
	Complete if the organization answered "Yes" of		
	<u> </u>	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing		
•	funds are the organization's property, subject to the organization's e		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors		
	only for charitable purposes and not for the benefit of the donor or d		
	conferring impermissible private benefit?		☐ Yes ☐ No
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (che		
	Preservation of land for public use (for example, recreation or example)	— 1 1 1 1	/ important land area
	Protection of natural habitat	Preservation of a certified h	•
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cor	nservation contribution in the form of a con	nservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure	included in (a)	2c
	Number of conservation easements included in (c) acquired after Ju		
_	historia structure listed in the National Devictor		2d
3	Number of conservation easements modified, transferred, released,		.,
	tax year	g	
4	Number of states where property subject to conservation easement	is located	
5	Does the organization have a written policy regarding the periodic m		
	violations, and enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		
		-	• •
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation eas	ements during the year
8	Does each conservation easement reported on line 2(d) above satisfied	sfy the requirements of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation ease		
	balance sheet, and include, if applicable, the text of the footnote to	the organization's financial statements that	t describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of A		er Similar Assets.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not		
	of art, historical treasures, or other similar assets held for public exh		nce of public
	service, provide in Part XIII the text of the footnote to its financial sta		
b	If the organization elected, as permitted under FASB ASC 958, to re-		
	art, historical treasures, or other similar assets held for public exhibit	ition, education, or research in furtherance	e 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,		provide the
	following amounts required to be reported under FASB ASC 958 rel		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

	dule D (Form 990) 2022 CONNECTIC							age 2
Pa	rt III Organizations Maintaining						continu	ıed)
3	Using the organization's acquisition, accessic collection items (check all that apply):	on, and other records	s, check any of the fo	llowing that make sigr	nificant use of it	S		
а	Public exhibition	d ☐ L	oan or exchange prog	gram				
b	Scholarly research							
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further the	organization's exempt	purpose in Par	rt		
	XIII.	•	•					
5	During the year, did the organization solicit of	or receive donations of	of art, historical treasu	ıres, or other similar				
	assets to be sold to raise funds rather than t	to be maintained as p	part of the organization	n's collection?			Yes	No
Pa	rt IV Escrow and Custodial Ar							_
	Complete if the organization 990, Part X, line 21.	n answered "Yes	" on Form 990, F	Part IV, line 9, or i	reported an a	amount on	Form	1
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contributions	or other assets not				
	1. I. I. I. F 000 B. I.VO		-				Yes	No
b	If "Yes," explain the arrangement in Part XIII						_	
_			g			Amou	ınt	
С	Beginning balance				1c			
	Additions during the year							
-	Distributions during the year				1e			
2а	Did the organization include an amount on F	Form 990 Part X line	21 for escrow or cu	stodial account liability	· · · · · · · · · · · · · · · · · · ·		Yes	No
	If "Yes," explain the arrangement in Part XIII.						· · · ·	┧
	art V Endowment Funds.	- CHOCK HOTO II LITO CA	planation had boom p	siovidod ori i dre yair ;				
	Complete if the organization	n answered "Yes	" on Form 990. F	Part IV. line 10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years I	back (e) F	our years	back
1a	Beginning of year balance	41,479	41,479	41,479		479		479
b	Contributions	,	,	,	,			
	Net investment earnings, gains, and							
·	losses							
d	Grants or scholarships							
	Other expenditures for facilities and							
·	programs							
f	Administrative expenses							
		41,479	41,479	41,479	41	479	41	479
2	Provide the estimated percentage of the curr	·		· · · · · ·	/	273	,	
	Board designated or quasi-endowment 10	00 00 %	(iiiic rg, coluinii (a))	ricia as.				
	Permanent endowment %							
	Term endowment %							
C	The percentages on lines 2a, 2b, and 2c sho	ould oqual 100%						
32	Are there endowment funds not in the posse		tion that are held and	d administered for the				
Ja	organization by:	sssion of the organiza	mon mar are new and	administered for the			Yes	No
	•					3a(i		X
	(i) Unrelated organizations					3a(i	1	X
L	(ii) Related organizations	ationa listed as requir	an Cabadula D2			3a(ii		A
ا ا	Describe in Part XIII the intended uses of the					3b		
Do	urt VI Land, Buildings, and Equ		willent lunus.					
га	Complete if the organization		" on Form 900 E	Oart IV/ line 11a 9	Soo Form 00	n Dart V	lino 1	Λ
	Description of property	(a) Cost or other ba			Accumulated		ok value	υ.
	Description of property	(investment)	(other	''	preciation	(u) 60	uk value	
4	Lond	(iiivesiiieiii)	(Other	., ue	p. 30iati011	\vdash		
	Land							
	Buildings			+		 		
	Leasehold improvements			16,723	32 42E	 	12	200
	Equipment			143	33,425	 	13,	<u> </u>
	Other		rt Y column (D) line	100)		 	13.	200
. unal	L AGAINGS LA INTOUGH TE. (COMMIN IOT MINS)	EUDAL FULLI 990 PA	о А. СОШПП (D) ИПА	LUL. I		•		_ 70

Schedule D (F	Form 990) 2022 CONNECTICUT HUMANITIE Investments – Other Securities.	S COUNCIL, I	NC 06-0902244	Page 3
	Complete if the organization answered "Yes" or	n Form 990, Part IV,	, line 11b. See Form 99	90, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method (
	(including name of security)		Cost or end-of-ye	ear market value
(1) Financial	derivatives			
(2) Closely he	eld equity interests			
(A)				
(B)				
(C)				
(D)				
<u>(E)</u>				
(F)				
(G) (H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV.	, line 11c. See Form 99	90, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method (
			Cost or end-of-ye	ear market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	on /h) must assual Farm 200 Part V and /P) line 12)			
Part IX	on (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
rait ix	Complete if the organization answered "Yes" or	n Form 990 Part IV	ling 11d See Form 90	00 Part X line 15
	(a) Description	11 01111 000, 1 411 14,	, 11110 1 10. 000 1 01111 00	(b) Book value
(1)	.,			,,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	on (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.			
Part X	Complete if the organization answered "Yes" or line 25.	n Form 990, Part IV	, line 11e or 11f. See F	Form 990, Part X,
1.	(a) Description of liability			(b) Book value
	income taxes			.,
(2)				
(3)				

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
	. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments Cecurity and Chier (Pescribe in Part XIII) d Other (Describe in Part XIII) complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on Form 990, Part VIII, line 12b. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on Form 990, Part VIII, line 12b. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Donated services and use of facilities Donated services and use of facilit	chedule D (Form 990) 2022 CONNECTICUT HUMANITIES CO	OUNCIL, INC 06-	-0902244	Page 4
Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) 2 Add lines 2a through 2 d 2 E 3 24,370,5 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 4 Add lines 4 and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IVI, line 12a. Total expenses and losses per audited financial statements Complete of the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements b Prior year adjustments c Other (Describe in Part XIII.) 2 b Drior year adjustments c Other (Describe in Part XIII.) 2 c Add lines 2a through 2 d 3 24,047,1 Amounts included on Form 990, Part IV, line 25: a Donated services and use of facilities b Prior year adjustments 2 c C 3 24,047,1 Amounts included on Form 990, Part IV, line 25: a United tine 2e from line 1 3 24,047,1 Amounts included on Form 990, Part IV, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IV, line 7b b Other (Describe in Part XIII.) c Add lines 2a through 2 d c Add lines 3 and 4c. (This must equal Form 990, Part II, line 18) 5 24,047,1 Part XIII Supplemental Information. Wide 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 Part XII. Part XIII Supplemental Information. Part XI III Supplemental Information. Part XIII Supplemental Information. Part XIII Supplemental Information. Part XIII Supplemental Information. Part XIII Supplemental Information.				n.
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Subtract line 2e from line 1 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 Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Tart XIII Supplemental Information. Vide 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 Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X - FIN 48 FOOTNOTE THE BRUCE FRASER MEMORIAL FUND IS BOARD DESIGNATED SPECIFICALLY FOR USE PROMOTING AND PRESERVING PRIMARY SOURCES AND PUBLISHING WELL-DOCUMENTED	Add lines 2a through 2d		2e	
Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Wide 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 Part X, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X — FIN 48 FOOTNOTE THE BRUCE FRASER MEMORIAL FUND IS BOARD DESIGNATED SPECIFICALLY FOR USE PROMOTING AND PRESERVING PRIMARY SOURCES AND PUBLISHING WELL—DOCUMENTED	Subtract line 2e from line 1		3	24,047,13
b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Poide 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 Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X - FIN 48 FOOTNOTE THE BRUCE FRASER MEMORIAL FUND IS BOARD DESIGNATED SPECIFICALLY FOR USE PROMOTING AND PRESERVING PRIMARY SOURCES AND PUBLISHING WELL-DOCUMENTED	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
b Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Poide 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 Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X - FIN 48 FOOTNOTE THE BRUCE FRASER MEMORIAL FUND IS BOARD DESIGNATED SPECIFICALLY FOR USE PROMOTING AND PRESERVING PRIMARY SOURCES AND PUBLISHING WELL-DOCUMENTED	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
C Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Divide 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 Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X — FIN 48 FOOTNOTE THE BRUCE FRASER MEMORIAL FUND IS BOARD DESIGNATED SPECIFICALLY FOR USE PROMOTING AND PRESERVING PRIMARY SOURCES AND PUBLISHING WELL—DOCUMENTED				
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information. Povide 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 Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X — FIN 48 FOOTNOTE THE BRUCE FRASER MEMORIAL FUND IS BOARD DESIGNATED SPECIFICALLY FOR USE PROMOTING AND PRESERVING PRIMARY SOURCES AND PUBLISHING WELL—DOCUMENTED	a Aller Annual Ab		4c	
PART X - FIN 48 FOOTNOTE THE BRUCE FRASER MEMORIAL FUND IS BOARD DESIGNATED SPECIFICALLY FOR USE PROMOTING AND PRESERVING PRIMARY SOURCES AND PUBLISHING WELL-DOCUMENTED	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	24,047,13
Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. PART X - FIN 48 FOOTNOTE THE BRUCE FRASER MEMORIAL FUND IS BOARD DESIGNATED SPECIFICALLY FOR USE PROMOTING AND PRESERVING PRIMARY SOURCES AND PUBLISHING WELL-DOCUMENTED	Part XIII Supplemental Information.			
PART X - FIN 48 FOOTNOTE THE BRUCE FRASER MEMORIAL FUND IS BOARD DESIGNATED SPECIFICALLY FOR USE PROMOTING AND PRESERVING PRIMARY SOURCES AND PUBLISHING WELL-DOCUMENTED	vide 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	C, line
THE BRUCE FRASER MEMORIAL FUND IS BOARD DESIGNATED SPECIFICALLY FOR USE PROMOTING AND PRESERVING PRIMARY SOURCES AND PUBLISHING WELL-DOCUMENTED	Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide any additional info	rmation.	
PROMOTING AND PRESERVING PRIMARY SOURCES AND PUBLISHING WELL-DOCUMENTED	PART X - FIN 48 FOOTNOTE			
PROMOTING AND PRESERVING PRIMARY SOURCES AND PUBLISHING WELL-DOCUMENTED				
	THE BRUCE FRASER MEMORIAL FUND IS BOARD	DESIGNATED S	PECIFICALLY	FOR USE I
STORIES ABOUT CONNECTICUT HISTORY.	PROMOTING AND PRESERVING PRIMARY SOURCE	S AND PUBLISH	ING WELL-D	OCUMENTED
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	STORIES ABOUT CONNECTICUT HISTORY.			
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ADM VIII GUDDIEMENMAI EINANGIAI INEODMAMION	ART XIII - SUPPLEMENTAL FINANCIAL INFO	RMATION		
PART XIII - SUPPLEMENTAL FINANCIAL INFORMATION	MANAGEMENT OF THE COUNCIL EVALUATES ALL	SIGNIFICANT	TAX POSITI	ONS REQUIRE
	SY CAAR AT TIME 20 2023 MANAGEMENT S	TATED IT DOES	NOT HAVE	ΔΝΥ ͲΔΥ
MANAGEMENT OF THE COUNCIL EVALUATES ALL SIGNIFICANT TAX POSITIONS REQUIR				
MANAGEMENT OF THE COUNCIL EVALUATES ALL SIGNIFICANT TAX POSITIONS REQUIR BY GAAP. AT JUNE 20, 2023, MANAGEMENT STATED IT DOES NOT HAVE ANY TAX	POSITION THAT WOULD REQUIRE THE RECORDI	NG OF ANY ADD	ITIONAL TA	X LIABILITY
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MANAGEMENT OF THE COUNCIL EVALUATES ALL SIGNIFICANT TAX POSITIONS REQUIR BY GAAP. AT JUNE 20, 2023, MANAGEMENT STATED IT DOES NOT HAVE ANY TAX	NOR DOES IT HAVE ANY UNREALIZED TAX BEN	EFITS THAT WO	ULD EITHER	INCREASE C
MANAGEMENT OF THE COUNCIL EVALUATES ALL SIGNIFICANT TAX POSITIONS REQUIR BY GAAP. AT JUNE 20, 2023, MANAGEMENT STATED IT DOES NOT HAVE ANY TAX POSITION THAT WOULD REQUIRE THE RECORDING OF ANY ADDITIONAL TAX LIABILIT				
MANAGEMENT OF THE COUNCIL EVALUATES ALL SIGNIFICANT TAX POSITIONS REQUIRES YEARD AT JUNE 20, 2023, MANAGEMENT STATED IT DOES NOT HAVE ANY TAX POSITION THAT WOULD REQUIRE THE RECORDING OF ANY ADDITIONAL TAX LIABILITY NOR DOES IT HAVE ANY UNREALIZED TAX BENEFITS THAT WOULD EITHER INCREASE	DECREASE WITHIN THE NEXT TWELVE MONTHS.	THE COUNCIL'S	S FEDERAL A	AND STATE

Schedule D (F	orm 990) 2022	CONNECTICO	I HOMANIITES	COUNCIL,	INC 06-0902244	Page 3
Part XIII	Supplementa	al Information (continued)			
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SCHEDULE I (Form 990)

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.

Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number CONNECTICUT HUMANITIES COUNCIL. 06-0902244 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? X No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (f) Method of valuation 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (g) Description of (book, FMV, appraisal, section or government noncash assistance noncash assistance or assistance grant (if applicable other) (1) 1-REAL ART WAYS 56 ARBOR ST SPONSORSHIP GRANT 06-0958072 501 (C) HARTFORD CT 06106 10,000 (2) 102ND INFANTRY REGIMENT MUSEUM 30 HOOD TERRACE CT CULTURAL FUND OPE WEST HAVEN CT 06516 06-1354580 501 (C) 5,600 (3) 4-H EDUCATION CENTER AT AUERFARM 158 AUER FARM ROAD CT CULTURAL FUND OPE BLOOMFIELD CT 06002 |06-0938101 |501 (C) 24,400 (4) 4-H EDUCATION CENTER AT AUERFARM 158 AUER FARM ROAD KIDS FREE SUMMER MUS 06-0938101 501 (C) BLOOMFIELD CT 06002 10,000 (5) 7TH REGIMENT YOUTH PERFORMING ARTS P.O. BOX 64 CT CULTURAL FUND OPE 06-1593143 501 (C) NEW LONDON CT 06320 9,800 (6) A BROKEN UMBRELLA THEATER PO BOX 3285 CT CULTURAL FUND OPE NEW HAVEN CT 06515 |27-0865699|501 (C) 5,700 (7) ACT OF CT INC 36 OLD OUARRY ROAD CT CULTURAL FUND OPE RIDGEFIELD CT 06877 81-3092871 | 501 (C) 51,100 (8) ACTUP THEATER, INC 740 PROSPECT AVENUE CT CULTURAL FUND OPE HARTFORD CT 06105 81-1065321 501 (C) 7,500 (9) ADAM STANTON HOUSE INC P, O BOX 63 CT CULTURAL FUND OPE CLINTON CT 06413 82-0651118 501 (C) 5,500 748 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

SCHEDULE I (Form 990)

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

CONNECTICUT HUMAN	ITIES COUN	CIL,	INC				06-0902244
Part I General Information on Grants a	and Assistance						
 Does the organization maintain records to substantiat the selection criteria used to award the grants or ass Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Part IV, line 21, for any recipient to 	istance? monitoring the use of Domestic Org a	f grant fund	ds in the United States	Governments.	Complete if the	organization	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
(1) AFRO CARIBBEAN CULTURAL CENTER 50 WACONA AVENUE WATERBURY CT 06705	 88-2014721	501 (C)	5,300				CT CULTURAL FUND OPE
(2) AFTER SCHOOL ARTS PROGRAM, INC PO BOX 15 WASHINGTON DEPOT CT 06794	20-1308465						CT CULTURAL FUND OPE
(3) ALBERT SCHWEITZER ORGAN FESTIVAL 19 WALDEN ST WEST HARTFORD CT 06107							CT CULTURAL FUND OPE
(4) ALDRICH CONTEMPORARY ART MUSEUM 258 MAIN STREET RIDGEFIELD CT 06877	06-6069965	501 (C)	25,200				CT CULTURAL FUND OPE
(5) ALDRICH CONTEMPORARY ART MUSEUM 258 MAIN STREET RIDGEFIELD CT 06877	06-6069965	501 (C)	17,400				KIDS FREE SUMMER MUS
(6) ALEX BREANNE CORPORATION P.O. BOX 7534 BLOOMFIELD CT 06002	 88–4054278	501 (C)	5,100				CT CULTURAL FUND OPE
(7) ALLIANCE FRANAISE OF GREENWICH 299 GREENWICH AVENUE GREENWICH CT 06830	06-6053875	501 (C)	10,200				CT CULTURAL FUND OPE
(8) ALMIRA STEPHAN MEMORIAL PLAYHOUS P. O. BOX 2773 MERIDEN CT 06450							CT CULTURAL FUND OPE
(9) AMA DANCE THEATRE FOUNDATION INC 20 WILCOX ROAD STONINGTON CT 06378	:						CT CULTURAL FUND OPE
 Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the 	ent organizations liste		a 1 table				>

SCHEDULE I (Form 990)

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

CONNEC	LICUT HOMANI	TIES COUN	CIL, .	INC			00	6-0902244
Part I General Informa	ation on Grants a	nd Assistance						
 Does the organization maintain the selection criteria used to av Describe in Part IV the organiz 	ward the grants or assis	tance?				ants or assistance,	and	Yes No
						Complete if the	organization a	answered "Yes" on Form 990
	for any recipient th							
1 (a) Name and address or governmen	•	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AMERICAN BAROQUE OR	CHESTRA							
P.O. BOX 207341]						CT CULTURAL FUND OPE
NEW HAVEN	CT 06520	47-5053802	501 (C)	5,500				
(2) AMERICAN CHAMBER OR	CHESTRA INC.							
208 FLAX HILL ROAD								CT CULTURAL FUND OPE
NORWALK	CT 06854	20-1633413	501 (C)	5,500				
(3) AMERICAN CLOCK & WA	TCH MUSEUM							
								CT CULTURAL FUND OPE
BRISTOL	CT 06010	06-6006559	501 (C)	11,700				
(4) AMERICAN CLOCK & WA	TCH MUSEUM							
								KIDS FREE SUMMER MUS
BRISTOL	CT 06010	06-6006559	501 (C)	5,690				
(5) AMERICAN MURAL PROJ	ECT							
PO BOX 538								CT CULTURAL FUND OPE
WINSTED	CT 06098	26-3993911	501 (C)	16,500				
(6) AMERICAN MUSEUM OF	TORT LAW							
								CT CULTURAL FUND OPE
WINCHESTER	CT 06098	06-1529225	501 (C)	9,200				
(7) AMITY AND WOODBRIDG		εφC						
1907 LITCHFIELD TUR								CT CULTURAL FUND OPE
WOODBRIDGE	CT 06525	06-6061829	501 (C)	6,000				
(8) AMITY TEEN CENTER D	B.A: 10SELDEN							
PO BOX 3671								CT CULTURAL FUND OPE
WOODBRIDGE	CT 06525	06-1218010	501 (C)	9,200				
(9) ANCIENT BURYING GRO	UND ASSOCIATIO	DIN ,						G G G G G G G G G G G G G G G G G G G
P.O.BOX 347	CT 06141	00 000000	E01 (C)					CT CULTURAL FUND OPE
HARTFORD	CT 06141	22-2823727		· · · · · · · · · · · · · · · · · · ·				
2 Enter total number of section 5			ed in the lin	e 1 table				
Enter total number of other ord	anizations listed in the li	ne 1 table						

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Name of the organization

CONNECT	ricut humani	TIES COUN	CIL,	INC				6-0902244
Part I General Informa	tion on Grants a	nd Assistance	•					
Does the organization maintain the selection criteria used to aw Describe in Part IV the organization.	vard the grants or assis ation's procedures for r	stance? nonitoring the use o	of grant fun	ds in the United States	 S.			
	for any recipient th							answered "Yes" on Form 99
1 (a) Name and address of or governmen	organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ANTIQUARIAN & LANDM 59 S. PROSPECT STRE HARTFORD		INC 06-0789151	501 (C)	52,900				CT CULTURAL FUND OPF
(2) ANTIQUARIAN & LANDM 59 S. PROSPECT STRE HARTFORD								KIDS FREE SUMMER MUS
(3) ARCHAEOLOGICAL SOCIE 366 MAIN STREET WETHERSFIELD								CT CULTURAL FUND OPE
(4) ARCHITECTURE RESOURCE 1221 CHAPEL STREET NEW HAVEN		01-0831609		5,700				CT CULTURAL FUND OPI
(5) ART IN COMMON, INC. 602 RIDGEBURY ROAD RIDGEFIELD	CT 06877	81-2155669						CT CULTURAL FUND OP
(6) ART LEAGUE OF NEW B 30 CEDAR ST. NEW BRITAIN	RITAIN CT 06052	06-6072062		5,900				CT CULTURAL FUND OPI
(7) ART TRIPPING 381 SOUTH STREET LITCHFIELD	CT 06759	83-3483704	501 (C)	5,200				CT CULTURAL FUND OPE
(8) ARTECON INITIATIVE, 425 WEST ROCK AVE	INC							CT CULTURAL FUND OPE
(9) ARTFARM INC 119 HIGHLAND AVE				,				CT CULTURAL FUND OPE
425 WEST ROCK AVE NEW HAVEN (9) ARTFARM INC	CT 06515 CT 06457 01(c)(3) and governme	_	501 (C)	5,900				

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

2022
Open to Public Inspection

Employer identification number Name of the organization CONNECTICUT HUMANITIES COUNCIL. 06-0902244 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? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (f) Method of valuation 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (g) Description of (book, FMV, appraisal, section noncash assistance or government noncash assistance or assistance grant (if applicable other) (1) ARTISTS COLLECTIVE OF WESTPORT INC BOX 6 CT CULTURAL FUND OPE 83-1047320 501 (C) WESTPORT CT 06881 5,200 (2) ARTISTS FOR WORLD PEACE INC P.O. BOX 95 - MIDDLETOWN, CT. 064\$7 CT CULTURAL FUND OPE MIDDLETOWN CT 06457 57-1184659 501 (C) 15,500 (3) ARTISTS IN REAL TIME, INC. P.O. BOX 1138 CT CULTURAL FUND OPE HARTFORD CT 06143 |33-1052435 |501 (C) 5,400 (4) ARTREACH, INC. 401 W. THAMES ST. UNIT 702 CT CULTURAL FUND OPE 22-2921497 501 (C) NORWICH CT 06360 15,200 (5) ARTS AND CRAFTS ASSOCIATION OF MERI 53 COLONY ST CT CULTURAL FUND OPE 06-6038423 501 (C) MERIDEN CT 06451 7,000 (6) ARTS COUNCIL OF GREATER NEW HAVEN 70 AUDUBON STREET PLANNING GRANTS NEW HAVEN CT 06510 06-6082782 | 501 (C) 24,610 (7) ARTS COUNCIL OF GREATER NEW HAVEN 70 AUDUBON STREET CT CULTURAL FUND OPE 06-6082782 501 (C) NEW HAVEN CT 06510 50,000 (8) ARTS ESCAPE INC 352 COBBLER LANE CT CULTURAL FUND OPE SOUTHBURY CT 06488 45-4200252 501 (C) 9,000 (9) ARTS FOR LEARNING CONNECTICUT 1 EVERGREEN AVE CT CULTURAL FUND OPE HAMDEN CT 06518 06-1009470 501 (C) 23,800 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization CONNECTICUT HUMAN	ITIES COUN	CIL.	INC				Employer identification number 06-0902244
Part I General Information on Grants a		<u> </u>					
Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for repart II Grants and Other Assistance to Part IV, line 21, for any recipient the substantiate that the selection criteria.	e the amount of the stance? monitoring the use of Domestic Orga	f grant fund	ds in the United States s and Domestic	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) ARTS IN CT 351 MCKINLEY AVENUE NEW HAVEN CT 06515	81-1505166	501 (C)	7,900		,		CT CULTURAL FUND OPE
(2) ARTSPACE 50 ORANGE STREET NEW HAVEN CT 06510	22-2533535	501 (C)	21,600				CT CULTURAL FUND OPE
(3) ASHBEL WOODWARD MUSEUM 7 MEETING HOUSE HILL ROAD FRANKLIN CT 06254	06-6002001	501 (C)	5,300				CT CULTURAL FUND OPE
(4) ASPINOCK SOCIETY OF PUTNAM INC. 200 SCHOOL ST PUTNAM CT 06260	23-7346730	501 (C)	5,300				CT CULTURAL FUND OPE
(5) ASSOCIATION FOR THE STUDY OF CONT PO BOX 1333 NEW LONDON CT 06320							CT CULTURAL FUND OPE
(6) AVERY CONCERTS, INC. 148 CHAFFEEVILLE RD. STORRS MANSFIELD CT 06268	26-2713714						CT CULTURAL FUND OPE
(7) AVERY-COPP MUSEUM 154 THAMES STREET GROTON CT 06340	20-8096779		,				CT CULTURAL FUND OPE
(8) AVON HISTORICAL SOCIETY, INC. P.O. BOX 448 AVON CT 06001	23-7346729		,				CT CULTURAL FUND OPE
(9) AVON THEATRE FILM CENTER, INC. AVON THEATRE FILM CENTER BUSINESS GREENWICH CT 06830							CT CULTURAL FUND OPE
2 Enter total number of section 501(c)(3) and governme 3 Enter total number of other organizations listed in the	nt organizations liste		•				>

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

CONNECTICUT HUMANI	TIES COUN	CIL,	INC			O	6-0902244
Part I General Information on Grants ar	nd Assistance						
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for management Part II Grants and Other Assistance to I Part IV, line 21, for any recipient that 	tance? nonitoring the use of Domestic Orga	f grant fund Inization	ds in the United States and Domestic	Governments. C	Complete if the	organization	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BACKCOUNTRY CONCERTS, INC. AKA BA 15 E PUTNAM AVE # 397 GREENWICH CT 06830	20-8523846	501 (C)	9,800				CT CULTURAL FUND OPE
(2) BACKYARD THEATER ENSEMBLE INC. 30 SEYMOUR ROAD PLYMOUTH CT 06786	46-2282596						CT CULTURAL FUND OPE
(3) BALLET HARTFORD INC 224 FARMINGTON AVE HARTFORD CT 06105	81-3230414						CT CULTURAL FUND OPE
(4) BALLET SCHOOL OF STAMFORD 40 TOILSOME BROOK RD STAMFORD CT 06905	06-1517402						CT CULTURAL FUND OPE
(5) BALLET THEATRE COMPANY 20 JEFFERSON AVE WEST HARTFORD CT 06110	06-1537525	501 (C)	18,500				CT CULTURAL FUND OPE
(6) BANTAM CINEMA & ARTS CENTER, INC. PO BOX 262 LITCHFIELD CT 06759	85-3849864	501 (C)	10,100				CT CULTURAL FUND OPE
(7) BARKHAMSTED HISTORICAL SOCIETY P.O. BOX 94 BARKHAMSTED CT 06063	23-7195789	501 (C)	5,900				CT CULTURAL FUND OPE
(8) BARTLETT ARBORETUM ASSOCIATION, I 151 BROOKDALE ROAD STAMFORD CT 06903							CT CULTURAL FUND OPE
(9) BARTLETT ARBORETUM ASSOCIATION, I 151 BROOKDALE ROAD STAMFORD CT 06903		, ,	,				KIDS FREE SUMMER MUS
2 Enter total number of section 501(c)(3) and governmen 3 Enter total number of other organizations listed in the lin	t organizations liste		a 1 table				>

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.

Department of the Treasury Internal Revenue Service

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

CONN	ECTICUT HUMAN	ITIES COUN	CIL,	INC				06-0902244
Part I General Info	rmation on Grants a	nd Assistance						
 Does the organization mai the selection criteria used Describe in Part IV the organization 	ntain records to substantiate to award the grants or assis panization's procedures for r	stance?						Yes No
Part II Grants and	Other Assistance to	Domestic Orga	anization	s and Domestic	Governments.			answered "Yes" on Form 990
Part IV, line 2	21, for any recipient th	nat received mo	re than \$	5,000. Part II can	be duplicated if	additional spac	e is needed	
1 (a) Name and addre	<u> </u>	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of	(f) Method of valuation (book, FMV, appraisal,	(g) Description o	1 1 . 3
or govern			(if applicable)	grant	noncash assistance	other)	noncash assistano	e or assistance
(1) BATED BREATH THE	ATRE COMPANY							
233 PEARL ST								CT CULTURAL FUND OPE
HARTFORD	CT 06103	26-2370741	501 (C)	10,200				
(2) BEACON FALLS YOU'	TH THEATER COMPAI	N¥						
141 COOK LANE	CT 06402		E01 (0)	F 000				CT CULTURAL FUND OPE
BEACON FALLS	CT 06403	84-2259475	501 (C)	5,200				
(3) BEECHWOOD ARTS, 3 52 WESTON RD	LNC							
WESTPORT	CT 06880	06-1613670	E01 (C)	7,300				CT CULTURAL FUND OPE
(4) BERLIN HISTORICAL		06-1613670	301 (C)	7,300				
P.O. BOX 8192	SOCIETI, INC.							CT CULTURAL FUND OPE
BERLIN	CT 06037	23-7374213	501 (C)	5,500				CI COLIORAL FOND OFF
(5) BEST VIDEO FILM		_	301 (0)	3,300				
1842 WHITNEY AVE		~1						IMPLEMENTATION GRANT
HAMDEN	CT 06517	47-2773702	501 (C)	22,198				
(6) BEST VIDEO FILM								
1842 WHITNEY AVE		1						CT CULTURAL FUND OPE
HAMDEN	CT 06517	47-2773702	501 (C)	12,900				
(7) BETHANY HISTORICA	L SOCIETY		<u> </u>	,				
512 AMITY ROAD								CT CULTURAL FUND OPE
BETHANY	CT 06524	06-1387871	501 (C)	5,600				
(8) BETHEL ARTS INC.				,				
211 GREENWOOD AVE	E							CT CULTURAL FUND OPE
BETHEL	CT 06801	84-3967747	501 (C)	5,100				
(9) BILL MEMORIAL LI	BRARY							
240 MONUMENT ST								CT CULTURAL FUND OPE
GROTON	CT 06340	06-0676852	501 (C)	11,300				
2 Enter total number of secti	on 501(c)(3) and governme	nt organizations list	ed in the lin	e 1 table				
2 Enter total number of other								

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.

Department of the Treasury Internal Revenue Service

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Name of the organization CONNECTICUT HUMA	NITIES COUNC	CIL.	INC				Employer identification number 06-0902244
Part I General Information on Grants		<u>, </u>					
 Does the organization maintain records to substanti the selection criteria used to award the grants or as Describe in Part IV the organization's procedures for 	ssistance?				ants or assistance,	and	Yes No
Part II Grants and Other Assistance t Part IV, line 21, for any recipient							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistant	1 1, 1, 9
(1) BLACK INFINITY COLLECTIVE							
PO 8897							CT CULTURAL FUND OPE
NEW HAVEN CT CT 06532	87-1672962	501 (C)	17,100				
(2) BLAU HOUSE & GARDENS							
9 BAYBERRY RIDGE ROAD							CT CULTURAL FUND OPE
SALISBURY CT 06880	88-0753928	501 (C)	6,700				
(3) BLOODY HISTORICAL							
487 STAFFORD ROAD							CT CULTURAL FUND OPE
MANSFIELD CT 06250	45-4677529	501 (C)	5,100				
(4) BLUE SLOPE COUNTRY MUSEUM, INC.							
138 BLUE HILL ROAD							CT CULTURAL FUND OPE
FRANKLIN CT 06254	06-1597692	501 (C)	5,300				
(5) BOARD OF MANAGEMENT OF HARRYBRO	OKE						
PO BOX 364							CT CULTURAL FUND OPE
NEW MILFORD CT 06776	23-7441860	501 (C)	11,000				
(6) BOOTHE MEMORIAL RAILWAY SOCIETY	•						
310 REEDS LANE							CT CULTURAL FUND OPE
STRATFORD CT 06614	02-0616917	501 (C)	5,100				
(7) BRANFORD ARTS AND CULTURAL ALLI	ANCE						
PO BOX 345							CT CULTURAL FUND OPE
BRANFORD CT 06405	47-3334617	501 (C)	6,200				
(8) BRIDGEPORT DOWNTOWN SPECIAL SER	VICE		·				
938 BROAD STREET							CT CULTURAL FUND OPE
BRIDGEPORT CT 06604	06-1262425	501 (C)	17,700				
(9) BRISTOL SYMPHONY ORCHESTRA, INC			·				
P. O. BOX 2154							CT CULTURAL FUND OPE
BRISTOL CT 06011	06-1086047	501 (C)	6,000				
2 Enter total number of section 501(c)(3) and governr			•		•	1	•
3 Enter total number of other organizations listed in the							>

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

2022
Open to Public Inspection

Employer identification number Name of the organization CONNECTICUT HUMANITIES COUNCIL. 06-0902244 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? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (c) IRC (d) Amount of cash (f) Method of valuation 1 (b) EIN (e) Amount of (h) Purpose of grant (g) Description of (book, FMV, appraisal, section or government noncash assistance noncash assistance or assistance grant (if applicable other) (1) BROADWAY METHOD ACADEMY 1935 BLACK ROCK TURNPIKE CT CULTURAL FUND OPE 81-1152166 501 (C) **FAIRFIELD** CT 06825 17,800 (2) BROOKFIELD CRAFT CENTER, 286 WHISCONIER ROAD CT CULTURAL FUND OPE BROOKFIELD CT 06804 06-0767881 | 501 (C) 14,600 (3) BROWNSTONE OUARRY VIEW COMPANY 5 RUSSELL AVE CT CULTURAL FUND OPE PORTLAND CT 06480 |85-3141793 |501 (C) 5,900 (4) BROWNSTONE QUARUM CT CULTURAL FUND OPE P.O. BOX 402 06-1629991 501 (C) PORTLAND CT 06480 5,400

(5) BRUCE MUSEUM 1 MUSEUM DRIVE CT CULTURAL FUND OPE 23-7105904 501 (C) GREENWICH CT 06830 73,700 (6) BRUCE MUSEUM 1 MUSEUM DRIVE KIDS FREE SUMMER MUS 23-7105904 | 501 (C) GREENWICH CT 06830 20,220 (7) BURLINGTON HISTORICAL SOCIETY P.O. BOX 1215 CT CULTURAL FUND OPE |23-7301929 |501 (C) 5,400 BURLINGTON CT 06013 (8) BUSHNELL PARK FOUNDATION P. O. BOX 230778 CT CULTURAL FUND OPE HARTFORD CT 06123 06-1039083 501 (C) 11,200 (9) CANTERBURY HISTORICAL SOCIETY PO BOX 2 CT CULTURAL FUND OPE 06-0986572 501 (C) CANTERBURY CT 06331 5,100

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

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

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.

Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number CONNECTICUT HUMANITIES COUNCIL. 06-0902244 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? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (d) Amount of cash (f) Method of valuation 1 (a) Name and address of organization (b) EIN (e) Amount of (h) Purpose of grant (g) Description of (book, FMV, appraisal, section or government noncash assistance noncash assistance or assistance grant (if applicable other) (1) CANTON HISTORICAL SOCIETY 11 FRONT ST CT CULTURAL FUND OPE COLLINSVILLE 06-6085784 501 (C) CT 06019 6,000 (2) CAPITAL CLASSICS, INC. P.O. BOX 370096 CT CULTURAL FUND OPE 06-1325146 501 (C) WEST HARTFORD CT 06137 6,400 (3) CAPPELLA CANTORUM, INC P.O. BOX 714 CT CULTURAL FUND OPE **ESSEX** |23-7226003 |501 (C) 6,000 CT 06426 (4) CARL SCHMITT FOUNDATION, INC 30 BORLGUM RD CT CULTURAL FUND OPE |13-3925456|501 (C) WILTON CT 06897 5,300 (5) CARTIE CORP. 326 NAVAJO LOOP CT CULTURAL FUND OPE 84-4194200 501 (C) SHELTON CT 06484 7,100 (6) CAST INC. PO BOX 1268 CT CULTURAL FUND OPE 9,200 MANCHESTER CT 06045 |22-2906484 |501 (C) (7) CEDAR HILL CEMETERY FOUNDATION 453 FAIRFIELD AVENUE CT CULTURAL FUND OPE 06-1514065 501 (C) HARTFORD CT 06114 8,800 CENTER FOR CONTEMPORARY PRINTMAKING 299 WEST AVENUE CT CULTURAL FUND OPE NORWALK CT 06850 06-1400371 501 (C) 16,100 (9) CENTER STAGE THEATRE INC 54 GROVE ST CT CULTURAL FUND OPE SHELTON CT 06484 20-5697112 | 501 (C) 15,900 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

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.

Department of the Treasury Internal Revenue Service

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Name of the organization CONNECTICUT HUMANI	TTES COIN	CTT.	INC				Employer identification number 06–0902244
Part I General Information on Grants an		CII,	1110				50 0502244
Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for maintain records.	the amount of the ance?	-			ants or assistance,	and	Yes
Part II Grants and Other Assistance to Deart IV, line 21, for any recipient that							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	, , , ,
(1) CHAMBER OF COMMERCE FOUNDATION OF P.O. BOX 1469	G						CT CULTURAL FUND OPE
WATERBURY CT 06721	06-1074917	501 (C)	50,000				
(2) CHAMBERLIN MILL, INC.							
P.O. BOX 1							CT CULTURAL FUND OPE
WOODSTOCK CT 06281	80-0843440	501 (C)	5,500				
(3) CHARTER OAK PERFORMING ARTS, INC. PO BOX 8824							CT CULTURAL FUND OPE
NEW HAVEN CT 06532	06-1213407	501 (C)	7,600				
(4) CHESHIRE HISTORICAL SOCIETY 43 CHURCH DRIVE							CT CULTURAL FUND OPE
CHESHIRE CT 06410	23-7206063	501 (C)	5,500				
(5) CHESHIRE SYMPHONY ORCHESTRA PO BOX 431	06 101114	504 (5)					CT CULTURAL FUND OPE
CHESHIRE CT 06410	06-1211147	201 (C)	5,200				
(6) CHESTER HISTORICAL SOCIETY P.O. BOX 204 CHESTER CT 06412	23-7089770	E01 (C)	6 700				CT CULTURAL FUND OPE
(7) CHESTNUT HILL CONCERTS	23-7069770	301 (C)	6,700				
PO BOX 183							CT CULTURAL FUND OPE
GUILFORD CT 06432	06-0861365	501 (C)	6,500				
(8) CHILDREN'S MUSEUM OF SOUTHEASTERN 409 MAIN STREET	C						KIDS FREE SUMMER MUS
NIANTIC CT 06357	11-2113076	501 (C)	37,890				
(9) CINESTUDIO 300 SUMMIT STREET							CT CULTURAL FUND OPE
	26-0042514		•				
2 Enter total number of section 501(c)(3) and government		ed in the lin	e 1 table				

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.

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CONNECTICUT HUMAN	ITIES COUN	CIL,	INC				06-0902244
Part I General Information on Grants a						•	
 Does the organization maintain records to substantial the selection criteria used to award the grants or ass Describe in Part IV the organization's procedures for 	istance? monitoring the use o	f grant fund	ds in the United States				
Part II Grants and Other Assistance to Part IV, line 21, for any recipient t							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant
(1) CITY LIGHTS & COMPANY 130 ELM ST.							CT CULTURAL FUND OPE
BRIDGEPORT CT 06604	20-5462244	501 (C)	9,600				
(2) CITY OF DANBURY CULTURAL COMMISS 256 MAIN STREET DANBURY CT 06810	06-6001868	E01 (C)	6,500				CT CULTURAL FUND OPE
(3) CITY OF NEW LONDON	00-0001808	301 (C)	8,300				+
181 STATE STREET NEW LONDON CT 06320	06-6001880	501 (C)	11,500				CT CULTURAL FUND OPE
(4) CITY OF STAMFORD	00 0001000	301 (0)	11,300				+
888 WASHINGTON BOULEVARD STAMFORD CT 06904	06-6001897	501 (C)	9,100				CT CULTURAL FUND OPE
(5) CITY YOUTH THEATER	00 0001037	301 (0)	3,100				+
42 MOUNTAIN LAUREL DRIVE							CT CULTURAL FUND OPE
WATERBURY CT 06704	85-0778640	501 (C)	5,200				
(6) CIVIC LIFE PROJECT			,				
1 BRUSH HILL ROAD #533 NEW FAIRFIELD CT 06812	45-3455554	501 (C)	8,700				CT CULTURAL FUND OPE
(7) CIVICS FIRST, INC. 62 ELLSWORTH BLVD.		E01 (Q)	E 900				CT CULTURAL FUND OPE
KENSINGTON CT 06037	06-0998367	301 (C)	5,800				+
(8) CLEMENTINA ARTS FOUNDATION INC 11 BROOKSIDE ROAD							CT CULTURAL FUND OPE
REDDING CT 06896	82-2760816	501 (C)	5,800				
(9) CLINTON ARTS COUNCIL INC 10 FIELDBROOK AVE CLINTON CT 06413	87–1085530	501 (0)	5,700				CT CULTURAL FUND OPE
			· · · · · · · · · · · · · · · · · · ·			<u> </u>	
2 Enter total number of section 501(c)(3) and governments		iu iii tile lli	ie i ladie				

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.

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Name of the organization CONN	ECTICUT HUMAN	ITIES COUN	CIL.	INC				Employer identification number 06-0902244
	rmation on Grants a		· · · · · ·					
 Does the organization main the selection criteria used Describe in Part IV the org Part II Grants and 	intain records to substantiate to award the grants or assi- ganization's procedures for r	e the amount of the stance?	of grant fundanization	ds in the United States s and Domestic	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address or gover	ess of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) CLINTON HISTORICA PO BOX 86 CLINTON	CT 06413	06-6046513	501 (C)	6,200				CT CULTURAL FUND OPE
(2) COL. DANIEL PUTN		06-6041260						CT CULTURAL FUND OPE
(3) COLCHESTER HISTOI PO BOX 13 COLCHESTER		06-0960683		,				CT CULTURAL FUND OPE
(4) COMMUNITY CULTURA P.O. BOX 134 POMFRET								CT CULTURAL FUND OPE
(5) COMMUNITY MUSIC PO BOX 387		22-2552861						CT CULTURAL FUND OPE
(6) CON BRIO CHORAL PO BOX 312 CENTERBROOK		06-1514959		,				CT CULTURAL FUND OPE
(7) CONNECTICUT AERON 36 PERIMETER ROAL WINDSOR LOCKS	NAUTICAL HISTORIC			,				CT CULTURAL FUND OPE
(8) CONNECTICUT AERON 36 PERIMETER ROAL WINDSOR LOCKS	NAUTICAL HISTORIC			,				KIDS FREE SUMMER MUS
(9) CONNECTICUT AEROS 225 B MAIN ST STRATFORD								CT CULTURAL FUND OPE
2 Enter total number of sect		nt organizations liste		· · · · · · · · · · · · · · · · · · ·		<u> </u>		_

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.

Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number CONNECTICUT HUMANITIES COUNCIL. 06-0902244 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? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (d) Amount of cash (f) Method of valuation 1 (a) Name and address of organization (b) EIN (e) Amount of (h) Purpose of grant (g) Description of (book, FMV, appraisal, section or government noncash assistance noncash assistance or assistance grant (if applicable other) (1) CONNECTICUT ANTIQUE MACHINERY ASSOC P.O. BOX 1467 CT CULTURAL FUND OPE 06-1090238 501 (C) NEW MILFORD CT 06776 8,700 (2) CONNECTICUT ART TRAIL, 18 ELM AVE CT CULTURAL FUND OPE NORWICH 88-1922648 501 (C) CT 06360 5,600 (3) CONNECTICUT ARTS ALLIANCE, INCORPOR 100 EAST MAIN STREET CT CULTURAL FUND OPE WATERBURY CT 06702 85-1608469 501 (C) 125,000 (4) CONNECTICUT BALLET 750 MAIN STREET, SUITE 100 CT CULTURAL FUND OPE 06-1039302 501 (C) HARTFORD CT 06103 17,800 (5) CONNECTICUT BALLET SCHOOL INC. DBA 42 HALLEY COURT CT CULTURAL FUND OPE 06-1388107 501 (C) **FAIRFIELD** CT 06825 13,900 (6) CONNECTICUT CAPOEIRA AND DANCE CENT 39 BEATRICE DR CT CULTURAL FUND OPE |83-3188478 |501 (C) WEST HAVEN CT 06516 5,100 (7) CONNECTICUT CENTER FOR ARTS 4 SCIENCE PARK CT CULTURAL FUND OPE 45-1257955 501 (C) NEW HAVEN CT 06511 91,100 (8) CONNECTICUT CHAMBER 4 POST GATE ROAD CT CULTURAL FUND OPE TRUMBULL CT 06611 06-1073837 501 (C) 5,400 (9) CONNECTICUT CHILDREN'S THEATRE 71 DENNISON ROAD CT CULTURAL FUND OPE **ESSEX** CT 06426 20-2010851 501 (C) 5,700 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

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.

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Name of the organization

Employer identification number CONNECTICUT HUMANITIES COUNCIL. 06-0902244 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? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (f) Method of valuation 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (g) Description of (book, FMV, appraisal, section or government noncash assistance noncash assistance or assistance grant (if applicable other) (1) CONNECTICUT CHOPIN FOUNDATION, INC. 26 CHESTNUT CT CT CULTURAL FUND OPE 45-5228356 501 (C) ROCKY HILL CT 06067 5,600 (2) CONNECTICUT CHORAL ARTISTS INC. C/O SOUTH CHURCH CT CULTURAL FUND OPE 22-2755473 501 (C) NEW BRITAIN 9,200 CT 06051 (3) CONNECTICUT CHORAL SOCIETY P.O. BOX 42 CT CULTURAL FUND OPE SOUTHBURY |06-1043577 |501 (C) 6,000 CT 06488 (4) CONNECTICUT COUNCIL FOR THE SOCIAL PO BOX 5031 CT CULTURAL FUND OPE |87-3119208 |501 (C) MILFORD CT 06460 8,100 (5) CONNECTICUT DAUGHTERS OF THE 778 PALISADO AVENUE PLANNING GRANTS 06-6043316 501 (C) CT 06095 21,440 (6) CONNECTICUT DAUGHTERS OF THE AMERIC 778 PALISADO AVENUE CT CULTURAL FUND OPE 06-6043316 501 (C) WINDSOR CT 06095 5,800 (7) CONNECTICUT EARLY MUSIC SOCIETY CT CULTURAL FUND OPE PO BOX 329 06-1073186 501 (C) NEW LONDON CT 06320 6,700 (8) CONNECTICUT ELECTRIC RAILWAY ASSOCI 58 NORTH ROAD P.O.BOX 360 CT CULTURAL FUND OPE EAST WINDSOR CT 06088 06-6070002 501 (C) 15,400 (9) CONNECTICUT ELECTRIC RAILWAY ASSOCI 58 NORTH ROAD P.O.BOX 360 KIDS FREE SUMMER MUS EAST WINDSOR CT 06088 06-6070002 501 (C) 49,640 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

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.

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Department of the Treasury Internal Revenue Service

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Name of the organization CONNECTICUT HUMAN	ITIES COUN	CIL,	INC				Employer identification number 06-0902244
Part I General Information on Grants a			-			•	
 Does the organization maintain records to substantiat the selection criteria used to award the grants or assi Describe in Part IV the organization's procedures for 	stance? monitoring the use o	of grant func	ls in the United States	 3.			
Part II Grants and Other Assistance to Part IV, line 21, for any recipient the							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description o	1 1
(1) CONNECTICUT EXPLORED INC.							
1615 STANLEY STREET, DEPT. OF HI	sto						PLANNING GRANTS
NEW BRITAIN CT 06050	45-5404888	501 (C)	25,000				
(2) CONNECTICUT EXPLORED INC.							
1615 STANLEY STREET, DEPT. OF HI	sto						PARTNERSHIP GRANT
NEW BRITAIN CT 06050	45-5404888	501 (C)	190,314				
(3) CONNECTICUT EXPLORED INC.							
1615 STANLEY STREET, DEPT. OF HI	sto						CT CULTURAL FUND OPE
NEW BRITAIN CT 06050	45-5404888	501 (C)	11,200				
(4) CONNECTICUT FAMILY THEATRE, INC.			•				
58 SOUTH STREET							CT CULTURAL FUND OPE
WEST HARTFORD CT 06110	20-5956830	501 (C)	7,500				
(5) CONNECTICUT FORUM INC			•				
750 MAIN STREET 10TH FLOOR							CT CULTURAL FUND OPE
HARTFORD CT 06103	06-1343149	501 (C)	36,600				
(6) CONNECTICUT GUITAR SOCIETY			•				
69 GILBERT LANE							CT CULTURAL FUND OPE
BURLINGTON CT 06013	22-2768662	501 (C)	5,900				
(7) CONNECTICUT HURRICANES DRUM & BU	GLE		•				
PO BOX 214							CT CULTURAL FUND OPE
SEYMOUR CT 06483	06-1273256	501 (C)	8,300				
(8) CONNECTICUT LEAGUE OF HISTORY OR			•				
1615 STANLEY STREET							CT CULTURAL FUND OPE
NEW BRITAIN CT 06050	06-6108671	501 (C)	9,600				
(9) CONNECTICUT LYRIC OPERA, INC.		, - /	-,				
PO BOX 21							CT CULTURAL FUND OPE
NEW LONDON CT 06320	14-1896196	501 (C)	7,300				
2 Enter total number of section 501(c)(3) and government					1	1	<u> </u>
3 Enter total number of other organizations listed in the	-						

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization CONNECTICUT HUMANITIES COUNCIL. 06-0902244 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? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (c) IRC (d) Amount of cash (f) Method of valuation 1 (b) EIN (e) Amount of (h) Purpose of grant (g) Description of (book, FMV, appraisal, section or government noncash assistance noncash assistance or assistance grant (if applicable other) (1) CONNECTICUT MUSEUM OF CULTURE 1 ELIZABETH ST CT CULTURAL FUND OPE 06-6026012 501 (C) HARTFORD CT 06105 84,900 (2) CONNECTICUT MUSEUM OF CULTURE AND 1 ELIZABETH ST KIDS FREE SUMMER MUS 06-6026012 501 (C) 17,760 HARTFORD CT 06105 (3) CONNECTICUT PUBLIC AFFAIRS NETWORK 21 OAK ST. KIDS FREE SUMMER MUS HARTFORD CT 06106 |06-1502343|501 (C) 17,180 (4) CONNECTICUT PUBLIC BROADCASTING, 1049 ASYLUM AVENUE IMPLEMENTATION GRANT 06-0758938 501 (C) HARTFORD CT 06105 35,000 (5) CONNECTICUT PUBLIC BROADCASTING, 1049 ASYLUM AVENUE CT CULTURAL FUND OPE 06-0758938 501 (C) HARTFORD CT 06105 150,000 (6) CONNECTICUT RIVER FOUNDATION AT STE 67 MAIN ST. CT CULTURAL FUND OPE |23-7417579|501 (C) **ESSEX** CT 06426 24,900 (7) CONNECTICUT RIVER FOUNDATION AT STE KIDS FREE SUMMER MUS 67 MAIN ST 23-7417579 501 (C) **ESSEX** CT 06426 12,320 CONNECTICUT RIVER VALLEY SYMPHONIC 84 TOWN STREET CT CULTURAL FUND OPE EAST HADDAM CT 06423 87-3242050 501 (C) 5,100 (9) CONNECTICUT SCIENCE CENTER 250 COLUMBUS BOULEVARD KIDS FREE SUMMER MUS HARTFORD CT 06103 06-1538101 501 (C) 1,500,000 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

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.

Department of the Treasury Internal Revenue Service Name of the organization

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OMB No. 1545-0047 Open to Public Inspection

Employer identification number

CONNECTICUT HUMANI	TIES COUN	CIL,	INC			0	06-0902244
Part I General Information on Grants ar	nd Assistance	•				•	
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for m Part II Grants and Other Assistance to I Part IV, line 21, for any recipient that 	ance?onitoring the use o Domestic Orga	f grant fun	ds in the United States	Governments.	Complete if the	organization	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CONNECTICUT SONGWRITERS ASSOCIATI 40 BRUGGEMAN PLACE MYSTIC CT 06355	ON 06-1011256	501 (C)	5,500				CT CULTURAL FUND OPE
(2) CONNECTICUT STORYTELLING CENTER 290 STATE STREET NEW LONDON CT 06320	06-1467199	501 (C)	11,000				CT CULTURAL FUND OPE
(3) CONNECTICUT SUMMERFEST, INC. 908 SUNNYSIDE BLVD ANN ARBOR MI 48103	47-5031850	501 (C)	6,100				CT CULTURAL FUND OPE
(4) CONNECTICUT THEATRE COMPANY 23 NORDEN STREET NEW BRITAIN CT 06051	46-4260784	501 (C)	6,600				CT CULTURAL FUND OPE
(5) CONNECTICUT VALLEY SYMPHONY ORCHE C/O JOHN CRAND, TREASURER CANTON CT 06019	ST 23-7085685	501 (C)	5,600				CT CULTURAL FUND OPE
(6) CONNECTICUT VALLEY TOBACCO MUSEUM 135 LANG ROAD WINDSOR CT 06095	06-1209237	501 (C)	5,200				CT CULTURAL FUND OPE
(7) CONNECTICUT WOMEN'S CHORUS: ANOTH P.O. BOX 185234 HAMDEN CT 06517		, ,					CT CULTURAL FUND OPE
(8) CONNECTICUT WOMEN'S HALL OF FAME 320 FITCH STREET NEW HAVEN CT 06515	06-1492895						CT CULTURAL FUND OPE
(9) CONNECTICUT ZOOLOGICAL SOCIETY, I 1875 NOBLE AVE.		, ,					KIDS FREE SUMMER MUS
 Enter total number of section 501(c)(3) and governmen Enter total number of other organizations listed in the line 	t organizations liste						>

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.

Department of the Treasury Internal Revenue Service

Open to Public Inspection

OMB No. 1545-0047

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

Employer identification number Name of the organization CONNECTICUT HUMANITIES COUNCIL. 06-0902244 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? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (d) Amount of cash (f) Method of valuation 1 (a) Name and address of organization (b) EIN (e) Amount of (h) Purpose of grant (g) Description of (book, FMV, appraisal, section noncash assistance or government noncash assistance or assistance grant (if applicable other) (1) CONSONARE CHORAL COMMUNITY INCORPOR P.O. BOX 338 CT CULTURAL FUND OPE MANSFIELD CENTER 82-5430902 501 (C) CT 06250 5,600 (2) CONVERSATIONS ON THE GREEN INC PO BOX 1020 CT CULTURAL FUND OPE WASHINGTON 83-4438861 501 (C) 9,500 CT 06793 (3) CORNWALL HISTORICAL SOCIETY P.O. BOX 115 CT CULTURAL FUND OPE CORNWALL |06-6073400|501 (C) 7,300 CT 06753 (4) COVENTRY ARTS GUILD PO BOX 234 CT CULTURAL FUND OPE CT 06238 |81-2085637 |501 (C) COVENTRY 5,300 (5) CREATIVE ARTS WORKSHOP **80 AUDUBON STREET** CT CULTURAL FUND OPE 06-6067336 501 (C) NEW HAVEN CT 06510 23,200 (6) CREATIVE CONNECTIONS 303 WEST AVE. CT CULTURAL FUND OPE NORWALK CT 06850 13-3697184 | 501 (C) 14,400 (7) CRESCENDO INC PO BOX 245 CT CULTURAL FUND OPE 56-2537454 501 (C) 8,700 LAKEVILLE CT 06039 (8) CRYSTAL THEATRE, INC 12 JUNE AVENUE CT CULTURAL FUND OPE NORWALK CT 06850 06-1351921 501 (C) 10,600 (9) CT COUNCIL OF TEACHERS OF ENGLISH 601 WILLIS STREET CT CULTURAL FUND OPE BRISTOL CT 06010 82-1650099 501 (C) 5,100 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

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.

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Department of the Treasury Internal Revenue Service

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CONNECTICUT HUMAN	ITIES COUN	CIL,	INC				Employer Identification number 06-0902244
Part I General Information on Grants a	nd Assistance					•	
Does the organization maintain records to substantiat the selection criteria used to award the grants or assi Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Part IV, line 21, for any recipient the substantial records to award the grants or assistance to the part IV.	stance? monitoring the use of Domestic Org a	of grant fundanization	ds in the United States	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) CT STATE POLICE ACADEMY ALUMNI A CSPAAAMEC P.O. BOX 1945 MERIDEN, MERIDEN CT 06540	SSO CT 20-1683944	501 (C)	5,300				CT CULTURAL FUND OPE
(2) CT TRUST FOR HISTORIC PRESERVATI 940 WHITNEY AVENUE HAMDEN CT 06517	ON 06-0979808	501 (C)	30,000				CT CULTURAL FUND OPE
(3) CUATRO PUNTOS, INC. 45 CHURCH ST. HARTFORD CT 06103	47-4862489						CT CULTURAL FUND OPE
(4) CULTURAL ALLIANCE OF FAIRFIELD C GATE LODGE AT MATHEWS PARK NORWALK CT 06850			,				CT CULTURAL FUND OPE
(5) CULTURAL ALLIANCE OF WESTERN CON 256-2 MAIN STREET DANBURY CT 06810			,				CT CULTURAL FUND OPE
(6) CULTURE 4 A CAUSE INC. 152 TAYLOR ROAD NEW MILFORD CT 06776	81-5347388						CT CULTURAL FUND OPE
(7) CURTAIN CALL, INC. 1349 NEWFIELD AVENUE STAMFORD CT 06905	06-1343144						CT CULTURAL FUND OPE
(8) DANBURY CHAPTER OF SPEBSQSA INC. 90 CLAPBOARD RIDGE ROAD DANBURY CT 06811	06-6100159						CT CULTURAL FUND OPE
(9) DANBURY CONCERT ASSOC P.O. BOX 432			,				CT CULTURAL FUND OPE
2 Enter total number of other organizations listed in the							

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.

Department of the Treasury Internal Revenue Service

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Name of the organization CONNE	ECTICUT HUMAN	ITIES COUN	CIL,	INC				06-0902244
Part I General Infor	mation on Grants a	nd Assistance					•	
	o award the grants or assi anization's procedures for	stance? monitoring the use of Domestic Org a	of grant fund anization	ds in the United States s and Domestic	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address or govern	ss of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant
(1) DANBURY MUSEUM & 43 MAIN STREET DANBURY	HISTORICAL CT 06810	26-2881975	501 (C)	10,900				CT CULTURAL FUND OPE
(2) DANBURY MUSEUM & 43 MAIN STREET DANBURY				·				KIDS FREE SUMMER MUS
(3) DANBURY MUSIC CEN 256 MAIN ST. DANBURY		06-0732184		·				CT CULTURAL FUND OPE
(4) DANBURY RAILWAY M P.O. BOX 90 DANBURY		06-1407189		7,900				CT CULTURAL FUND OPE
(5) DANBURY RAILWAY M P.O. BOX 90 DANBURY		06-1407189		12,560				KIDS FREE SUMMER MUS
(6) DARIEN ARTS CENTE 2 RENSHAW ROAD DARIEN	CT 06820	51-0180482		20,900				CT CULTURAL FUND OPE
(7) DARIEN COMMUNITY 274 MIDDLESEX ROA DARIEN	•	06-0763897	501 (C)	25,400				CT CULTURAL FUND OPE
(8) DARIEN HISTORICAL 45 OLD KINGS HIGH DARIEN		06-6068553	501 (C)	9,900				CT CULTURAL FUND OPE
(9) DEACON JOHN GRAVE P.O.BOX 651	FOUNDATION, IN	c.		·				CT CULTURAL FUND OPE
2 Enter total number of sections. 3 Enter total number of other				- /			<u> </u>	

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.

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Department of the Treasury Internal Revenue Service

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CONNECTICUT HUMAN 1	TIES COUN	CIL,	INC				06-0902244
Part I General Information on Grants a	nd Assistance	,					
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for n Part II Grants and Other Assistance to 	tance? nonitoring the use o	f grant fund	ds in the United States				
Part IV, line 21, for any recipient th							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistant	(h) Purpose of grant
(1) DEEP RIVER HISTORICAL SOCIETY P.O. BOX 181 DEEP RIVER CT 06417	23-7425461	501 (C)	5,900				CT CULTURAL FUND OPE
(2) DENISON PEQUOTSEPOS NATURE CENTER 109 PEQUOTSEPOS ROAD MYSTIC CT 06355	06-0884024	501 (C)	33,400				CT CULTURAL FUND OPE
(3) DENISON PEQUOTSEPOS NATURE CENTER 109 PEQUOTSEPOS ROAD MYSTIC CT 06355							KIDS FREE SUMMER MUS
(4) DENISON SOCIETY, INC. P. O. BOX 42 MYSTIC CT 06355	06-6044693						CT CULTURAL FUND OPE
(5) DERBY HISTORICAL SOCIETY 37 ELM STREET ANSONIA CT 06401	06-6041121						CT CULTURAL FUND OPE
(6) DISCOVERY MUSEUM, INC. THE 4450 PARK AVENUE BRIDGEPORT CT 06604	06-0740527	501 (C)	39,280				KIDS FREE SUMMER MUS
(7) DOWNTOWN CABARET THEATRE 263 GOLDEN HILL ST BRIDGEPORT CT 06604	06-0932204	501 (C)	38,700				CT CULTURAL FUND OPE
(8) DUDLEY FOUNDATION, INC 2351 DURHAM RD GUILFORD CT 06437	06-1409967	501 (C)	6, 900				CT CULTURAL FUND OPE
(9) EARTHPLACE THE NATURE DISCOVERY (10) WOODSIDE LANE WESTPORT CT 06880			,				CT CULTURAL FUND OPE
2 Enter total number of section 501(c)(3) and government	nt organizations liste		·				

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.

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CONNECTICUT HUMAN	ITIES COUN	CIL,	INC				06-0902244
Part I General Information on Grants a	nd Assistance						
 Does the organization maintain records to substantiat the selection criteria used to award the grants or assi Describe in Part IV the organization's procedures for 	stance?	- 					Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient the							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant
(1) EARTHPLACE THE NATURE DISCOVERY 10 WOODSIDE LANE WESTPORT CT 06880	CEN 06-0740523	501 (C)	18,750				KIDS FREE SUMMER MUS
(2) EAST COAST CONTEMPORARY 15 YEW STREET							CT CULTURAL FUND OPE
NORWALK CT 06850	83-4702183	501 (C)	6,900				or conform rond or
(3) EAST GRANBY HISTORICAL SOCIETY I P.O. BOX 188 EAST GRANBY CT 06026	NCO 06-0944939	501 (C)	5,100				CT CULTURAL FUND OPE
(4) EAST HADDAM HISTORICAL POB 27 EAST HADDAM CT 06423	06-6063218	501 (C)	6,400				CT CULTURAL FUND OPE
(5) EAST HAVEN ARTS COMMISSION, INC. 9 WOOD TERRACE EAST HAVEN, CT CT 06513	87-3306303		5,500				CT CULTURAL FUND OPE
(6) EAST LYME HISTORICAL SOCIETY P. O. BOX 112			,				CT CULTURAL FUND OPE
(7) EAST LYME CT 06333 P.O. BOX 805	06-0776877		5,700				CT CULTURAL FUND OPE
NIANTIC CT 06357 (8) EAST WINDSOR ARTS AND CULTURE 11 RYE STREET	46-4557549	501 (C)	5,200				CT CULTURAL FUND OPE
BROAD BROOK CT 06016	06-6001993	501 (C)	5,100				
(9) EASTERN CONNECTICUT BALLET 435 BOSTON POST ROAD EAST LYME CT 06435	22-3147794	501 (C)	20,200				CT CULTURAL FUND OPE
2 Enter total number of section 501(c)(3) and governme	ent organizations liste						>

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.

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CONNEC!	CICUT HUMANI	TIES COUN	CIL,	INC				06-0902244
Part I General Informa	tion on Grants ar	nd Assistance	,					
	vard the grants or assist ation's procedures for m er Assistance to I	ance?onitoring the use of the Domestic Organical Organica Organical Organical Organica	of grant fundanization	ds in the United States	Governments.	Complete if the	organization	answered "Yes" on Form 990
	for any recipient tha	at received mo	re than \$	5,000. Part II can	be duplicated if		<u>e is needed</u>	
1 (a) Name and address of or governmen	•	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistant	1 1 1 3
(1) EASTERN CONNECTICUT 156 RIVER ROAD WILLINGTON	CENTER FOR HI	ST 81-3978225	501 (C)	6,100				CT CULTURAL FUND OPE
(2) EASTERN CONNECTICUT 289 STATE ST. NEW LONDON	SYMPHONY ORCH	ES 06-6068892	501 (C)	20,300				CT CULTURAL FUND OPE
(3) EASTON ARTS COUNCIL PO BOX 142 EASTON	CT 06612	06-1510937						CT CULTURAL FUND OPE
(4) EKKLESIA CONTEMPORAL 381 MAIN STREET MIDDLETOWN		84-3614663		,				CT CULTURAL FUND OPE
(5) ELI WHITNEY MUSEUM 915 WHITNEY MUSEUM HAMDEN	CT 06517	06-0952478						CT CULTURAL FUND OPE
(6) ELI WHITNEY MUSEUM 915 WHITNEY MUSEUM HAMDEN	CT 06517	06-0952478	501 (C)	15,000				KIDS FREE SUMMER MUS
(7) ELLINGTON HISTORICAL PO BOX 73, ELLINGTON		06-0939076	501 (C)	5,500				CT CULTURAL FUND OPE
(8) ELLSWORTH MEMORIAL PO BOX 791 WINDSOR	ASSOCIATION, I	NC 06-6038886	501 (C)	5,500				CT CULTURAL FUND OPE
(9) ELM SHAKESPEARE COM P.O. BOX 206029 NEW HAVEN		06-1426731		,				CT CULTURAL FUND OPE
2 Enter total number of section 5	01(c)(3) and governmen	t organizations liste		·				

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.

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Name of the organization CONNECTICUT HUMAN	IITIES COUN	CIL.	INC				Employer identification number 06-0902244
Part I General Information on Grants		<u> </u>				I	
 Does the organization maintain records to substantia the selection criteria used to award the grants or ass Describe in Part IV the organization's procedures for 	sistance? monitoring the use o	f grant fund	ds in the United States				
Part II Grants and Other Assistance to Part IV, line 21, for any recipient							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) EMERSON THEATER COLLABORATIVE P.O. BOX 633							CT CULTURAL FUND OPE
MYSTIC CT 06355	26-2369204	501 (C)	7,000				
(2) EPOCH ARTS, INC		, ,	·				
27 SKINNER STREET EAST HAMPTON CT 06424	11-3760142	501 (C)	7,300				CT CULTURAL FUND OPE
(3) ESSEX HISTORICAL SOCIETY	11 3700142	301 (0)	7,300				
PO BOX 123							CT CULTURAL FUND OPE
ESSEX CT 06426	06-6054716	501 (C)	7,300				
(4) ESSEX WINTER SERIES, INC.		,	,				
P.O. BOX 383							CT CULTURAL FUND OPE
ESSEX CT 06426	06-0991889	501 (C)	8,000				
(5) ETHNIC HISTORICAL ARCHIVES CENTE	ER O						
3 PEQUOT ROAD							CT CULTURAL FUND OPE
WALLINGFORD CT 06492	06-1267910	501 (C)	5,300				
(6) EVERGREEN FAMILY THEATRE							
1030 ENFIELD STREET							CT CULTURAL FUND OPE
ENFIELD CT 06082	88-1758251	501 (C)	5,700				
(7) EVERYDAY DEMOCRACY, INC.							
75 CHARTER OAK AVENUE							CT CULTURAL FUND OPE
HARTFORD CT 06106	06-1074292	501 (C)	75,200				
(8) EXPRESSIONES CULTURAL CENTER INC	C.						
84 BANK STREET							CT CULTURAL FUND OPE
NEW LONDON CT 06320	27-0975144	501 (C)	7,900				
(9) FAIRFIELD CENTER STAGE, INC.							
PO BOX 273							CT CULTURAL FUND OPE
FAIRFIELD CT 06824	27-2533084						
2 Enter total number of section 501(c)(3) and government	ent organizations liste	d in the lin	e 1 table				
3 Enter total number of other organizations listed in the	e line 1 table						•

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.

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Name of the organization CONNECTICUT HUMAN	TIES COUN	CIL.	INC				Employer identification number 06-0902244
Part I General Information on Grants a		<u> </u>					
Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for note that the procedures for note that the procedure of the part IV, line 21, for any recipient that the procedure of th	the amount of the stance?nonitoring the use of Domestic Organical control of the stance?	of grant fundanization	ds in the United States s and Domestic	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) FAIRFIELD COUNTY CHILDREN'S CHOIP PO BOX 1528 FAIRFIELD CT 06825	06–1443060	501 (C)	12,200				CT CULTURAL FUND OPE
(2) FAIRFIELD COUNTY CHORALE INC 606 POST RD EAST, #705 WESTPORT CT 06880	06-0801816						CT CULTURAL FUND OPE
(3) FAIRFIELD HISTORICAL SOCIETY 370 BEACH ROAD FAIRFIELD CT 06824	06-0646622						IMPLEMENTATION GRANT
(4) FAIRFIELD HISTORICAL SOCIETY 370 BEACH ROAD FAIRFIELD CT 06824	06-0646622	501 (C)					CT CULTURAL FUND OPE
(5) FAIRFIELD HISTORICAL SOCIETY 370 BEACH ROAD FAIRFIELD CT 06824	06-0646622	501 (C)	16,120				KIDS FREE SUMMER MUS
(6) FAIRFIELD THEATRE COMPANY, INC 70 SANFORD ST. FAIRFIELD CT 06824	06-1594125	501 (C)	76,500				CT CULTURAL FUND OPE
(7) FAIRFIELD UNIVERSITY/ 1073 NORTH BENSON RD FAIRFIELD CT 06824	06-0646623	501 (C)	30,000				IMPLEMENTATION GRANT
(8) FALLS VILLAGE-CANAAN HISTORICAL S PO BOX 206 FALLS VILLAGE CT 06031			,				CT CULTURAL FUND OPE
(9) FAMILY CENTER, DBA IMAGINE NATION ONE PLEASANT ST BRISTOL CT 06010							KIDS FREE SUMMER MUS
Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the light	nt organizations list						

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.

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CON	NECTICUT HUM	ANITIES COUN	ICIL,	INC				06-09022 44	
Part I General In	formation on Gran	ts and Assistance							
 Does the organization in the selection criteria use Describe in Part IV the 	naintain records to substa ed to award the grants or organization's procedures	assistance?						Yes	☐ No
								answered "Yes" on	Form 990
·	e 21, for any recipie	nt that received mo	1	Τ΄	be duplicated if				
. ,	dress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of good or assistance	
(1) FARMINGTON HIST PO BOX 1645 FARMINGTON	ORICAL SOCIETY CT 06034	06-6056619	501 (C)	6,900				CT CULTURAL F	JND OPE
(2) FARMINGTON VALL			301 (C)	6,900					
25 ARTS CENTER	LANE		E01 (G)	15 200				CT CULTURAL F	JND OPE
AVON	CT 06001	06-0916851	201 (C)	15,300					
(3) FARMINGTON VALL 30 BLUE RIDGE D	•							CT CULTURAL F	TAID ODE
WEATOGUE	CT 06089	22-2495830	501 (C)	6,000				CI COLIORAL FO	JND OPE
(4) FARMINGTON VALL			301 (C)	6,000					
222 MAIN STREET		CIIESTR						CT CULTURAL F	IND OPE
FARMINGTON	CT 06032	06-1255755	501 (C)	6,100				CI COLIORAL I	JAD OF
(5) FARMINGTON VILL			301 (0)	0,200					
37 HIGH STREET								CT CULTURAL F	JND OPE
FARMINGTON	CT 06032	06-0676855	501 (C)	11,200					
(6) FEDERATION FOR				,					
4200 PARK AVE								CT CULTURAL F	JND OPE
BRIDGEPORT	CT 06604	06-0994563	501 (C)	5,400					
(7) FERMATA ARTS FO	UNDATION INC.			·					
PO BOX 197								CT CULTURAL F	JND OPE
AVON	CT 06001	26-3396309	501 (C)	6,300					
(8) FESTIVAL 52 FOU	NDATION INC								
7 VERA DRIVE								CT CULTURAL F	JND OPE
BETHEL	CT 06801	92-0906685	501 (C)	5,900					
(9) FINNISH AMERICA	N HERITAGE SOC	IETY I							_
PO BOX 252								CT CULTURAL F	JND OPE
CANTERBURY	CT 06331	22-2984648	501 (C)	5,500					
2 Enter total number of se	ection 501(c)(3) and gove	ernment organizations list	ed in the lin	ne 1 table				• • • • • • • • • • • • • • • • • • •	
3 Enter total number of et									

NEW LONDON

OLD LYME

OLD LYME

(4) FLORENCE GRISWOLD

(5) FLORENCE GRISWOLD MUSEUM

96 LYME STREET

96 LYME STREET

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

|06–1537478 |501 (C)

06-6062157 501 (C)

06-6062157 501 (C)

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization CONNECTICUT HUMANITIES COUNCIL. 06-0902244 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? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (d) Amount of cash (f) Method of valuation 1 (a) Name and address of organization (b) EIN (e) Amount of (h) Purpose of grant (g) Description of (book, FMV, appraisal, section or government noncash assistance noncash assistance or assistance grant (if applicable other) (1) FIRST NIGHT HARTFORD 1429 PARK STREET, SUITE 114 CT CULTURAL FUND OPE |22-2970922 |501 (C) HARTFORD CT 06106 8,000 (2) FIVE POINTS CENTER FOR THE VISUAL PO BOX 1028 CT CULTURAL FUND OPE TORRINGTON 46-1555586 501 (C) CT 06790 17,100 (3) FLOCK THEATRE COMPANY 10 PROSPECT STREET CT CULTURAL FUND OPE

9,100

35,000

30,800

(6) FLORENCE GRISWOLD MUSEUM 96 LYME STREET KIDS FREE SUMMER MUS OLD LYME CT 06371 06-6062157 | 501 (C) 19,020 (7) FOUNDATION FOR DIVERSITY IN THE ART 170 DARLING RD CT CULTURAL FUND OPE 83-0687806 501 (C) 8,000 SALEM CT 06240 (8) FRENCH-CANADIAN GENEALOGICAL SOCIET POST OFFICE BOX 928 CT CULTURAL FUND OPE TOLLAND CT 06084 06-1047439 501 (C) 5,500 (9) FRIENDS OF BOOTHE PARK, INC. P.O. BOX 902 CT CULTURAL FUND OPE STRATFORD CT 06615 22-2570163 501 (C) 5,300

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

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

CT 06320

CT 06371

CT 06371

MUSEUM

Schedule I (Form 990) (2022)

IMPLEMENTATION GRANT

CT CULTURAL FUND OPE

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number CONNECTICUT HUMANITIES COUNCIL. 06-0902244 TNC

CONNECTION NOTERIA	1110 0001	<u> </u>	<u> </u>				, , , , , , , , , , , , , , , , , , , 	-	
Part I General Information on Grants at	nd Assistance								
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for n 	tance?							Yes	☐ No
Part II Grants and Other Assistance to					Complete if the	organization a	nswered "Ye	es" on Fo	rm 990
Part IV, line 21, for any recipient th								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)			pose of grant	ſ
(1) FRIENDS OF JOHN SLADE ELY HOUSE O) 	(ii applicable)	g		Otrier)		1		
51 TRUMBULL STREET	7						CT CULTUR	RAL FUN	D OPE
NEW HAVEN CT 06510	47-4531239	501 (C)	7,200				01 002101		
(2) FRIENDS OF MADISON YOUTH, INC.		(- ,	,						
P.O. BOX 54							CT CULTUR	RAL FUN	D OPE
MADISON CT 06443	06-1474604	501 (C)	8,200						
(3) FRIENDS OF THE LEVITT PAVILION,	INC								
260 COMPO ROAD SOUTH							CT CULTUR	RAL FUN	D OPE
WESTPORT CT 06880	51-0190780	501 (C)	22,700						
(4) FRIENDS OF THE RIVERSIDE CEMETERY	I								
FRIENDS OF RIVERSIDE CEMETER							CT CULTUR	RAL FUN	D OPE
WATERBURY CT 06720	84-1989959	501 (C)	5,300						
(5) FRIENDS OF VALLEY FALLS, INC. PO BOX 2008							CT CULTUR	RAL FUN	D OPE
VERNON CT 06066	06-1260706	501 (C)	6,200						
(6) FRIENDS OF WEIR FARM NATIONAL HIS			,						
735 NOD HILL RD							CT CULTUR	RAL FUN	D OPE
WITON CT 06897	47-4754922	501 (C)	5,400						
(7) FRIENDS OF WESTPORT PUBLIC ART CO	LL							,	
P.O. BOX 688							CT CULTUR	RAL FUN	D OPE
WESTPORT CT 06881	81-3624942	501 (C)	5,600						
(8) FRIENDS OF WOOD MEMORIAL LIBRARY	AN								
PO BOX 131							CT CULTUR	RAL FUN	D OPE
SOUTH WINDSOR CT 06074	06-1011396	501 (C)	10,200						
(9) FUSE THEATRE OF CT									
C/O DRESSLER SANTAUS COLMAN							CT CULTUR	RAL FUN	D OPE
WEST HAVEN CT 06516	84-4051589			1					
2 Enter total number of section 501(c)(3) and government	nt organizations liste	ed in the lin	e 1 table				>		
3 Enter total number of other organizations listed in the li	ne 1 table						•		

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

Name of the organization CONNECTICUT HUMANI	TTES COIN	CTT.	INC				Employer identification number 06-0902244
Part I General Information on Grants at		CII,	1110				00 0002244
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for n 	the amount of the tance?				ants or assistance,	and	Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient the							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) GODFREY MEMORIAL LIBRARY 134 NEWFIELD ST.							CT CULTURAL FUND OPE
MIDDLETOWN CT 06457	06-0655485	501 (C)	9,000				CI COLIOIGIA I OND OIL
(2) GOODSPEED OPERA HOUSE FOUNDATION			3,000				
PO BOX A							CT CULTURAL FUND OPE
EAST HADDAM CT 06423	13-1969314	501 (C)	108,800				
(3) GOSHEN PLAYERS, INC.							
P.O. BOX 63							CT CULTURAL FUND OPE
GOSHEN CT 06756	22-2775679	501 (C)	6,300				
(4) GOVERNOR SAMUEL HUNTINGTON TRUST,	I						
P. O. BOX 231							CT CULTURAL FUND OPE
SCOTLAND CT 06264	06-1407133	501 (C)	5,400				
(5) GREATER BRIDGEPORT SYMPHONY SOCIE	ETY						
446 UNIVERSITY AVE							CT CULTURAL FUND OPE
BRIDGEPORT CT 06604	06-6012460	501 (C)	15,800				
(6) GREATER CONNECTICUT YOUTH ORCHEST	TRA.						
PO BOX 645							CT CULTURAL FUND OPE
FAIRFIELD CT 06824	06-1325895	501 (C)	15,300				
(7) GREATER HARTFORD ARTS COUNCIL, IN	ĭ¢.						
100 PEARL STREET							CT CULTURAL FUND OPE
HARTFORD CT 06103	23-7111486	501 (C)	50,000				
(8) GREATER MIDDLETOWN CHORALE, INC.							
PO BOX 527							CT CULTURAL FUND OPE
MIDDLETOWN CT 06457	06-1038816	501 (C)	7,800				
(9) GREATER NEW HAVEN COMMUNITY CHORU	J\$,						
P.O. BOX 351							CT CULTURAL FUND OPE
NEW HAVEN CT 06502	22-2467760	· · ·					1
2 Enter total number of section 501(c)(3) and government		ed in the lin	e 1 table				
3 Enter total number of other organizations listed in the li	ine 1 table						•

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.

Department of the Treasury Internal Revenue Service

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

CONNECTICUT HUMA	NITIES COUNCIL,	INC				06-0902244
Part I General Information on Grants					•	
Does the organization maintain records to substant the selection criteria used to award the grants or a Describe in Part IV the organization's procedures for Part II Grants and Other Assistance Part IV, line 21, for any recipient	ssistance? or monitoring the use of grant ful to Domestic Organizatio	nds in the United States	Governments. C	omplete if the	organization	answered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN (c) IRC section (if applicable	(d) Amount of cash	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) GREATOR BRISTOL HISTORICAL SOC P.O. BOX 1393 BRISTOL CT 06011	23-7122055 501 (C	6,700				CT CULTURAL FUND OPE
(2) GREEN PLANET FILMS, INC 22 BAYVIEW AVE, STE 75 STONINGTON CT 06378	86-1057806 501 (C	8,700				CT CULTURAL FUND OPE
(3) GREENWICH ART SOCIETY 299 GREENWICH AVE. , 3RD FLOOR GREENWICH CT 06830	06-6075070 501 (C) 8,500				CT CULTURAL FUND OPE
(4) GREENWICH ARTS COUNCIL 299 GREENWICH AVENUE GREENWICH CT 06830	23-7224200 501 (C) 14,400				CT CULTURAL FUND OPE
(5) GREENWICH CHORAL SOCIETY 299 GREENWICH AVENUE GREENWICH CT 06836	06-6036343 501 (C	9,600				CT CULTURAL FUND OPE
(6) GREENWICH HISTORICAL SOCIETY 47 STRICKLAND ROAD COS COB CT 06807	06-6036049 501 (C					CT CULTURAL FUND OPE
(7) GREENWICH HISTORICAL SOCIETY 47 STRICKLAND ROAD COS COB CT 06807	06-6036049 501 (C) 15,000				KIDS FREE SUMMER MUS
(8) GRUMBLING GRYPHONS TRAVELING CI 29 LAKE RD WEST CORNWALL CT 06796	HILDR 22-2576189 501 (C	5,900				CT CULTURAL FUND OPE
(9) GUILFORD ART CENTER 411 CHURCH STREET GUILFORD CT 06437	06-6089567 501 (C					CT CULTURAL FUND OPE
2 Enter total number of section 501(c)(3) and govern 3 Enter total number of other organizations listed in the	ment organizations listed in the li	- /				

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.

Department of the Treasury Internal Revenue Service

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

CONNECTICUT HUMAN	ITIES COUN	CIL,	INC			I	Employer Identification number 06-0902244
Part I General Information on Grants a						•	
Does the organization maintain records to substantiate the selection criteria used to award the grants or assized Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Part IV, line 21, for any recipient the part IV.	stance? monitoring the use of Domestic Orga	of grant fundanization	ds in the United States	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) GUILFORD COMMUNITY TELEVISION, I 725 BOSTON POST ROAD GUILFORD CT 06437	NC 06-1349846	501 (C)	7,400				CT CULTURAL FUND OPE
(2) GUILFORD KEEPING SOCIETY GUILFORD KEEPING SOCIETY P. O. B	0 X 23-7266545	501 (C)	6,500				CT CULTURAL FUND OPE
(3) GUILFORD PERFORMING ARTS FESTIVAL 85 CHURCH STREET GUILFORD CT 06437	L 82-4648770	501 (C)	5,900				CT CULTURAL FUND OPE
(4) GUNN MEMORIAL LIBRARY, INC. 5 WYKEHAM AVE, PO BOX 1273 WASHINGTON CT 06793	06-0691373		,				CT CULTURAL FUND OPE
(5) HADDAM HISTORICAL SOCIETY P.O. BOX 97 HADDAM CT 06438	06-6053559		,				CT CULTURAL FUND OPE
(6) HAMDEN ART LEAGUE INC. P.O. BOX 185534 HAMDEN CT 06518	88-1182570						CT CULTURAL FUND OPE
(7) HAMDEN HISTORICAL SOCIETY, INC. PO BOX 5512 HAMDEN CT 06518	06-6069250	501 (C)	6,200				CT CULTURAL FUND OPE
(8) HAMPTON ANTIQUARIAN AND HISTORIC. P.O. BOX 12 HAMPTON CT 06247	AL 23-7003270	501 (C)					CT CULTURAL FUND OPE
(9) HARRIET BEECHER STOWE CENTER 77 FOREST STREET HARTFORD CT 06105	06-6042822		,				KIDS FREE SUMMER MUS
2 Enter total number of section 501(c)(3) and governme	nt organizations liste		· · · · · · · · · · · · · · · · · · ·				

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization CONNECTICUT HUMANITIES COUNCIL. 06-0902244 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? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (d) Amount of cash (f) Method of valuation 1 (a) Name and address of organization (b) EIN (e) Amount of (h) Purpose of grant (g) Description of (book, FMV, appraisal, section or government noncash assistance noncash assistance or assistance grant (if applicable other) (1) HARRIET U. ALLYN TESTAMENTARY TRUST 625 WILLIAMS STREET KIDS FREE SUMMER MUS 06-0646663 501 (C) NEW LONDON CT 06320 17,750 (2) HARTBEAT ENSEMBLE 360 FARMINGTON AVE PLANNING GRANTS HARTFORD 06-1633100 501 (C) CT 06105 15,500 (3) HARTFORD ARTISANS WEAVING CENTER 42 WOODLAND STREET PARTNERSHIP GRANT HARTFORD CT 06105 |26-3608136 |501 (C) 11,500 (4) HARTFORD CHORALE 233 PEARL STREET, MAILBOX 17 CT CULTURAL FUND OPE 06-0884892 501 (C) HARTFORD CT 06103 9,600 (5) HARTFORD MEN IN HARMONY 1 SPARROW LANE CT CULTURAL FUND OPE 06-6074005 501 (C) UNIONVILLE CT 06085 5,500 (6) HARTFORD OPERA THEATER, INC. P.O. BOX 370442 CT CULTURAL FUND OPE WEST HARTFORD CT 06137 |27-3287114|501 (C) 5,300 (7) HARTFORD PERFORMS, INC. 1049 ASYLUM AVENUE CT CULTURAL FUND OPE 46-1484114 501 (C) HARTFORD CT 06105 22,700 (8) HARTFORD STAGE COMPANY, INC. 50 CHURCH ST. CT CULTURAL FUND OPE HARTFORD CT 06103 06-0790484 501 (C) 58,900 (9) HARTFORD SYMPHONY ORCHESTRA 166 CAPITOL AVENUE CT CULTURAL FUND OPE HARTFORD CT 06106 06-0637319 501 (C) 114,900 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization CONNECTICUT HUMA	NITIES COUN	CIL.	INC				Employer identification number 06-0902244
Part I General Information on Grants		 /					
Does the organization maintain records to substantion the selection criteria used to award the grants or as Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Part IV, line 21, for any recipient	iate the amount of the ssistance? or monitoring the use of the company of the use of the	f grant fund	ds in the United States s and Domestic	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) HARTFORD'S PROUD DRILL DRUM 54 BURTON STREET HARTFORD CT 06112	47-1785315	501 (C)	7,500				CT CULTURAL FUND OPE
(2) HARTLAND HISTORICAL SOCIETY INC P.O. BOX 221 EAST HARTLAND CT 06027							CT CULTURAL FUND OPE
(3) HEBRON HISTORICAL SOCIETY, INC. PO BOX 43 HEBRON CT 06248		• •	5,100				CT CULTURAL FUND OPE
(4) HENRY WHITFIELD STATE MUSEUM 248 OLD WHITFIELD STREET GUILFORD CT 06437	06-6000798	501 (C)	5,190				KIDS FREE SUMMER MUS
(5) HICKS-STEARNS FAMILY MUSEUM P.O. BOX 278 TOLLAND CT 06084	81-4443850	501 (C)	6,000				CT CULTURAL FUND OPE
(6) HIGHLAND GREEN FOUNDATION 1101 BEDFORD STREET STAMFORD CT 06905	27-4830140	501 (C)	9,100				CT CULTURAL FUND OPE
(7) HILL-STEAD MUSEUM 35 MOUNTAIN ROAD FARMINGTON CT 06032	06-0646673	501 (C)	18,050				KIDS FREE SUMMER MUS
(8) HISPANIC ALLIANCE OF SOUTHEASTE P.O BOX 227 NEW LONDON CT 06320	C 02-0573328	501 (C)	10,700				CT CULTURAL FUND OPE
(9) HISTORIC ROWAYTON, INC. PO BOX 106 177 ROWAYTON AVENUE NORWALK CT 06853	06-6105257						CT CULTURAL FUND OPE
Enter total number of section 501(c)(3) and governr Enter total number of other organizations listed in the	ment organizations liste		· ·				>

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization CONNEC	CTICUT HUMANI	TIES COUN	CIL,	INC			I	D6-0902244
Part I General Inform	nation on Grants ar	nd Assistance					•	
	award the grants or assis iization's procedures for m	tance?tance?tance?tonitoring the use of the comparison of the compar	of grant fundanization	ds in the United States	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address or governm	of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) HISTORICAL SOCIETY 401 MAIN STREET WATERTOWN	INC WATERTOWN CT 06795	06-0834599	501 (C)	7,300				CT CULTURAL FUND OPE
(2) HISTORICAL SOCIETY PO BOX 380166 EAST HARTFORD								CT CULTURAL FUND OPE
(3) HISTORICAL SOCIETY P.O. BOX 121 EASTON								CT CULTURAL FUND OPE
(4) HISTORICAL SOCIETY PO BOX 46 GLASTONBURY		+		,				CT CULTURAL FUND OPE
(5) HOLE IN THE WALL C PO BOX 942 NEW BRITAIN		06-1027373		,				CT CULTURAL FUND OPE
(6) HOLLYCROFT FOUNDAT P.O. BOX 278 IVORYTON								CT CULTURAL FUND OPE
(7) HUGO KAUDER SOCIET 421 HUMPHREY ST NEW HAVEN	Y CT 06511	27-0032094	501 (C)	5,300				CT CULTURAL FUND OPE
(8) HUNGARIAN COMMUNIT 147 WARD ST. WALLINGFORD	Y CLUB OF WALLI	NG 06-5554248	501 (C)	6,500				CT CULTURAL FUND OPE
(9) HYGIENIC ART INC. 79 BANK STREET				,				CT CULTURAL FUND OPE
2 Enter total number of section 3 Enter total number of other or							<u> </u>	

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization CONNECTICUT HUMAN	TTTES COUN	CTL	INC				Employer identification number 06-0902244
Part I General Information on Grants a		CIL,	1110				00 000221
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for records. 	e the amount of the stance?	of grant fund	ds in the United States	 3.			
Part II Grants and Other Assistance to Part IV, line 21, for any recipient the							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	
(1) I-PARK FOUNDATION, INC. P. O. BOX 428 EAST HADDAM CT 06423	26-4463061	501 (C)	13,800		,		CT CULTURAL FUND OPE
(2) IMMIGRANT HISTORY INITIATIVE 187 MONTGOMERY STREET JERSEY CITY NJ 07302			7,900				CT CULTURAL FUND OPE
(3) INDIA CULTURAL CENTER OF GREENWICE PO BOX 7518 GREENWICH CT 06836	CH		12,500				CT CULTURAL FUND OPE
(4) INDIAN AND COLONIAL RESEARCH CENT PO BOX 525 OLD MYSTIC CT 06372	TER		5,300				CT CULTURAL FUND OPE
(5) INSTITUTE FOR AMERICAN INDIAN STU 38 CURTIS ROAD WASHINGTON CT 06793	UDI		20,300				CT CULTURAL FUND OPE
(6) INSTITUTE FOR AMERICAN INDIAN STU 38 CURTIS ROAD WASHINGTON CT 06793			,				KIDS FREE SUMMER MUS
(7) INTEMPO ORGANIZATION, INC 58 CHURCH ST. STAMFORD CT 06906	90-0725572		,				CT CULTURAL FUND OPE
(8) JAMES BALDWIN PROJECT INC 289 WILSON ROAD EASTON CT 06612	85-3371039		,				PLANNING GRANTS
(9) JAMES BALDWIN PROJECT INC 289 WILSON ROAD							CT CULTURAL FUND OPE
2 Enter total number of section 501(c)(3) and governme							

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization CONNECTICUT HUMANITIES COUNCIL. 06-0902244 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? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (f) Method of valuation 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (g) Description of (book, FMV, appraisal, section or government noncash assistance noncash assistance or assistance grant (if applicable other) (1) JEWISH COMMUNITY CENTER IN SHERMAN PO BOX 282 CT CULTURAL FUND OPE 06-1414287 501 (C) SHERMAN CT 06784 7,200 (2) JEWISH COMMUNITY CENTER INC 1035 NEWFIELD AVENUE CT CULTURAL FUND OPE STAMFORD 06-0646918 501 (C) 8,100 CT 06905 (3) JEWISH HISTORICAL SOCIETY OF 333 BLOOMFIELD AVENUE CT CULTURAL FUND OPE WEST HARTFORD |06–1217339|501 (C) 8,300 CT 06117 (4) JEWISH HISTORICAL SOCIETY OF GREATE PO BOX 3251 CT CULTURAL FUND OPE 06-0941787 501 (C) NEW HAVEN CT 06515 6,200 (5) JIB PRODUCTIONS, INC. PO BOX 2161 CT CULTURAL FUND OPE 32-0209993 501 (C) WESTPORT CT 06880 8,300 (6) JOURNEY WRITERS INC. C/O THE CHRISTIAN ACTIVITIES COUNCI CT CULTURAL FUND OPE 5,200 HARTFORD CT 06112 47-5481594 | 501 (C) (7) JOYFUL NOISE, INC. P.O. BOX 1051 CT CULTURAL FUND OPE 06-1329927 501 (C) TORRINGTON CT 06790 8,900 (8) JUSTICE DANCE PERFORMANCE PROJECT 75 CHARTER OAK AVE CT CULTURAL FUND OPE HARTFORD CT 06106 22-3064328 501 (C) 15,600 (9) KATHARINE HEPBURN CULTURAL ARTS CEN 300 MAIN ST CT CULTURAL FUND OPE OLD SAYBROOK CT 06475 51-0646562 501 (C) 57,700 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number 06-0902244 CONNECTICUT HUMANITIES COUNCIL, INC

Part I General Information on Grants a	nd Assistance	ĺ				•	
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for records. 	stance?						Yes No
Part II Grants and Other Assistance to					Complete if the	organization a	answered "Yes" on Form 990
Part IV, line 21, for any recipient the							
 (a) Name and address of organization or government 	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KATHARINE HEPBURN CULTURAL ARTS	CEN						
300 MAIN ST							KIDS FREE SUMMER MUS
OLD SAYBROOK CT 06475	51-0646562	501 (C)	15,000				
(2) KEELER TAVERN PRESERVATION SOCIE	Γ¥,						
152 MAIN STREET							PLANNING GRANTS
RIDGEFIELD CT 06877	06-6076244	501 (C)	25,000				
(3) KEELER TAVERN PRESERVATION SOCIE	Γ¥,						
152 MAIN STREET							CT CULTURAL FUND OPE
RIDGEFIELD CT 06877	06-6076244	501 (C)	22,000				
(4) KEELER TAVERN PRESERVATION SOCIE	Γ¥,						
152 MAIN STREET							KIDS FREE SUMMER MUS
RIDGEFIELD CT 06877	06-6076244	501 (C)	11,500				
(5) KENT ART ASSOCIATION, INC							
PO BOX 202							CT CULTURAL FUND OPE
KENT CT 06757	06-6057902	501 (C)	6,400				
(6) KENT HISTORICAL SOCIETY, INC.							
PO BOX 651							CT CULTURAL FUND OPE
KENT CT 06757	06-0850105	501 (C)	8,000				
(7) KENT SINGERS, INC.							
KENT SINGERS							CT CULTURAL FUND OPE
KENT CT 06757	06-1073156	501 (C)	5,900				
(8) KIDCITY, INC.							
119 WASHINGTON STREET							KIDS FREE SUMMER MUS
MIDDLETOWN CT 06457	22-3396732	501 (C)	88,600				
(9) KIDS EMPOWERED BY YOUR SUPPORT,	INC						
PO BOX 532							CT CULTURAL FUND OPE
NEW CANAAN CT 06840	20-4846463	501 (C)	22,500				
2 Enter total number of section 501(c)(3) and governme	nt organizations liste	ed in the lin	e 1 table				>
3 Enter total number of other organizations listed in the							

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization CONNECTICUT HUMAN	TTTES COIN	CTT.	INC				Employer identification number 06-0902244
Part I General Information on Grants a		CII,	1110				00 0302244
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assistantiate. Describe in Part IV the organization's procedures for interest. 	e the amount of the stance?	of grant fund	ds in the United States	3.			
Part II Grants and Other Assistance to Part IV, line 21, for any recipient the							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistant	
(1) KIDSPLAY CHILDREN'S MUSEUM, INC.							
61 MAIN ST TORRINGTON CT 06790	45-4928276	501 (C)	66,560				KIDS FREE SUMMER MUS
(2) KIDZ KONNECTION INC							
30 LEFFINGWELL RD. CLINTON CT 06413	26-4602817	501 (C)	8,200				CT CULTURAL FUND OPE
(3) KILLINGLY HISTORICAL AND GENEALO		301 (C)	8,200				_
P.O. BOX 265							CT CULTURAL FUND OPE
DANIELSON CT 06239	06-1432279	501 (C)	5,200				
(4) KILLINGWORTH HISTORICAL SOCIETY							
P.O. BOX 707 KILLINGWORTH CT 06419	06-0858122	E01 (C)	5,600				CT CULTURAL FUND OPE
(5) KLEIN MEMORIAL AUDITORIUM FOUNDA		301 (0)	3,000				_
910 FAIRFIELD AVENUE							CT CULTURAL FUND OPE
BRIDGEPORT CT 06605	06-1474233	501 (C)	26,300				
(6) LANDMARK COMMUNITY THEATRE, INC.							
P.O. BOX 158							CT CULTURAL FUND OPE
THOMASTON CT 06787	27–1112550	501 (C)	15,000				
(7) LAUREL MUSIC CAMP INC. PO BOX 245							CT CULTURAL FUND OPE
CROMWELL CT 06416	06-1465217	501 (C)	6,400				CT CULTURAL FUND OPE
(8) LAYAVINYASA	00 1403217	301 (0)	0,400				
24 SEA IS							CT CULTURAL FUND OPE
GLASTONBURY CT 06033	86-2377427	501 (C)	6,200				
(9) LEBANON HISTORICAL SOCIETY PO BOX 151							CT CULTURAL FUND OPE
LEBANON CT 06249	06-0942503	501 (C)	10,500				CI COLIONAL FOND OPE
2 Enter total number of section 501(c)(3) and governme			· · · · · · · · · · · · · · · · · · ·		ı		•
3 Enter total number of other organizations listed in the							

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization CONNECTICUT H	UMANITIES COUN	CIL,	INC				Employer identification number 06-0902244
Part I General Information on Gi		<u>,</u>				l	
 Does the organization maintain records to su the selection criteria used to award the grant Describe in Part IV the organization's proced 	s or assistance?		-				Yes No
	nce to Domestic Orga	nization	s and Domestic	Governments.			answered "Yes" on Form 99
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	1 1 1 2
(1) LEDYARD HISTORICAL SOCIETY, PO BOX 411		F01 (G)	F 100				CT CULTURAL FUND OPE
LEDYARD CT 0633 (2) LEGACY THEATRE	9 06-6098857	501 (C)	5,100				+
128 THIMBLE ISLAND ROAD BRANFORD CT 0640	5 45-2855557	501 (C)	16,800				CT CULTURAL FUND OPE
(3) LITCHFIELD ARTS COUNCIL (TO 74 WEST STREET	N OF LI						CT CULTURAL FUND OPE
(4) LITCHFIELD HISTORICAL SOCIE PO BOX 385	ry		6,100				CAPACITY BUILDING GR
LITCHFIELD CT 0675 (5) LITCHFIELD HISTORICAL SOCIE PO BOX 385 LITCHFIELD CT 0675	ry 		9,999				CT CULTURAL FUND OPE
(6) LITCHFIELD HISTORICAL SOCIE PO BOX 385 LITCHFIELD CT 0675	ry 						KIDS FREE SUMMER MUS
(7) LOCKWOOD-MATHEWS MANSION MU 295 WEST AVENUE NORWALK CT 0685		501 (C)	16,800				CT CULTURAL FUND OPE
(8) LOCKWOOD-MATHEWS MANSION MU 295 WEST AVENUE NORWALK CT 0685	SEUM		20,320				KIDS FREE SUMMER MUS
(9) LOFT ARTISTS ASSOCIATION PO BOX 113313 STAMFORD CT 0691							CT CULTURAL FUND OPE
2 Enter total number of section 501(c)(3) and g 3 Enter total number of other organizations liste	overnment organizations liste						>

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.

Department of the Treasury Internal Revenue Service

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

Name or the organization CONN	ECTICUT HUMAN	TIES COUN	CIL,	INC				06-0902244
Part I General Info	rmation on Grants a	nd Assistance	,					
 Does the organization main the selection criteria used to Describe in Part IV the org Part II Grants and 	to award the grants or assi- anization's procedures for r	stance? monitoring the use o	of grant fund	ds in the United States	3.			
Part IV, line 2	21, for any recipient th	nat received mo	re than \$	5,000. Part II can	be duplicated if	additional spac	e is needed	
1 (a) Name and addre or govern	•	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description or noncash assistance	1 1
(1) LUTZ CHILDREN'S N 247 S. MAIN STREE	CT							KIDS FREE SUMMER MUS
MANCHESTER	CT 06040	06-0740514	501 (C)	32,990	 			
(2) LYME ACADEMY OF B 84 LYME STREET OLD LYME	FINE ARTS CT 06371	06-0942210	501 (C)	50,500				CT CULTURAL FUND OPE
(3) LYME ART ASSOCIATED 90 LYME STREET	FION							CT CULTURAL FUND OPE
OLD LYME	CT 06371	06-0932073	501 (C)	13,200				
(4) LYME PUBLIC HALL PO BOX 1056 LYME	CT 06371	AR 06-1140494	501 (C)	5,600				CT CULTURAL FUND OPE
(5) MADISON HISTORICA P.O. BOX 17 MADISON	L SOCIETY CT 06443	06-6038865	501 (C)	8,900				CT CULTURAL FUND OPE
(6) MADISON LYRIC STA 104 BOSTON POST I	AGE	81-1313312		7,900				CT CULTURAL FUND OPE
(7) MAIN STREET BALLE 124 S. POMPERAUG	ET COMPANY, INC. AVE			,				CT CULTURAL FUND OPE
(8) MAKEHAVEN, INC. 770 CHAPEL STREET	CT 06798	46-3755768	201 (C)	6,000				CT CULTURAL FUND OPE
NEW HAVEN	CT 06510	45-4570710	501 (C)	14,200	I			
(9) MANCHESTER HISTOF 175 PINE STREET								CT CULTURAL FUND OPE
MANCHESTER	CT 06040	23-7002464	_ ` '	, , , , , , , , , , , , , , , , , , ,				
2 Enter total number of sections3 Enter total number of other			ed in the lin	e 1 table				

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.

Department of the Treasury Internal Revenue Service

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

CONNECTICUT HUMAN	ITIES COUN	CIL,	INC			I	Employer Identification number 06-0902244
Part I General Information on Grants a	and Assistance	•				•	
 Does the organization maintain records to substantiat the selection criteria used to award the grants or ass Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Part IV, line 21, for any recipient to 	istance? monitoring the use of Domestic Org a	of grant fundanization	ds in the United States	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) MANCHESTER, CT CHAPTER, SPEBSQSA P.O. BOX 2412 MANCHESTER CT 06042	06-6074899	501 (C)	5,800				CT CULTURAL FUND OPE
(2) MANSFIELD HISTORICAL SOCIETY, IN P.O. BOX 145 STORRS MANSFIELD CT 06268	06-6068580	501 (C)	6,400				CT CULTURAL FUND OPE
(3) MARITIME MUSIC & TRADITION SOCIE P.O. BOX 611 ESSEX CT 06426	87-2573429	501 (C)	5,600				CT CULTURAL FUND OPE
(4) MARY AND ELIZA FREEMAN CENTER FO 1019 MAIN ST. BRIDGEPORT CT 06604			,				CT CULTURAL FUND OPE
(5) MASHANTUCKET PEQUOT TRIBAL NATION P.O. BOX 3060 MASHANTUCKET CT 06338							CT CULTURAL FUND OPE
(6) MASHANTUCKET PEQUOT TRIBAL NATIO P.O. BOX 3060 MASHANTUCKET CT 06338							KIDS FREE SUMMER MUS
(7) MATTATUCK HISTORICAL SOCIETY DBA MATTATUCK MUSEUM WATERBURY CT 06702	06-0443990		,				CT CULTURAL FUND OPE
(8) MATTATUCK HISTORICAL SOCIETY DBA MATTATUCK MUSEUM WATERBURY CT 06702	06-0443990		,				KIDS FREE SUMMER MUS
(9) MAURICE C. LA GRUA CENTER, INC. P.O. BOX 342			,				CT CULTURAL FUND OPE
2 Enter total number of other organizations listed in the							

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

CONNE	CTICUT HUMANI	TIES COUN	CIL,	INC				06-0902244
Part I General Infor	mation on Grants ar	nd Assistance	•					
	award the grants or assis unization's procedures for m	tance? nonitoring the use of Domestic Orga	f grant fund	ds in the United States	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address or governr	s of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
(1) MEMORIAL MILITARY 98 SUMMER ST BRISTOL	MUSEUM INC	51-0148048	501 (C)	5,200				CT CULTURAL FUND OPE
(2) MENDELSSOHN CHOIR PO BOX 271 FAIRFIELD	OF CONNECTICUT CT 06824	06-1185461						CT CULTURAL FUND OPE
(3) MERRYALL COMMUNITY PO BOX 676 NEW MILFORD		06-6046403						CT CULTURAL FUND OPE
(4) METRO ART STUDIOS 345 RAILROAD AVENU	INC.	88-2006413						CT CULTURAL FUND OPE
(5) MIDDLEBURY HISTORI P.O. BOX 104, MID MIDDLEBURY	•	ı¢.						CT CULTURAL FUND OPE
(6) MIDDLEFIELD HISTOR 405 MAIN STREET MIDDLEFIELD	RICAL SOCIETY CT 06455	06-1333315						CT CULTURAL FUND OPE
(7) MIDDLESEX COUNTY 151 MAIN STREET MIDDLETOWN	HISTORICAL SOCIE							CT CULTURAL FUND OPE
(8) MILFORD FINE ARTS 40 RAILROAD AVENUI MILFORD	COUNCIL	23-7401211						CT CULTURAL FUND OPE
(9) MILFORD HISTORICAL PO BOX 337 MILFORD		06-6358697						CT CULTURAL FUND OPE
2 Enter total number of section 3 Enter total number of other of	n 501(c)(3) and governmen	nt organizations liste		a 1 table				>

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.

Department of the Treasury Internal Revenue Service

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Open to Public Inspection

OMB No. 1545-0047

Name of the organization CONNECTICUT HUMAN	TTES COIN	CTT.	INC			Employer identification number 06–0902244
Part I General Information on Grants a		CII,	1110			00 0302244
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assistantiate. Describe in Part IV the organization's procedures for in the procedure. 	e the amount of the stance?		-			Yes
Part II Grants and Other Assistance to Part IV, line 21, for any recipient the						
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	f (h) Purpose of grant
(1) MOCA WESTPORT MOCA WESTPORT WESTPORT CT 06880	06-0890501	501 (C)	33,100			CT CULTURAL FUND OPE
(2) MOCA WESTPORT	00-0890301	301 (C)	33,100			
MOCA WESTPORT WESTPORT CT 06880	06-0890501	501 (C)	23,090			KIDS FREE SUMMER MUS
(3) MONK YOUTH JAZZ AND STEAM COLLECTION 150 FOUNTAIN TERRACE NEW HAVEN CT 06515	FIV 82-3702872	501 (C)	5,200			CT CULTURAL FUND OPE
(4) MONROE HISTORICAL SOCIETY PO BOX 212		301 (C)	3,200			CT CULTURAL FUND OPE
MONROE CT 06468 (5) MOVIMIENTO CULTURAL AFRO-CONTINE	06-6067831 NTA	501 (C)	5,600			
139 DOVER STREET NEW HAVEN CT 06513	82-3923965	501 (C)	5,500			CT CULTURAL FUND OPE
(6) MUSEUM OF CONNECTICUT GLASS, INC 28 CAMPERT DR. ASHFORD CT 06278	06–1392575	501 (C)	5,100			CT CULTURAL FUND OPE
(7) MUSIC AT THE RED DOOR 679 FARMINGTON AVE			3,100			CT CULTURAL FUND OPE
WEST HARTFORD CT 06117 (8) MUSIC FOR YOUTH, INC	82-4910448	501 (C)	6,200			
PO BO 403 WESTPORT CT 06881	01-0746495	501 (C)	6,400			CT CULTURAL FUND OPE
(9) MUSIC HAVEN 315 PECK STREET, BOX A10						CT CULTURAL FUND OPE
NEW HAVEN CT 06513 2 Enter total number of section 501(c)(3) and government	01-0870395 nt organizations liste	· · ·	· · · · · · · · · · · · · · · · · · ·			<u> </u>
3 Enter total number of other organizations listed in the			*** *			

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization CONNECTIO	CUT HUMANI	TIES COUN	CIL.	INC				Employer identification number $06-0902244$	r
Part I General Informatio			<u> </u>						
Does the organization maintain recthe selection criteria used to award Describe in Part IV the organization	the grants or assistants or brocedures for more	ance?onitoring the use o	f grant fund	ds in the United States					No
Part II Grants and Other Part IV, line 21, for									Form 990
1 (a) Name and address of orgor government	ganization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	, , , , ,	
(1) MUSIC MOUNTAIN, INCORE PO BOX 738								CT CULTURAL F	'UND OPE
	т 06039	23-7219961	501 (C)	15,300					
(2) MUSIC ON THE HILL, INC PO BOX 510 GEORGETOWN C	C. T 06829	45-3695948	501 (C)	8,000				CT CULTURAL F	'UND OPE
(3) MUSIC THEATRE OF CONNI 509 WESTPORT AVENUE		06-1213848						CT CULTURAL F	'UND OPE
(4) MUSICAL MASTERWORKS,		00-1213848	301 (C)	20,900					
PO BOX 684	T 06371	22-2340604	501 (C)	11,200				CT CULTURAL F	'UND OPE
(5) MUSICALS AT RICHTER 100 AUNT HACK RD	T 06811	06-1193225						CT CULTURAL F	'UND OPE
(6) MUSICNOW FOUNDATION, 68 LYME STREET	INC.			,				CT CULTURAL F	'UND OPE
OLD LYME CT CT (7) MY ARCHITECTURE WORKSH 255 STRAWBERRY HILL AV		46-3658656	501 (C)	5,500				CT CULTURAL F	UND OPE
STAMFORD C'	T 06902	88-1595424	501 (C)	6,600					
(8) MYSTIC BALLET INC. 325 MISTUXET AVE.								CT CULTURAL F	'UND OPE
	T 06378	06-1478674	501 (C)	27,800					
(9) MYSTIC FILM INSTITUTE 303 RIDGEWOOD DRIVE MYSTIC		 88-3478890	501 (C)	5,300				CT CULTURAL F	'UND OPE
Enter total number of section 501(c Enter total number of other organize	c)(3) and government	organizations liste							

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization CONNE	CTICUT HUMAN	ITIES COUN	CIL,	INC				Employer identification number 06-0902244
	mation on Grants						<u> </u>	
 Does the organization maint the selection criteria used to Describe in Part IV the organization 	award the grants or ass	sistance?				ants or assistance,	and	Yes No
	ther Assistance to I, for any recipient t							answered "Yes" on Form 990
1 (a) Name and address or governr	of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant
(1) MYSTIC MUSEUM OF A 9 WATER STREET	ART, INC.							CAPACITY BUILDING GR
MYSTIC	CT 06355	06-6000563	501 (C)	9,999				
(2) MYSTIC MUSEUM OF A 9 WATER STREET			F01 (G)	21 000				CT CULTURAL FUND OPE
MYSTIC	CT 06355	06-6000563	501 (C)	31,000				
(3) MYSTIC MUSEUM OF A 9 WATER STREET MYSTIC	CT 06355	06-6000563	501 (C)	15,000				KIDS FREE SUMMER MUS
(4) MYSTIC PAPER BEAST 8 HANCOX STREET STONINGTON				5,500				CT CULTURAL FUND OPE
(5) MYSTIC RIVER CHORA P.O. BOX 341 MYSTIC		06-1215936		5,600				CT CULTURAL FUND OPE
(6) MYSTIC RIVER HISTO P.O. BOX 245 MYSTIC	ORICAL SOCIETY CT 06355	23-7445351		5,600				CT CULTURAL FUND OPE
(7) MYSTIC SEAPORT MUS 75 GREENMANVILLE A	•	06-0653120	501 (C)	150,000				CT CULTURAL FUND OPE
(8) MYSTIC SEAPORT MUS 75 GREENMANVILLE A	SEUM, INC. AVE.							KIDS FREE SUMMER MUS
MYSTIC	CT 06355	06-0653120	201 (C)	1,500,000				
(9) NAUGATUCK HISTORIC PO BOX 317 NAUGATUCK	CT 06770	06-1427269	501 (C)	5,800				CT CULTURAL FUND OPE
2 Enter total number of section 3 Enter total number of other of	n 501(c)(3) and governm	ent organizations liste		· · · · · · · · · · · · · · · · · · ·				

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

2022
Open to Public Inspection

Employer identification number Name of the organization CONNECTICUT HUMANITIES COUNCIL. 06-0902244 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? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (c) IRC (d) Amount of cash (f) Method of valuation 1 (b) EIN (e) Amount of (h) Purpose of grant (g) Description of (book, FMV, appraisal, section or government noncash assistance noncash assistance or assistance grant (if applicable other) (1) NEIGHBORHOOD STUDIOS OF FAIRFIELD 150 ELM STREET CT CULTURAL FUND OPE 06-0993269 501 (C) BRIDGEPORT CT 06604 24,200 (2) NEW BRITAIN INSTITUTE/ NEW BRITAIN 20 HIGH STREET CT CULTURAL FUND OPE NEW BRITAIN 06-0646767 501 (C) 17,700 CT 06051 (3) NEW BRITAIN INSTITUTE/ NEW BRITAIN 59 WEST MAIN STREET CT CULTURAL FUND OPE NEW BRITAIN CT 06051 06-0646767 501 (C) 6,500 (4) NEW BRITAIN INSTITUTE/ NEW BRITAIN 20 HIGH STREET KIDS FREE SUMMER MUS 06-0646767 501 (C) NEW BRITAIN CT 06051 20,260 (5) NEW BRITAIN MUSEUM OF AMERICAN ART 56 LEXINGTON ST CAPACITY BUILDING GR 06-1422234 501 (C) NEW BRITAIN CT 06052 8,000 (6) NEW BRITAIN MUSEUM OF AMERICAN ART 56 LEXINGTON ST CT CULTURAL FUND OPE NEW BRITAIN CT 06052 06-1422234 | 501 (C) 53,100 (7) NEW BRITAIN MUSEUM OF AMERICAN ART KIDS FREE SUMMER MUS 56 LEXINGTON ST 06-1422234 501 (C) NEW BRITAIN CT 06052 20,080 (8) NEW BRITAIN SYMPHONY ORCHESTRA P.O.BOX 1253, NEW BRITAIN, CT 06050 CT CULTURAL FUND OPE NEW BRITAIN CT 06051 |23-7168819|501 (C) 7,500 (9) NEW BRITAIN YOUTH THEATER PO BOX 306 CT CULTURAL FUND OPE NEW BRITAIN CT 06051 27-2568555 501 (C) 6,800 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization CONNECTICUT HUMAN	ITIES COUN	CIL.	INC				Employer identification number 06-0902244
Part I General Information on Grants a		<u> </u>					
Does the organization maintain records to substantiate the selection criteria used to award the grants or assist Describe in Part IV the organization's procedures for repart II Grants and Other Assistance to Part IV, line 21, for any recipient the substantiate that the selection records are substantiated.	e the amount of the stance?	of grant fundanization	ds in the United States	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description o	f (h) Purpose of grant
(1) NEW CANAAN HISTORICAL SOCIETY 13 OENOKE RIDGE NEW CANAAN CT 06840	06-0727288	501 (C)	18,900				CT CULTURAL FUND OPE
(2) NEW CANAAN SOCIETY FOR THE ARTS PO BOX 1044 NEW CANAAN CT 06840	06-0965395						CT CULTURAL FUND OPE
(3) NEW ENGLAND BALLET THEATRE OF CO. 302 WEST MAIN STREET AVON CT 06001			,				CT CULTURAL FUND OPE
(4) NEW ENGLAND CAROUSEL MUSEUM INC., 95 RIVERSIDE AVE BRISTOL CT 06010							CT CULTURAL FUND OPE
(5) NEW ENGLAND CAROUSEL MUSEUM INC., 95 RIVERSIDE AVE BRISTOL CT 06010							KIDS FREE SUMMER MUS
(6) NEW ENGLAND CIVIL WAR MUSEUM 14 PARK PLACE ROCKVILLE CT 06066	41-2127368	501 (C)	5,300				CT CULTURAL FUND OPE
(7) NEW ENGLAND DANCE THEATER, INC. 213 MAIN STREET NEW CANAAN CT 06840	22-3137881	501 (C)	7,200				CT CULTURAL FUND OPE
(8) NEW FAIRFIELD HISTORICAL SOCIETY, 2 BRUSH HILL ROAD NEW FAIRFIELD CT 06812			,				CT CULTURAL FUND OPE
(9) NEW HAVEN BALLET 70 AUDUBON STREET NEW HAVEN CT 06510	06-1144367						CT CULTURAL FUND OPE
2 Enter total number of section 501(c)(3) and governme 3 Enter total number of other organizations listed in the	nt organizations liste						>

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.

Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number CONNECTICUT HUMANITIES COUNCIL. 06-0902244 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? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (d) Amount of cash (f) Method of valuation 1 (a) Name and address of organization (b) EIN (e) Amount of (h) Purpose of grant (g) Description of (book, FMV, appraisal, section or government noncash assistance noncash assistance or assistance grant (if applicable other) (1) NEW HAVEN CENTER FOR PERFORMING ART 11 SCOVILL STREET CT CULTURAL FUND OPE CT 06723 06-1537819 501 (C) WATERBURY 106,900 (2) NEW HAVEN CHAMBER ORCHESTRA 373 LEXINGTON AVE CT CULTURAL FUND OPE NEW HAVEN CT 06513 |26-1651458 |501 (C) 5,300 (3) NEW HAVEN CHORALE PO BOX 1897 CT CULTURAL FUND OPE NEW HAVEN |06-6070715|501 (C) 9,500 CT 06508 (4) NEW HAVEN FESTIVALS INC 165 CHURCH STREET, SECOND FLOOR CT CULTURAL FUND OPE NEW HAVEN |22-3149569|501 (C) CT 06510 10,500 (5) NEW HAVEN FOLK INC. PO BOX 3404 CT CULTURAL FUND OPE 06-1574238 501 (C) NEW HAVEN CT 06515 7,100 (6) NEW HAVEN MUSEUM 114 WHITNEY AVENUE CT CULTURAL FUND OPE NEW HAVEN CT 06510 06-0646762 | 501 (C) 31,400 (7) NEW HAVEN MUSEUM KIDS FREE SUMMER MUS 114 WHITNEY AVENUE CT 06513 06-0646762 501 (C) NEW HAVEN 15,050 (8) NEW HAVEN ORATORIO CHOIR, INC. P.O. BOX 6635, HAMDEN, CT 06517 CT CULTURAL FUND OPE N/A CT 06517 06-1306655 501 (C) 5,700 (9) NEW HAVEN PRESERVATION TRUST 922 STATE STREET CT CULTURAL FUND OPE NEW HAVEN CT 06511 06-6047999 501 (C) 8,800 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

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.

Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

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

OMB No. 1545-0047 Open to Public Inspection

Schedule I (Form 990) (2022)

Name of the organization

DAA

Employer identification number 06-0902244 CONNECTICUT HUMANITIES COUNCIL, INC

Part I General Information on Grants ar	d Assistance							
Does the organization maintain records to substantiate the selection criteria used to award the grants or assist	ance?				ants or assistance,	and	Yes	No
2 Describe in Part IV the organization's procedures for m	onitoring the use o	of grant fund	ds in the United States	S				
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient that							answered "Yes" o	n Form 990
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assista	•
(1) NEW HAVEN SYMPHONY ORCHESTRA, INC 4 HAMILTON STREET							CT CULTURAL	FUND OPE
NEW HAVEN CT 06511	06-6000592	501 (C)	5,600					
(2) NEW LONDON COMMUNITY ORCHESTRA IN 153 THAMES ST		501 (G)	F 400				CT CULTURAL	FUND OPF
NEW LONDON CT 06320	27-5190493	501 (C)	5,400					
(3) NEW LONDON COUNTY HISTORICAL SOCI 11 BLINMAN STREET		-04 (-)					CT CULTURAL	FUND OPF
NEW LONDON CT 06320	06-0646753	501 (C)	7,200					
(4) NEW LONDON LANDMARKS 49 WASHINGTON STREET NEW LONDON CT 06320	23-7357930	501 (C)	7,200				CT CULTURAL	FUND OPE
(5) NEW LONDON MARITIME SOCIETY CUSTOM HOUSE MARITIME MUSEUM							CT CULTURAL	FUND OPE
NEW LONDON CT 06320	06-1086688	201 (C)	9,700					
(6) NEW LONDON MUSIC FESTIVALS, INC. 19 GOLDEN STREET NEW LONDON CT 06320	51-0442726	501 (C)	5,800				CT CULTURAL	FUND OPE
(7) NEW MILFORD HISTORICAL SOCIETY 6 ASPETUCK AVENUE							CT CULTURAL	FUND OPE
NEW MILFORD CT 06776	06-0670251	501 (C)	6,900					
(8) NEW WORLD TRIO 229 OXFORD ST							CT CULTURAL	FUND OPE
HARTFORD CT 06105	06-1156710	501 (C)	5,400					
(9) NEWINGTON CHILDREN'S THEATRE COMP 136 DAY STREET		504 (5)	10.000				CT CULTURAL	FUND OPE
NEWINGTON CT 06111	48-1290257		· · · · · · · · · · · · · · · · · · ·				L	
2 Enter total number of section 501(c)(3) and governmen3 Enter total number of other organizations listed in the lin	•	ed in the lin	e 1 table					

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization CONNECTICUT HUMAN	ITIES COUN	CIL.	INC				Employer identification number 06-0902244
Part I General Information on Grants a		· · · · · · · · · · · · · · · · · · ·					
Does the organization maintain records to substantiate the selection criteria used to award the grants or assized Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Part IV, line 21, for any recipient the part IV.	e the amount of the stance?monitoring the use of Domestic Organical State	of grant fundanization	ds in the United States	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	f (h) Purpose of grant
(1) NEWINGTON HISTORICAL SOCIETY AND 679 WILLARD AVENUE NEWINGTON CT 06111	TR 02-6012539	501 (C)	6,000				CT CULTURAL FUND OPE
(2) NEWTOWN CHILDREN'S MUSEUM 11 MILE HILL ROAD NEWTOWN CT 06470	45-2171358						KIDS FREE SUMMER MUS
(3) NEWTOWN CULTURAL ARTS COMMISSION 3 PRIMROSE LANE NEWTOWN CT 06470	06-6002048	501 (C)	6,100				CT CULTURAL FUND OPE
(4) NEWTOWN HISTORICAL SOCIETY PO BOX 189 NEWTOWN CT 06470	06-6055680	501 (C)	5,400				CT CULTURAL FUND OPE
(5) NHDOCS THE NEW HAVEN DOCUMENTARY P.O. BOX 6260 HAMDEN CT 06517	FI 87-2817260	501 (C)	6,000				CT CULTURAL FUND OPE
(6) NICE INC 20 ELMWOOD AVE NORWALK CT 06854	81-0817879	501 (C)	6,500				CT CULTURAL FUND OPE
(7) NIGHT FALL, INC. 233 PEARL STREET # 20 HARTFORD CT 06103	46-3282277	501 (C)	7,700				CT CULTURAL FUND OPE
(8) NOAH WEBSTER HOUSE, INC. 227 SOUTH MAIN ST. WEST HARTFORD CT 06107	06-6075605		,				CT CULTURAL FUND OPE
(9) NOAH WEBSTER HOUSE, INC. 227 SOUTH MAIN ST. WEST HARTFORD CT 06107	06-6075605						KIDS FREE SUMMER MUS
2 Enter total number of section 501(c)(3) and governme 3 Enter total number of other organizations listed in the	nt organizations liste		· · · · · · · · · · · · · · · · · · ·				

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.

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Department of the Treasury Internal Revenue Service

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OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization CONNECTICUT HUMANITIES COUNCIL. 06-0902244 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? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization (c) IRC (f) Method of valuation 1 (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (g) Description of (book, FMV, appraisal, section or government noncash assistance noncash assistance or assistance grant (if applicable other) (1) NOANK HISTORICAL SOCIETY, INC. C/O STEVEN ANDERSON, 22 FRONT ST CT CULTURAL FUND OPE 06-6107740 | 501 (C) NOANK CT 06340 5,800 (2) NOANK-MYSTIC COMMUNITY BAND, INC. P. O. BOX 9266 CT CULTURAL FUND OPE 06-1007236 501 (C) NOANK CT 06340 5,400 (3) NORFOLK HISTORICAL SOCIETY PO BOX 288 CT CULTURAL FUND OPE NORFOLK CT 06058 |06-6054516|501(C) 6,300 (4) NORTH AMERICAN MAPLE CULTURE CENTER 6 WYLLYS FARM RD CT CULTURAL FUND OPE 47-4882289 501 (C) STORRS MANSFIELD CT 06268 5,300 (5) NORTH HAVEN HISTORICAL SOCIETY & MU 27 BROADWAY CT CULTURAL FUND OPE 06-6069226 501 (C) NORTH HAVEN CT 06473 5,400 (6) NORTH STONINGTON HISTORICAL SOCIETY 1 WYASSUP ROAD CT CULTURAL FUND OPE |23-7107283 |501 (C) NORTH STONINGTON CT 06378 5,500 (7) NORTHEAST CONNECTICUT COMMUNITY ORC 88 BUTTS ROAD CT CULTURAL FUND OPE 82-3583533 501 (C) 5,200 WOODSTOCK CT 06281 (8) NORTHWEST CONNECTICUT ARTS COUNCIL 40 MAIN STREET CT CULTURAL FUND OPE TORRINGTON CT 06790 06-1725017 501 (C) 50,000 (9) NORWALK COMMUNITY SAILING INC 8 REBEL LANE CT CULTURAL FUND OPE NORWALK CT 06850 87-1419629 501 (C) 9,400 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

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.

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Department of the Treasury Internal Revenue Service

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CONNECTICUT HUI	MANITIES COUN	CIL,	INC				Employer Identification number 06-0902244
Part I General Information on Gran		<u> </u>				•	
Does the organization maintain records to substance the selection criteria used to award the grants of Describe in Part IV the organization's procedure Part II Grants and Other Assistance Part IV, line 21, for any recipies	r assistance? s for monitoring the use on to Domestic Organics	of grant fundanization	ds in the United States	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) NORWALK HISTORICAL SOCIETY P.O. BOX 1640 NORWALK CT 06852	06-1302694	501 (C)	22,875				PLANNING GRANTS
(2) NORWALK HISTORICAL SOCIETY P.O. BOX 1640 NORWALK CT 06852	06-1302694	501 (C)	8,000				CT CULTURAL FUND OPE
(3) NORWALK PRESERVATION TRUST, I PO BOX 874 NORWALK CT 06852							CT CULTURAL FUND OPE
(4) NORWALK SEAPORT ASSOCIATION, 213 LIBERTY SQUARE NORWALK CT 06855	O6-0986800	501 (C)	27,900				CT CULTURAL FUND OPE
(5) NORWALK SEAPORT ASSOCIATION, 213 LIBERTY SQUARE NORWALK CT 06855	O6-0986800	501 (C)	73,750				KIDS FREE SUMMER MUS
(6) NORWALK SYMPHONY ORCHESTRA 25 VAN ZANT STREET, SUITE 14- NORWALK CT 06855							CT CULTURAL FUND OPE
(7) NORWICH ARTS CENTER, INC. 62 BROADWAY NORWICH CT 06360	06-1205398	501 (C)	7,200				CT CULTURAL FUND OPE
(8) NORWICH HISTORICAL SOCIETY 69 E TOWN ST. NORWICH CT 06360	22-3858770						CT CULTURAL FUND OPE
(9) NSCDA-CT/ 211 MAIN STREET			,				CT CULTURAL FUND OPE
wethersfield CT 06109 2 Enter total number of section 501(c)(3) and gov 3 Enter total number of other organizations listed in							

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.

Department of the Treasury Internal Revenue Service

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CONNECTICUT HUMANI	TIES COUN	CIL,	INC				06-0902244
Part I General Information on Grants ar	nd Assistance						
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for m 	tance? nonitoring the use o	of grant fun	ds in the United States	S.			
Part II Grants and Other Assistance to Part IV, line 21, for any recipient the							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	1 1, 1, 9
(1) NSCDA-CT/ WEBB-DEANE-STEVENS MUSE 211 MAIN STREET WETHERSFIELD CT 06109	:UM 06-0699245	501 (C)	11,110				KIDS FREE SUMMER MUS
(2) ODDFELLOWS PLAYHOUSE YOUTH THEATE ODDFELLOWS PLAYHOUSE MIDDLETOWN CT 06457							CT CULTURAL FUND OPE
(3) OLD BETHLEM INC. P.O. BOX 132 BETHLEHEM CT 06751	23-7099146						CT CULTURAL FUND OPE
(4) OLD LYME HISTORICAL SOCIETY, INC. PO BOX 352 OLD LYME CT 06371	32-0142847		,				CT CULTURAL FUND OPE
(5) OLD NEW-GATE PRISON & COPPER MINE PO BOX 230 EAST GRANBY CT 06026							KIDS FREE SUMMER MUS
(6) OLD SAYBROOK HISTORICAL SOCIETY 350 MAIN STREET OLD SAYBROOK CT 06475	06-1013438	501 (C)	7,300				CT CULTURAL FUND OPE
(7) OPEN ARTS ALLIANCE INC. 125 RIVER RD EXT. GREENWICH CT 06807	45-3220208	501 (C)	7,700				CT CULTURAL FUND OPE
(8) OPERA NEW ENGLAND OF NORTHEASTERN PO BOX 75 POMFRET CT 06258	C 06-0963170	501 (C)	6,100				CT CULTURAL FUND OPE
(9) OPERA THEATER OF CONNECTICUT, INC. P.O. BOX 733 CLINTON CT 06413			,				CT CULTURAL FUND OPE
2 Enter total number of section 501(c)(3) and governmen	nt organizations liste		· · · · · · · · · · · · · · · · · · ·				

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.

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Department of the Treasury Internal Revenue Service

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Name of the organization CONNECTI	CUT HUMANI	TIES COUN	CIL,	INC				06-0902244
Part I General Information			<u> </u>				•	
Does the organization maintain receive the selection criteria used to award Describe in Part IV the organizatio Part II Grants and Other Part IV, line 21, for	I the grants or assis n's procedures for n Assistance to	stance? nonitoring the use of Domestic Orga	of grant fund anization	ds in the United States s and Domestic	Governments.	Complete if the	organization	answered "Yes" on Form 99
1 (a) Name and address of orgovernment		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) ORANGE HISTORICAL SOC PO BOX 784 ORANGE	IETY T 06477	51-0192522	501 (C)	5,600				CT CULTURAL FUND OPF
(2) ORCHESTRA LUMOS 263 TRESSER BOULEVARD STAMFORD	T 06901	06-6100039	501 (C)	47,000				CT CULTURAL FUND OPE
(3) ORCHESTRA NEW ENGLAND PO BOX 200123	т 06520	68-0597733						CT CULTURAL FUND OPE
(4) OUR HOUSE MERIDEN, IN 491 BROWNSTONE RIDGE		83-2248999		,				CT CULTURAL FUND OPE
(5) OUT FILM CT, INC. P.O. BOX 231191	T 06416	22-2990670		6,400				CT CULTURAL FUND OPE
(6) OUTCT 300 STATE STREET SUIT		46-2852581						CT CULTURAL FUND OPE
(7) OXFORD HISTORICAL SOC P O BOX 582 OXFORD	IETY, INC. T 06478	34-2030150	501 (C)	6,000				CT CULTURAL FUND OPE
(8) PALESTINE MUSEUM US C 1764 LITCHFIELD TPK. WOODBRIDGE	ORP T 06525	82-1913150	501 (C)	8,700				CT CULTURAL FUND OPE
(9) PANTOCHINO PRODUCTION: 398 PAINTER DRIVE	S INC.			,				CT CULTURAL FUND OPF
WEST HAVEN C 2 Enter total number of section 501(3 Enter total number of other organize			_ ` '	· · · · · · · · · · · · · · · · · · ·				

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.

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Department of the Treasury Internal Revenue Service

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Name of the organization CONNE	ECTICUT HUMAN	ITIES COUN	CIL,	INC				06-0902244
	mation on Grants a						•	
	o award the grants or assi- anization's procedures for in Other Assistance to	stance? monitoring the use of Domestic Org a	of grant fundanization	ds in the United States s and Domestic	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address or govern		(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) PARTNERSHIPS IN L 10 STONEHENGE PLA CHESHIRE		ATI 06-1599314	501 (C)	5,800				CT CULTURAL FUND OPE
(2) PEQUOT LIBRARY AS 720 PEQUOT AVENUE SOUTHPORT	SOCIATION	06-0672790						CT CULTURAL FUND OPE
(3) PILOBOLUS PO BOX 388 WASHINGTON DEPOT	CT 06794	03-0230490						CT CULTURAL FUND OPE
(4) PLAINFIELD GRAVE PO BOX 403 DANIELSON		_						CT CULTURAL FUND OPE
(5) PLAINVILLE HISTOR 29 PIERCE STREET PLAINVILLE		23-7002482		,				CT CULTURAL FUND OPE
(6) POLISH AMERICAN F P.O. BOX 105 EAST GLASTONBURY								CT CULTURAL FUND OPE
(7) POMFRET HISTORICA PO BOX 152 POMFRET CENTER	L SOCIETY CT 06258	06-1031093		,				CT CULTURAL FUND OPE
(8) PORTLAND HISTORICA PO BOX 98 PORTLAND	AL SOCIETY INC.	06-0950853	501 (C)	5,900				CT CULTURAL FUND OPE
(9) PRESERVE NEW FAIR P.O. BOX 8047 NEW FAIRFIELD	FIELD, INC.			,				CT CULTURAL FUND OPE
2 Enter total number of section				_ ,				

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.

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Department of the Treasury Internal Revenue Service

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

Name of the organization CONNECTICUT HUMAN	NITTES COUNCIL	, INC		Employer identification number 06-0902244
Part I General Information on Grants		, 1110		 30 0302244
 Does the organization maintain records to substantiathe selection criteria used to award the grants or as Describe in Part IV the organization's procedures for 	ate the amount of the grants ssistance? or monitoring the use of grant	funds in the United State	S.	
Part II Grants and Other Assistance to Part IV, line 21, for any recipient				
(a) Name and address of organization or government	(b) EIN (c) If section (if applied)	(d) Amount of cash	(e) Amount of noncash assistance (f) Method of valuat (book, FMV, apprais other)	f (h) Purpose of grant
(1) PRESTON HISTORICAL SOCIETY INC. 15 AMOS RD				CT CULTURAL FUND OPE
PRESTON CT 06365	06-1587551 501	(C) 5,100		
(2) PROJECT MUSIC 1127 HIGH RIDGE RD #167 STAMFORD CT 06905	81-2610342 501	(C) 12,100		CT CULTURAL FUND OPE
(3) PROJECT: MUSIC HEALS US 800 VILLAGE WALK, SUITE 296	01 2010342 501	12/100		CT CULTURAL FUND OPE
GUILFORD CT 06437	81-4264727 501	(C) 10,100		
(4) PROSPECTS, OPPORTUNITY AND ENRI 25 PROSPECT STREET RIDGEFIELD CT 06877	CHME 46-1904997 501	(C) 107,700		CT CULTURAL FUND OPE
(5) PRUDENCE CRANDALL MUSEUM / CT S PO BOX 58 CANTERBURY CT 06331	06-6000798 501	(C) 7,260		KIDS FREE SUMMER MUS
(6) QUEEN ANN NZINGA CENTER, INC. 18 NEWTON AVENUE				CT CULTURAL FUND OPE
PLAINVILLE CT 06062 (7) RAILROAD MUSEUM OF NEW ENGLAND, 242 E. MAIN STREET	26-2803114 501 INC	(C) 7,600		KIDS FREE SUMMER MUS
THOMASTON CT 06787	23-7229704 501	(C) 47,780		
(8) REAL ART WAYS 56 ARBOR ST.		(0) 16 400		KIDS FREE SUMMER MUS
HARTFORD CT 06106	06-0958072 501	(C) 16,400		
(9) REDDING HISTORICAL SOCIETY, INC P.O. BOX 1023 REDDING CENTER CT 06896	06-0850253 501	(C) 5,300		CT CULTURAL FUND OPE
2 Enter total number of section 501(c)(3) and governm 3 Enter total number of other organizations listed in the		e line 1 table		 <u></u>

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.

Department of the Treasury Internal Revenue Service

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

name of the orga		CTIC	UT HUMANI	TIES COUN	CIL,	INC				06-0902244
Part I	General Inforn	nation	on Grants ar	nd Assistance					-	
the sele	he organization mainta ection criteria used to be in Part IV the orgar	award tl	he grants or assist	ance?		-				Yes No
Part II	Grants and Of	her A	ssistance to I	Domestic Orga	anization	s and Domestic	Governments.			answered "Yes" on Form 990
			· · · · · · · · · · · · · · · · · · ·	at received mo		5,000. Part II can	be duplicated if	· · · · · · · · · · · · · · · · · · ·	e is needed	•
1 (a) Name and address	_	nization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description o	1 1 1 3
(A) DED TO	or governm		T.10		(if applicable)	grant	HOHCASH ASSISTANCE	other)	noncash assistano	e Of assistance
` '	COVERING HIST		INC							
	ARTER OAK SQU LD CENTER		06250	06 3005540	E01 (0)	E 100				CT CULTURAL FUND OPE
			06250	86-3085549	201 (C)	5,100				
` '	ANT MOTION, I	NC.								
	IGHLAND AVE.		06457	46 1260502	E01 (0)	F 600				CT CULTURAL FUND OPE
MIDDLETO			06457	46-1360523	501 (C)	5,600				
` '	IONIST CONTEN	T FUR	ND, INC.							
	EARL ST		0.61.02	04 2574401	E01 (0)	F 200				CT CULTURAL FUND OPE
HARTFORI			06103	84-3574481	201 (C)	5,300				
` '	FIELD CONSERV	ATORY	OF DANCE,	I						am arrana arrana an
PO BO				F.C. 0000700	E01 (0)	10.600				CT CULTURAL FUND OPE
RIDGEFIE			06877	56-2299798	201 (C)	18,600				
` '	FIELD GUILD O	F AR	TISTS							am arrana arrana an
PO BO		· · · · · <u> ·</u> ·			E04 (6)					CT CULTURAL FUND OPE
RIDGEFIE			06877	06-0987554	501 (C)	7,300				
` '	FIELD HISTORI	CAL	SOCIETY							
	SET LANE	<u></u> .								IMPLEMENTATION GRANT
RIDGEFIE			06877	75-3072660	501 (C)	24,998				
` '	FIELD HISTORI	CAL :	SOCIETY							
	SET LANE		<u> </u>							CT CULTURAL FUND OPE
RIDGEFIE			06877	75-3072660	501 (C)	8,900				
\ -/	FIELD INDEPEN		FILM FESTI	VA.						
	MAILCOACH RO									CT CULTURAL FUND OPE
REDDI			06896	88-1669711	501 (C)	5,400				
` '	FIELD PLAYHOU		OR MOVIES A	ND						
	ST RIDGE AVEN									CT CULTURAL FUND OPE
RIDGEFIE			06877	06-1463501		· · · · · · · · · · · · · · · · · · ·				
2 Enter to	otal number of section	501(c)(and governmen	t organizations liste	ed in the lin	e 1 table				
	otal number of other o									

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization CONNE	CTICUT HUMAN	ITIES COUN	CIL,	INC				06-0902244
Part I General Inform	nation on Grants a	and Assistance	,					
	award the grants or ass nization's procedures for	istance? monitoring the use of Domestic Org a	of grant fund anization	ds in the United States s and Domestic	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address or governm	of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) RIDGEFIELD SYMPHON 77 DANBURY ROAD RIDGEFIELD	Y ORCHESTRA CT 06877	06-6098657	501 (C)	12,700				CT CULTURAL FUND OPE
(2) RIDGEFIELD WORKSHO								CT CULTURAL FUND OPE
(3) ROCKY HILL HISTORI PO BOX 185 ROCKY HILL		06-6068948						CT CULTURAL FUND OPE
(4) ROWAYTON ARTS CENT 145 ROWAYTON AVE.		06-6070045		,				CT CULTURAL FUND OPE
(5) SACRED HEART UNIVE 5151 PARK AVENUE FAIRFIELD		06-0776644						IMPLEMENTATION GRANT
(6) SAECULA CHOIR FOUN 34 ACADEMY STREET NEW HAVEN		81-2652848						CT CULTURAL FUND OPE
(7) SALISBURY ASSOCIAT PO BOX 553 SALISBURY	CT 06068	06-6054763	501 (C)	14,300				CT CULTURAL FUND OPE
(8) SALISBURY FORUM, T P.O. BOX 61 SALISBURY	CT 06068	81-0677088	501 (C)					CT CULTURAL FUND OPE
(9) SALT MARSH OPERA P.O. BOX 227 STONINGTON	CT 06378	06-1603236		,				CT CULTURAL FUND OPE
2 Enter total number of section 3 Enter total number of other of	n 501(c)(3) and governme	ent organizations liste	_ ` '					

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

2022

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

CONNECTICUT HUMANITIES COUNCIL. 06-0902244 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? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (d) Amount of cash (f) Method of valuation 1 (a) Name and address of organization (b) EIN (e) Amount of (h) Purpose of grant (g) Description of (book, FMV, appraisal, section or government noncash assistance noncash assistance or assistance grant (if applicable other) (1) SANKOFA EDUCATION AND LEADERSHIP, 340 MAIN STREET CT CULTURAL FUND OPE 46-2773617 501 (C) 6,200 NORWICH CT 06360 (2) SANKOFA KUUMBA CULTURAL ARTS CONSÓR P O BOX 2615 CT CULTURAL FUND OPE 06-1393320 501 (C) HARTFORD 5,500 CT 06146 (3) SEA RESEARCH FOUNDATION, INC 55 COOGAN BLVD CT CULTURAL FUND OPE MYSTIC CT 06355 |06-1480300 |501 (C) 150,000 (4) SEA RESEARCH FOUNDATION, INC. D/B/A KIDS FREE SUMMER MUS 55 COOGAN BLVD 06-1480300 501 (C) MYSTIC CT 06355 2,700,000 (5) SEABURY SOCIETY FOR THE PRESERVATIO PO BOX 245 CT CULTURAL FUND OPE 06-0653106 501 (C) WOODBURY CT 06798 6,700 (6) SEYMOUR HISTORICAL SOCIETY PO BOX 433 CT CULTURAL FUND OPE SEYMOUR CT 06483 |22-2986657 |501 (C) 5,800 (7) SHAKESPEARE ON THE SOUND P.O. BOX 15 CT CULTURAL FUND OPE 06-1437037 501 (C) NORWALK CT 06853 13,400 (8) SHAKESPERIENCE PRODUCTIONS, INC. 117 BANK STREET CT CULTURAL FUND OPE WATERBURY CT 06702 06-1555859 501 (C) 13,200 (9) SHARON HISTORICAL SOCIETY 18 MAIN ST CT CULTURAL FUND OPE 7,900 SHARON CT 06069 06-6050703 501 (C) 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization CONNECTICUT HUMANI	TTES COIN	CTI.	INC				Employer identification number 06-0902244
Part I General Information on Grants at		CII,	1110				00 0302244
Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for n	the amount of the tance?				ants or assistance,	and	Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient the							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant
(1) SHELTON HISTORICAL SOCIETY, INC.					,		
P.O. BOX 2155							CT CULTURAL FUND OPE
SHELTON CT 06484	06-1442022	501 (C)	7,000				
(2) SHERMAN CHAMBER ENSEMBLE			,				
PO BOX 578							CT CULTURAL FUND OPE
SHERMAN CT 06784	06-1386604	501 (C)	7,200				
(3) SHERMAN HISTORICAL SOCIETY			•				
10 RT 37 CENTER							CT CULTURAL FUND OPE
SHERMAN CT 06784	51-0176086	501 (C)	7,100				
(4) SHERMAN PLAYERS, INC.			,				
PO BOX 471							CT CULTURAL FUND OPE
SHERMAN CT 06784	06-6046390	501 (C)	6,300				
(5) SHORELINE ARTS ALLIANCE			,				
206A BOSTON POST ROAD							CT CULTURAL FUND OPE
MADISON CT 06443	06-1027403	501 (C)	50,000				
(6) SHORELINE RINGERS, INC.			·				
18 ROBIN HOOD DRIVE							CT CULTURAL FUND OPE
GALES FERRY CT 06335	06-1787323	501 (C)	5,500				
(7) SILVERMINE GUILD OF ARTISTS, INC.			,				
1037 SILVERMINE ROAD							CT CULTURAL FUND OPE
NEW CANAAN CT 06840	06-0674168	501 (C)	53,500				
(8) SIMSBURY FREE LIBRARY			·				
P.O. BOX 484							CT CULTURAL FUND OPE
SIMSBURY CT 06070	06-0646898	501 (C)	7,100				
(9) SIMSBURY HISTORICAL SOCIETY			,				
800 HOPMEADOW STREET							CT CULTURAL FUND OPE
SIMSBURY CT 06070	06-6039934	501 (C)	7,700				
2 Enter total number of section 501(c)(3) and government	•		· · · · · · · · · · · · · · · · · · ·				· •
3 Enter total number of other organizations listed in the li							

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization CONN	ECTICUT HUMAN	ITIES COUN	CIL,	INC				Employer Identification number 06-0902244
Part I General Info	ormation on Grants a	nd Assistance						
2 Describe in Part IV the or Part II Grants and	to award the grants or assi ganization's procedures for	stance? monitoring the use of Domestic Orga	of grant fundanization	ds in the United States	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address or govern	ess of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) SIMSBURY PERFORM PO BOX 245 SIMSBURY	ING ARTS CENTER, CT 06070	IN 27-4640969	501 (C)	15,300				CT CULTURAL FUND OPE
(2) SITE PROJECTS IN 9 LINCOLN ST. NEW HAVEN		84-1644452						CT CULTURAL FUND OPE
(3) SOCIETY FOR THE 19 PARK RD.								CT CULTURAL FUND OPE
(4) SOCIETY OF THE F 71 EAST TOWN STR NORWICH	OUNDERS OF NORWI			,				CT CULTURAL FUND OPE
(5) SONIA PLUMB DANC 960 MAIN STREET HARTFORD		06-1304412		,				CT CULTURAL FUND OPE
(6) SOUTHBURY HISTOR P.O. BOX 124 SOUTHBURY								CT CULTURAL FUND OPE
(7) SOUTHEASTERN CON PO BOX 484 WATERFORD	INECTICUT CT 06385	88-3550567		,				CT CULTURAL FUND OPE
(8) SOUTHEASTERN CON P.O. BOX 95 NEW LONDON								CT CULTURAL FUND OPE
(9) SOUTHERN CONNECT 60 EAST AVENUE NORWALK		06-1141661						CT CULTURAL FUND OPE
2 Enter total number of sec	tion 501(c)(3) and governme	nt organizations liste	_ ` '	_ ,				

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.

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Department of the Treasury Internal Revenue Service

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

CONNECTICUT HU	MANITIES COUN	CIL,	INC				06-0902244
Part I General Information on Gra	nts and Assistance						
 Does the organization maintain records to substhe selection criteria used to award the grants Describe in Part IV the organization's procedur 	or assistance?						Yes No
Part II Grants and Other Assistance	ce to Domestic Orga	anization	s and Domestic	Governments.			
Part IV, line 21, for any recip		1		•	· · · · · · · · · · · · · · · · · · ·		
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal,	(3) 2000p	() (
or government (1) SOUTHINGTON COMMUNITY CULTURA	AT ADMC	(if applicable)	grant	HUHCASH ASSISTANCE	other)	noncash assistand	or assistance
93 MAIN STREET	AL ARTS						CT CULTURAL FUND OPI
SOUTHINGTON CT 06489	45-3617168	501 (C)	12,900				CI COLIORAL FOND OF
(2) SOUTHINGTON PUBLIC LIBRARY	45-3017108	301(0)	12,300				
255 MAIN STREET							CT CULTURAL FUND OPI
SOUTHINGTON CT 06489	06-6002091	501 (C)	7,500				01 002101422 10112 011
(3) SPECTRUM IN MOTION DANCE THE			.,,,,,				
CITY ARTS ON PEARL							CT CULTURAL FUND OP
HARTFORD CT 06103	26-2413622	501 (C)	8,600				
(4) STAFFORD HISTORICAL SOCIETY			,				
5 SPRING STREET							CT CULTURAL FUND OPI
STAFFORD SPRINGS CT 06076	06-0990272	501 (C)	5,100				
(5) STAMFORD ART ASSOCIATION INC							
39 FRANKLIN ST							CT CULTURAL FUND OPI
STAMFORD CT 06901	23-7111511	501 (C)	5,700				
(6) STAMFORD HISTORICAL SOCIETY							
1508 HIGH RIDGE ROAD							CT CULTURAL FUND OPI
STAMFORD CT 06903		501 (C)	7,800				
(7) STAMFORD MUSEUM & NATURE CEN	TER						
39 SCOFIELDTOWN ROAD							CT CULTURAL FUND OPI
STAMFORD CT 06903		501 (C)	94,600				
(8) STANLEY L RICHTER ASSOCIATION	N FOR T						
100 AUNT HACK ROAD							CT CULTURAL FUND OPI
DANBURY CT 06811		501 (C)	5,200				
(9) STARSHIP DANCE THEATER & COM	PANY						
1262 ROUTE 80		E01 (6)	F 400				CT CULTURAL FUND OPI
GUILFORD CT 06437					1	<u> </u>	
2 Enter total number of section 501(c)(3) and go		ea in the lin	ie i tadie				······. [········

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.

Department of the Treasury Internal Revenue Service

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CONNECTICUT HUMAN	ITIES COUN	CIL,	INC				06-09022 44
Part I General Information on Grants	and Assistance						
 Does the organization maintain records to substantia the selection criteria used to award the grants or ass Describe in Part IV the organization's procedures for 	istance?		-				Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient t	Domestic Orga	anization	s and Domestic	Governments.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant
(1) STEPPING STONES MUSEUM FOR CHILD MATTHEWS PARK NORWALK CT 06850	OREN 22-3199269	501 (C)	102,970				KIDS FREE SUMMER MUS
(2) STONINGTON HISTORICAL SOCIETY PO BOX 103 STONINGTON CT 06378	06-0966415						CT CULTURAL FUND OPE
(3) STONINGTON HISTORICAL SOCIETY PO BOX 103 STONINGTON CT 06378	06-0966415						KIDS FREE SUMMER MUS
(4) STONINGTON VILLAGE IMPROVEMENT A 107 WATER STREET STONINGTON CT 06378			,				CT CULTURAL FUND OPE
(5) STONY CREEK MUSEUM INC. P.O.BOX 3047 BRANFORD CT 06405	06-1548431	501 (C)	5,600				CT CULTURAL FUND OPE
(6) STORYLINE, INC PO BOX 234 WINDHAM CT 06280	47-4894592	501 (C)	5,100				CT CULTURAL FUND OPE
(7) STRATFORD HISTORICAL SOCIETY PO BOX 382 STRATFORD CT 06615	06-6032426	501 (C)	7,700				CT CULTURAL FUND OPE
(8) STRATFORD VETERANS MUSEUM, INC. 5952 MAIN STREET STRATFORD CT 06614	84-4377381	501 (C)	5,300				CT CULTURAL FUND OPE
(9) STRING OF PEARLS BIG BAND INC 84 TOWN STREET EAST HADDAM CT 06423	87-3248826		,				CT CULTURAL FUND OPE
2 Enter total number of section 501(c)(3) and government of the properties listed in the	ent organizations liste	<u> </u>	, , , , , , , , , , , , , , , , , , ,			<u> </u>	

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.

Department of the Treasury Internal Revenue Service

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Name of the organization CONNECTICUT HUMANI	TTES COIN	CTT.	INC			Employer identification number 06-0902244
Part I General Information on Grants at		CII,	1110			00 0302244
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for n 	the amount of the stance?	of grant fund	ds in the United States	3.		
Part II Grants and Other Assistance to Part IV, line 21, for any recipient th						
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(h) Purpose of grant
(1) STRONG FAMILY FARM INC. 274 WEST STREET						CT CULTURAL FUND OPE
VERNON CT 06066	46-2841985	501 (C)	7,000			CI COLIONAL FOND OF E
(2) SUBMARINE FORCE LIBRARY & MUSEUM			,			
PO BOX 928						CT CULTURAL FUND OPE
GROTON CT 06340	23-7281074	501 (C)	16,700			
(3) SUFFIELD HISTORICAL SOCIETY, INC						
PO BOX 893		E04 (6)				CT CULTURAL FUND OPE
SUFFIELD CT 06078	06-6334270	501 (C)	6,200	 		
(4) SUFFIELD PLAYERS, INC. PO BOX 101						CT CULTURAL FUND OPE
SUFFIELD CT 06078	06-6056943	501 (C)	6,000			CI COLIORAL FOND OPE
(5) SUMMER THEATRE OF NEW CANAAN	00 0030343	301 (0)	0,000			
70 PINE ST.						CT CULTURAL FUND OPE
NEW CANAAN CT 06840	20-0936471	501 (C)	19,800			
(6) SUPPORTIVE HOUSING WORKS						
815 MAIN STREET						IMPLEMENTATION GRANT
BRIDGEPORT CT 06605	20-5529890	501 (C)	35,000			
(7) SUSTAIN MUSIC & NATURE						
451 STORRS ROAD						CT CULTURAL FUND OPE
MANSFIELD CENTER CT 06250	47-4722702	501 (C)	6,400			
(8) SUZUKI MUSIC SCHOOL OF WESTPORT,	IN					
246 POST ROAD EAST		E01 (0)	25 000			CT CULTURAL FUND OPE
WESTPORT CT 06880	06-1498198	501 (C)	35,000	 		
(9) TASTE OF THE CARIBBEAN ARTS & CUI P.O. BOX 1604	710					
HARTFORD CT 06144		501 (0)	6,300			CT CULTURAL FUND OPE
	94-3470828		· · · · · · · · · · · · · · · · · · ·			
2 Enter total number of section 501(c)(3) and government		eu iii tile lili	e i lable			

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.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

rame of the organization	CONNECTICUT HUMANI	TIES COUN	CIL,	INC				06-0902244
Part I G	eneral Information on Grants ar	nd Assistance						
the selection 2 Describe in Part II G	ganization maintain records to substantiate or criteria used to award the grants or assist Part IV the organization's procedures for mants and Other Assistance to lart IV, line 21, for any recipient the	tance? conitoring the use of Domestic Orga	of grant fundanization	ds in the United States	Governments.	Complete if the	organization	
	ame and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
` '	AS DANCE FOUNDATION NG GROVE LANE CT 06850	01-0598781	501 (C)	5,500				CT CULTURAL FUND OPE
	ETH ISRAEL PRESERVATION S							CT CULTURAL FUND OPE
(3) THAMES R P.O. BOX NEW LONDON	IVER HERITAGE PARK FOUNDA 851 CT 06320							CT CULTURAL FUND OPE
· /	ALLEY MUSIC SCHOOL INC GAN AVENUE CONNECTICUT CC CT 06320							CT CULTURAL FUND OPE
(5) THE ARTS PO BOX 1 WEST MYSTIC		45-1646961	501 (C)	5,600				CT CULTURAL FUND OPE
` '	CENTER AT KILLINGWORTH, H PARKER HILL RD TH CT 06419	IN 42-1603157	501 (C)	7,800				CT CULTURAL FUND OPE
(7) THE BRAN 17 RIVER EAST HAVEN	FORD ELECTRIC RAILWAY ASS ST CT 06512	n, 06–6088826	501 (C)	19,100				CT CULTURAL FUND OPE
(8) THE BRAN 17 RIVER EAST HAVEN	FORD ELECTRIC RAILWAY ASS ST CT 06512							KIDS FREE SUMMER MUS
	FORD HISTORICAL SOCIETY,	IN 06-6068505		,				CT CULTURAL FUND OPE
2 Enter total n	umber of section 501(c)(3) and governmer umber of other organizations listed in the li	t organizations liste		a 1 table				>

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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization CONNECTICUT HUMANITIES COUNCIL. 06-0902244 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? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (f) Method of valuation 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of (h) Purpose of grant (g) Description of (book, FMV, appraisal, section or government noncash assistance noncash assistance or assistance grant (if applicable other) (1) THE BRIDGEPORT CHAPTER NO1 OF SPEBS P.O. BOX 110014 CT CULTURAL FUND OPE 06-0851877 501 (C) TRUMBULL CT 06611 5,200 (2) THE BROOKFIELD THEATRE FOR THE ARTS PO BOX 528 CT CULTURAL FUND OPE BROOKFIELD 06-0609640 501 (C) CT 06804 7,000 (3) THE BUTTONWOOD TREE PERFORMING ARTS P.O. BOX 71 CT CULTURAL FUND OPE MIDDLETOWN |06-1328551 |501 (C) 6,800 CT 06457 (4) THE CAMERATA D'AMICI INCORPORATED CT CULTURAL FUND OPE PO BOX 74 59-3840585 501 (C) RIDGEFIELD CT 06877 5,600 (5) THE CHAMBER PLAYERS OF THE GREENWIC 39 SAWMILL LANE CT CULTURAL FUND OPE 55-0861342 501 (C) GREENWICH CT 06830 6,300 (6) THE CHILDREN'S MUSEUM, INC. 180 MOHEGAN DRIVE KIDS FREE SUMMER MUS WEST HARTFORD CT 06117 06-0896043 | 501 (C) 113,040 (7) THE CONCERT CHOIR OF NORTHEASTERN С P.O. BOX 4 CT CULTURAL FUND OPE 06-1361737 501 (C) POMFRET CENTER CT 06259 5,300 THE CONNECTICUT CLASSIC P.O. BOX 161, WATERTOWN CT CULTURAL FUND OPE WATERTOWN CT 06795 47-2434796 501 (C) 5,900 (9) THE CONNECTICUT FIREMEN'S HISTORICA 230 PINE ST. CT CULTURAL FUND OPE 23-7099755 501 (C) MANCHESTER CT 06040 6,100 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization CONNECTICUT HUMAN	ITIES COUN	CIL.	INC				Employer identification number 06-0902244
Part I General Information on Grants a		 ,					
Does the organization maintain records to substantiate the selection criteria used to award the grants or assistance in Part IV the organization's procedures for Part II Grants and Other Assistance to Part IV, line 21, for any recipient the part IV.	e the amount of the stance?monitoring the use of Domestic Organical Control	of grant fund	ds in the United States s and Domestic	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description on noncash assistant	f (h) Purpose of grant
(1) THE DOROTHY WHITFIELD HISTORIC PO BOX 229		501 (a)					CT CULTURAL FUND OPE
GUILFORD CT 06437	06-6046400	501 (C)	5,800				
(2) THE EASTFORD HISTORICAL SOCIETY, P.O. BOX 350 EASTFORD CT 06242	IN 23-7435488	501 (C)	5,100				CT CULTURAL FUND OPE
(3) THE FALLS VILLAGE CHILDREN'S THE 103 MAIN ST FALLS VILLAGE CT 06031			5,800				CT CULTURAL FUND OPE
(4) THE GREATER MIDDLETOWN 200 WALNUT GROVE ROAD MIDDLETOWN CT 06457	20-0228615						CT CULTURAL FUND OPE
(5) THE GREENWICH SYMPHONY ORCHESTRA PO BOX 35 GREENWICH CT 06836							CT CULTURAL FUND OPE
(6) THE HARTFORD JAZZ SOCIETY 56 ARBOR ST HARTFORD CT 06106	06-6102327		,				CT CULTURAL FUND OPE
(7) THE JEWISH HISTORICAL SOCIETY OF P.O. BOX 16918	FA		,				CT CULTURAL FUND OPE
STAMFORD CT 06907 (8) THE LAST GREEN VALLEY INC PO BOX 29	22-2573763		5,900				CT CULTURAL FUND OPE
DANIELSON CT 06239	06-1418894	501 (C)	27,200				
(9) THE LITTLE THEATRE OF MANCHESTER 177 HARTFORD RD MANCHESTER CT 06040	, I 23-7169063	501 (C)	14,000				CT CULTURAL FUND OPE
2 Enter total number of section 501(c)(3) and governments 3 Enter total number of other organizations listed in the	nt organizations liste						>

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.

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OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Employer identification number CONNECTICUT HUMANITIES COUNCIL. 06-0902244 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? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 Part II Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (c) IRC (d) Amount of cash (f) Method of valuation 1 (a) Name and address of organization (b) EIN (e) Amount of **(h)** Purpose of grant (g) Description of (book, FMV, appraisal, section or government noncash assistance noncash assistance or assistance grant (if applicable other) (1) THE MAJORETTE & DANCE FACTORY, INC 10 SELDEN STREET 2ND FL CT CULTURAL FUND OPE 86-2353861 501 (C) WOODBRIDGE CT 06525 5,300 (2) THE MARITIME AOUARIUM AT NORWALK 10 N. WATER STREET KIDS FREE SUMMER MUS 06-1062912 501 (C) NORALK CT 06854 2,700,000 (3) THE MARK TWAIN MEMORIAL 351 FARMINGTON AVENUE CT CULTURAL FUND OPE HARTFORD CT 06105 |06-0685118 |501 (C) 23,000 (4) THE MARK TWAIN MEMORIAL KIDS FREE SUMMER MUS 351 FARMINGTON AVENUE 06-0685118 501 (C) HARTFORD CT 06105 32,230 (5) THE MATHER HOMESTEAD FOUNDATION PO BOX 1054 CT CULTURAL FUND OPE 47-5555968 501 (C) DARIEN CT 06820 10,700 (6) THE MERIDEN HISTORICAL SOCIETY INCO PO BOX 3005 CT CULTURAL FUND OPE 06-6090820 501 (C) MERIDEN CT 06450 6,400 (7) THE NEW PARADIGM THEATRE CO. INC. C/O MARTIN, DECRUZE & COMPANY LP CT CULTURAL FUND OPE 45-3834269 501 (C) STAMFORD CT 06905 6,200 THE NORWALK ART SPACE 455 WEST AVE CT CULTURAL FUND OPE NORWALK CT 06850 86-3340267 501 (C) 15,900 (9) THE NORWALK CONSERVATORY OF THE ART 69 WALL STREET CT CULTURAL FUND OPE NORWALK CT 06850 86-2159959 501 (C) 8,700 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table

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.

Department of the Treasury Internal Revenue Service

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Name of the organization CONNECTICUT HUMAN	ITIES COUN	CIL,	INC				Employer identification number 06-0902244
Part I General Information on Grants a		,					
 Does the organization maintain records to substantiat the selection criteria used to award the grants or ass Describe in Part IV the organization's procedures for 	istance?						Yes No
Part II Grants and Other Assistance to Part IV, line 21, for any recipient to							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistant	
(1) THE NORWALK YOUTH SYMPHONY, INC 71 EAST AVENUE SUITE N							CT CULTURAL FUND OPE
NORWALK CT 06611	06-6070039	501 (C)	11,600				
(2) THE NUTMEG BALLET CONSERVATORY 58 MAIN STREET	22 7206100	E01 (G)	40, 400				CT CULTURAL FUND OPE
TORRINGTON CT 06790 (3) THE OPERA HOUSE PLAYERS, INC. 100 HIGH STREET	23-7396180	301 (C)	48,400				CT CULTURAL FUND OPE
ENFIELD CT 06082	31-1727690	501 (C)	7,800				
(4) THE RIDGEFIELD CHORALE PO BOX 686							CT CULTURAL FUND OPE
RIDGEFIELD CT 06877 (5) THE RISEUP GROUP, INC. 942 MAIN STREET HARTFORD CT 06103	45-5512480						CT CULTURAL FUND OPE
(6) THE SOUNDING BOARD, INC. P.O. BOX 270867, WEST HARTFORD, WEST HARTFORD CT 06417			5,500				CT CULTURAL FUND OPE
(7) THE SOUTHEASTERN CONNECTICUT ORG 58 PENNSYLVANIA AVE., SUITE 2, U	ANI		2,222				CT CULTURAL FUND OPE
NIANTIC CT 06357	85-3033379	501 (C)	5,100				
(8) THE THOMPSON HISTORICAL SOCIETY, P.O. BOX 47		E01 (G)	F 300				CT CULTURAL FUND OPE
THOMPSON CT 06277	23-7346324	201 (C)	5,300				
(9) THE TOWN CENTER PROJECT INC P.O. BOX 153 HEBRON CT 06248	61-1825136	501 (C)	5,200				CT CULTURAL FUND OPE
2 Enter total number of section 501(c)(3) and governme 3 Enter total number of other organizations listed in the	ent organizations liste		· · · · · · · · · · · · · · · · · · ·	L		<u> </u>	>

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.

Department of the Treasury Internal Revenue Service

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Open to Public Inspection

OMB No. 1545-0047

Name of the organization CONNECTICUT HUMAN	TIES COUN	CIL.	INC				Employer identification number 06-0902244
Part I General Information on Grants a		,					
Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for repart II Grants and Other Assistance to Part IV, line 21, for any recipient the	the amount of the stance?nonitoring the use of Domestic Organical control of the stance.	of grant fund	ds in the United States	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) THE VERNON CHORALE, INC. P.O. BOX 664 VERNON CT 06066	56-2296559	501 (C)	5,600				CT CULTURAL FUND OPE
(2) THE VERNON HISTORICAL SOCIETY, IN P.O. BOX 2055 VERNON CT 06066							CT CULTURAL FUND OPE
(3) THE WHITNEY PLAYERS, INC. 26 WEST HELEN ST HAMDEN CT 06514	72-1564272		,				CT CULTURAL FUND OPE
(4) THE WOLCOTT HISTORICAL SOCIETY P.O.BOX 6410 WOLCOTT CT 06716	06-6059331	501 (C)	5,200				CT CULTURAL FUND OPE
(5) THE WOMEN'S FORUM OF LITCHFIELD P.O. BOX 544 LITCHFIELD CT 06759	06-1448950	501 (C)	5,100				CT CULTURAL FUND OPE
(6) THE WOODSTOCK ACADEMY 57 ACADEMY ROAD WOODSTOCK CT 06281	06-0704624	501 (C)	24,400				CT CULTURAL FUND OPE
(7) THEATER NEW HAVEN INC 201647 NEW HAVEN CT 06250	45-2434190	501 (C)	5,300				CT CULTURAL FUND OPE
(8) THEATERWORKS, INC. 233 PEARL STREET HARTFORD CT 06103	06-1172413	501 (C)	65,700				CT CULTURAL FUND OPE
(9) THEATRE ARTISTS WORKSHOP OF WESTI 2475 OLD TOWN ROAD BRIDGEPORT CT 06606							CT CULTURAL FUND OPE
Enter total number of section 501(c)(3) and governme Enter total number of other organizations listed in the light	nt organizations liste		· · · · · · · · · · · · · · · · · · ·				>

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.

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Name of the organization CONNECTICUT HUMAN	NITIES COUN	CIL.	INC				Employer identification number 06-0902244
Part I General Information on Grants		<u> </u>					
Does the organization maintain records to substantiathe selection criteria used to award the grants or as Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Part IV, line 21, for any recipient	ate the amount of the sistance?	of grant fundanization	ds in the United States s and Domestic	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) THEATRE GUILD OF SIMSBURY P.O. BOX 92 SIMSBURY CT 06070	22-2978126	501 (C)	6,200				CT CULTURAL FUND OPE
(2) THEATREWORKS NEW MILFORD, INC. PO BOX 836 NEW MILFORD CT 06776	06-6103835						CT CULTURAL FUND OPE
(3) THREAD CITY CLASSICAL DANCE 25 MEADOW ST WINDHAM CT 06226	81-4822972		·				CT CULTURAL FUND OPE
(4) THROWN STONE THEATRE COMPANY PO BOX 731 RIDGEFIELD CT 06877	81-1683094		8,000				CT CULTURAL FUND OPE
(5) TIBETAN AMERICAN COMMUNITY OF CO 19 FRANCES STREET UNCASVILLE CT 06382							CT CULTURAL FUND OPE
(6) TIMES FOOL COMPANY 150 MAIN STREET WETHERSFIELD CT 06109	85-2788241	501 (C)	5,600				CT CULTURAL FUND OPE
(7) TORRINGTON CIVIC SYMPHONY, INC. 113 BUENA VISTA AVE. TORRINGTON CT 06790	22-2551359	501 (C)	5,500				CT CULTURAL FUND OPE
(8) TORRINGTON COMMUNITY RADIO FOUN PO BOX 1076 TORRINGTON CT 06790			·				CT CULTURAL FUND OPE
(9) TORRINGTON HISTORICAL SOCIETY 192 MAIN STREET TORRINGTON CT 06790	06-0725798						CT CULTURAL FUND OPE
2 Enter total number of section 501(c)(3) and governm 3 Enter total number of other organizations listed in the	nent organizations liste						

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.

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Department of the Treasury Internal Revenue Service

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Name of the organization CONNECTICUT HUM	ANTETES COIN	CTI.	INC				Employer identification number 06–0902244
Part I General Information on Grant		CII,	1110				00 0302244
Does the organization maintain records to substate the selection criteria used to award the grants or Describe in Part IV the organization's procedures	ntiate the amount of the assistance?				ants or assistance,	and	Yes
Part II Grants and Other Assistance Part IV, line 21, for any recipies							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) TOTOKET HISTORICAL SOCIETY					,		
P.O. BOX 491							CT CULTURAL FUND OPE
NORTHFORD CT 06472	23-7086606	501 (C)	5,200				
(2) TOWN OF HAMDEN, CONNECTICUT							
2750 DIXWELL AVENUE							CT CULTURAL FUND OPE
HAMEN CT 06518	06-6002014	501 (C)	10,600				
(3) TOWN OF NEWTOWN/EDMOND TOWN HA	ALL						
45 MAIN ST							CT CULTURAL FUND OPE
NEWTOWN CT 06470	06-6000235	501 (C)	18,500				
(4) TOWN OF OXFORD							
486 OXFORD ROAD							CT CULTURAL FUND OPE
OXFORD CT 06478	06-6002061	501 (C)	5,100				
(5) TOWN OF RIDGEFIELD							
400 MAIN STREET							CT CULTURAL FUND OPE
RIDGEFIELD CT 06877	06-6002075	501 (C)	5,100				
(6) TOWN OF WINDSOR							
145 LANG ROAD							CT CULTURAL FUND OPE
WINDSOR CT 06095	06-6002136	501 (C)	20,700				
(7) TOWN PLAYERS INCORPORATED							
P.O. BOX 211							CT CULTURAL FUND OPE
NEWTOWN CT 06470	06-1083073	501 (C)	5,700				
(8) TOWN PLAYERS OF NEW CANAAN, IN	IC.						
PO BOX 201							CT CULTURAL FUND OPE
NEW CANAAN CT 06840	06-6074545	501 (C)	6,600				
(9) TRANSCEND THE TREND INC							
192 LYDALE PLACE							CT CULTURAL FUND OPE
MERIDEN CT 06450	87-3310843	501 (C)	6,700				
2 Enter total number of section 501(c)(3) and gover	rnment organizations liste	ed in the lin	e 1 table				>
2 Enter total number of other organizations listed in							

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.

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Name of the organization CONNECTICE CONN	TINANIT	TIES COUN	CIL.	INC				Employer identification number 06-0902244
Part I General Information			<u> </u>					
 Does the organization maintain record the selection criteria used to award the Describe in Part IV the organization's 	ds to substantiate ne grants or assist procedures for m ssistance to [the amount of the ance?onitoring the use coordinates of the coordinates of the coordinates of the ance of the amount of the ance of	of grant fundanization	ds in the United States s and Domestic	Governments. C	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address of organ or government	·	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) TRI STATE CENTER FOR TE PO BOX 1187 SHARON CT		14_1720025	E01 (C)	22 600		,		CT CULTURAL FUND OPE
(2) TRINITY-ON-MAIN, LTD	06069	14-1729925	301 (C)	23,600				
69 MAIN ST.	06051	20-0802317	501 (C)	8,500				CT CULTURAL FUND OPE
(3) TRUMBULL HISTORICAL SOC PO BOX 312		06-6066021		5,400				CT CULTURAL FUND OPE
(4) UNESCO CENTER FOR GLOBA			301 (C)	5,400				
1067 PARK AVENUE	06604	82-1306792	501 (C)	5,100				CT CULTURAL FUND OPE
(5) UNIONVILLE MUSEUM 15 SCHOOL STREET	06085	22-2589034						CT CULTURAL FUND OPE
(6) UNIVERSITY OF CONNECTION 2390 ALUMNI DRIVE, UNIT	UT 1–3206			,				PARTNERSHIP GRANT
	06269	06-6070722	501 (C)	173,711				
(7) UNIVERSITY OF CONNECTION 2390 ALUMNI DRIVE, UNIT STORRS CT		06-6070722	501 (C)	200,000				PARTNERSHIP GRANT
(8) URU THE RIGHT TO BE, IN 419 WHALLEY AVENUE		00-6070722	301 (C)	200,000				CT CULTURAL FUND OPE
NEW HAVEN CT	06511	56-2520642	501 (C)	24,700				
(9) VALLEY ARTS COUNCIL 258 MAIN STREET, ANSONI	A ,CT 0640	•						CT CULTURAL FUND OPE
	06401	04-3734770						
2 Enter total number of section 501(c)(33 Enter total number of other organization			ed in the lin	e 1 table				

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.

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Department of the Treasury Internal Revenue Service

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name of the ort	•	TIC	UT HU	MANI	TIES COUN	CIL,	INC			06-0902244
Part I	General Inform	atior	on Gra	nts ar	nd Assistance					
the se	the organization maintai election criteria used to a ibe in Part IV the organi	award	the grants	or assist	ance?					Yes No
Part II							s and Domestic 5,000. Part II can			answered "Yes" on Form 99
1	(a) Name and address or government	of orga			(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	f (h) Purpose of grant
` 415 F	Y SHAKESPEARE HOWE AVE									CT CULTURAL FUND OP
SHELTON			06484		46-2147617	501 (C)	6,400			
`´ 709 I	ON COMMUNITY AND HARTFORD TURNE	IKE								CT CULTURAL FUND OP
VERNON			06066		26-3069097	501 (C)	7,400			
12 MA	AGE CENTER FOR AIN ST									CT CULTURAL FUND OPI
NEW MII			06776		06-1325983	501 (C)	11,200			
` '	AGE RADIO AND PIERSON LANE		UNICAT:	IONS	MU 06-1356178	501 (C)	6,500			CT CULTURAL FUND OP
(5) VOCE, PO BO MYSTIC	INC. OX 584		06355		20-4968777	501 (C)	6,900			CT CULTURAL FUND OP
(6) VOICE	OF ART INC		. 00333		20 4300777	301 (0)	0,300			
LITCHFI		CI	06759		82-3220779	501 (C)	6,500			CT CULTURAL FUND OPI
(7) VOLUM 51 WI HAMDEN	E TWO INDSOR ROAD	CI	06517		87-2435820	501 (C)	5,200			CT CULTURAL FUND OPI
(8) WADSW	ORTH ATHENEUM						7,233			CT CULTURAL FUND OP
HARTFOR	D	CI	06103		06-0653111	501 (C)	21,100			
600 N	ORTH ATHENEUM AIN STREET									KIDS FREE SUMMER MU
HARTFOR			06103		06-0653111					
	total number of section					ed in the lin	ne 1 table			

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.

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Name of the organization CONNE	CTICUT HUMANI	TIES COUN	CIL,	INC			I	06-0902244	
Part I General Infor	mation on Grants a	nd Assistance					-		
	o award the grants or assis unization's procedures for note that the standard of the standard of the same that the	stance? nonitoring the use of Domestic Orga	of grant fundanization	ds in the United States s and Domestic	Governments.	Complete if the	organization	answered "Yes" on F	No
·	1, for any recipient th		re than \$						
1 (a) Name and address or governr	•	(b) EIN	section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description on noncash assistant	1 1, 1, 3	nt
(1) WALL STREET THEAT 71 WALL STREET	ER							CT CULTURAL FU	ND OPE
NORWALK	CT 06850	46-0813041	501 (C)	23,700					
(2) WALLINGFORD COMMUN 21 HILL AVE WALLINGFORD	NITY THEATRE, IN	vc. 47–5003093	501 (C)	6,100				CT CULTURAL FU	ND OPE
(3) WALLINGFORD HISTOR 54 N. ELM STREET WALLINGFORD	RIC PRESERVATION CT 06492							CT CULTURAL FU	ND OPE
(4) WALLINGFORD PUBLIC 28 SO ORCHARD ST WALLINGFORD				7,200				CT CULTURAL FU	ND OPE
(5) WALLINGFORD SYMPHO P.O. BOX 6023 WALLINGFORD	ONY ORCHESTRA CT 06492	06-1011304	501 (C)	6,900				CT CULTURAL FU	ND OPE
(6) WARD HEITMANN HOUS PO BOX 573 WEST HAVEN	SE MUSEUM CT 06516	06-1450014	501 (C)	6,700				CT CULTURAL FU	ND OPE
(7) WARREN HISTORICAL 50 CEMETERY ROAD WARREN	SOCIETY CT 06754	20-5052190	501 (C)	5,400				CT CULTURAL FU	ND OPE
(8) WASHINGTON ART ASS 4 BRYAN MEMORIAL I WASHINGTON DEPOT	<u>•</u>	06-0754956	501 (C)					CT CULTURAL FU	ND OPE
(9) WASHINGTON FRIENDS PO BOX 1226	OF MUSIC INC							CT CULTURAL FU	ND OPE
2 Enter total number of other of			_ ` '	· · · · · · · · · · · · · · · · · · ·				>	

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization CONNECTICUT HUMAN	ITIES COUN	CIL.	INC				Employer identification number 06-0902244
Part I General Information on Grants a		 ,					
 Does the organization maintain records to substantiat the selection criteria used to award the grants or ass Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to 	te the amount of the istance?	of grant fundanization	ds in the United States s and Domestic	Governments.	Complete if the	organization	answered "Yes" on Form 990
Part IV, line 21, for any recipient to (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) WASHINGTON PARK FOUNDATION PO BOX 142 WASHINGTON DEPOT CT 06794	46-2392418	501 (C)	9,300				CT CULTURAL FUND OPE
(2) WATERBURY BALLET COMPANY 1255 MIDDLEBURY ROAD MIDDLEBURY CT 06762	06-1228091						CT CULTURAL FUND OPE
(3) THE WATERBURY CHORALE P.O. BOX 36 MIDDLEBURY CT 06762	23-7048853	501 (C)					CT CULTURAL FUND OPE
(4) WATERBURY SYMPHONY ORCHESTRA INC P.O. BOX 539 WATERTOWN CT 06795	06-6090876	501 (C)	23,100				CT CULTURAL FUND OPE
(5) WATERFORD HISTORICAL SOCIETY, IN P.O. BOX 117 WATERFORD CT 06385	23-7193724	501 (C)	5,600				CT CULTURAL FUND OPE
(6) WEIR FARM ART ALLIANCE, INC. 735 NOD HILL ROAD WILTON CT 06897	22-3035427	501 (C)	6,200				CT CULTURAL FUND OPE
(7) WESLEYAN POTTERS, INC. 350 S MAIN ST. (RT 17) MIDDLETOWN CT 06457	06-0841329	501 (C)	16,000				CT CULTURAL FUND OPE
(8) WEST HARTFORD ART LEAGUE 37 BUENA VISTA ROAD WEST HARTFORD CT 06107	06-0721830	501 (C)	12,000				CT CULTURAL FUND OPE
(9) WEST HARTFORD COMMUNITY THEATER, P.O. BOX 270394 LASALLE RD. WEST WEST HARTFORD CT 06127		501 (C)	5,700				CT CULTURAL FUND OPE
2 Enter total number of section 501(c)(3) and governments 3 Enter total number of other organizations listed in the	ent organizations liste						

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.

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Name of the organization CONNECTICUT HUMAN	TIES COUN	CIL.	INC				Employer identification number 06-0902244
Part I General Information on Grants a		<u>, </u>					
Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for note that the procedures for note that the procedure of the part IV, line 21, for any recipient that the procedure of th	tance? nonitoring the use of Domestic Orga	of grant fund	ds in the United States s and Domestic	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) WEST HARTFORD WOMEN'S CHORALE 117 CLIFTON AVENUE WEST HARTFORD CT 06107	20-8942941	501 (C)	5,800				CT CULTURAL FUND OPE
(2) WESTBROOK HISTORICAL SOCIETY, INC P.O. BOX 148 WESTBROOK CT 06498	47-3745272	501 (C)	5,100				CT CULTURAL FUND OPE
(3) WESTERN CONNECTICUT YOUTH ORCHEST P.O. BOX 964 RIDGEFIELD CT 06877			,				CT CULTURAL FUND OPE
(4) WESTON HISTORICAL SOCIETY, INC., P.O. BOX 1092 WESTON CT 06883	TH 06-6038732						PLANNING GRANTS
(5) WESTON HISTORICAL SOCIETY, INC., P.O. BOX 1092 WESTON CT 06883	TH 06-6038732	501 (C)	7,400				CT CULTURAL FUND OPE
(6) WESTPORT CINEMA INITIATIVE 50 IMPERIAL AVE WESTPORT CT 06880	27-4659671	501 (C)	13,000				CT CULTURAL FUND OPE
(7) WESTPORT COMMUNITY THEATRE, INC. 110 MYRTLE AVENUE WESTPORT CT 06880	06-6072059	501 (C)	6,300				CT CULTURAL FUND OPE
(8) WESTPORT HISTORICAL SOCIETY 25 AVERY PLACE WESTPORT CT 06880	23-7402125	501 (C)	24,715				IMPLEMENTATION GRANT
(9) WESTPORT HISTORICAL SOCIETY 25 AVERY PLACE WESTPORT CT 06880	23-7402125						CT CULTURAL FUND OPE
2 Enter total number of section 501(c)(3) and governments 3 Enter total number of other organizations listed in the l	nt organizations liste						

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization CONNE	CTICUT HUMAN	ITIES COUN	CIL,	INC				06-0902244
Part I General Inform	mation on Grants a	nd Assistance	·				•	
	award the grants or assinization's procedures for	stance? monitoring the use of Domestic Org a	of grant fund anization	ds in the United States s and Domestic	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address or governr	s of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant
(1) WESTPORT HISTORICA 25 AVERY PLACE WESTPORT	AL SOCIETY CT 06880	23-7402125	501 (C)	5,440				KIDS FREE SUMMER MUS
(2) WESTPORT SCHOOL OF 19 NEWTOWN TURNPIN WESTPORT		06-0728651						CT CULTURAL FUND OPE
(3) WESTPORT WRITERS 25 SYLVAN ROAD SOUWESTPORT	WORKSHOP	47-2637118		8,300				CT CULTURAL FUND OPE
(4) WESTVILLE VILLAGE PO BOX 3004 NEW HAVEN				9,600				CT CULTURAL FUND OPE
(5) WETHERSFIELD ACADE 431 HARTFORD AVE. WETHERSFIELD				7,400				CT CULTURAL FUND OPE
(6) WETHERSFIELD HISTO 150 MAIN STREET WETHERSFIELD		06-6038062		9,999				CAPACITY BUILDING GR
(7) WETHERSFIELD HISTO 150 MAIN STREET WETHERSFIELD		06-6038062		·				CT CULTURAL FUND OPE
(8) WHITNEYVILLE CULTU 1253 WHITNEY AVE HAMDEN				·				CT CULTURAL FUND OPE
(9) WILLIMANTIC RENAIS PO BOX 866	SSANCE, INC.							CT CULTURAL FUND OPE
2 Enter total number of other of				· · · · · · · · · · · · · · · · · · ·				

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization CONNECTICUT HUMAN	ITIES COUN	CIL.	INC				Employer identification number 06-0902244
Part I General Information on Grants a		<u>,</u>					
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assi Describe in Part IV the organization's procedures for 	e the amount of the stance?	f grant fund	ds in the United States				
Part II Grants and Other Assistance to Part IV, line 21, for any recipient the							
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	f (h) Purpose of grant
(1) WILLINGTON HISTORICAL SOCIETY P.O. BOX 214							CT CULTURAL FUND OPE
WILLINGTON CT 06279	23-7196503	501 (C)	5,200				
(2) WILTON HISTORICAL SOCIETY INC. 224 DANBURY ROAD WILTON CT 06897	06-6038757	501 (C)	19,500				CT CULTURAL FUND OPE
(3) WILTON PLAYSHOP, INC 15 LOVERS LANE	00-0038737	301 (C)	19,300				CT CULTURAL FUND OPE
WILTON CT 06897	06-6057176	501 (C)	6,300				CI COLIORAL FOND OFE
(4) WILTON SINGERS, INC PO BOX 431							CT CULTURAL FUND OPE
WILTON CT 06897	22-2571199	501 (C)	5,800				
(5) WINDHAM ARTS 47 CRESCENT ST WILLIMANTIC CT 06226	06-1559008	501 (C)	6,300				CT CULTURAL FUND OPE
(6) WINDHAM HISTORICAL SOCIETY PO BOX 105			,				CT CULTURAL FUND OPE
WILLIMANTIC CT 06226	06-6107746	501 (C)	5,800				
(7) WINDHAM PRESERVATION INC. 9 WEIR COURT							CT CULTURAL FUND OPE
WINDHAM CT 06280	83-2603945	501 (C)	5,300				
(8) WINDHAM REGION CHAMBER OF COMMER 47 CRESCENT STREET							CT CULTURAL FUND OPE
WILLIMANTIC CT 06226	84-4752904	501 (C)	5,300				
(9) WINDHAM REGIONAL ARTS COUNCIL P.O. BOX 847		E01 (C)	F 000				CT CULTURAL FUND OPE
WILLIMANTIC CT 06226	22-2814964						
 Enter total number of section 501(c)(3) and governme Enter total number of other organizations listed in the 		ea in the lin	ie i tabie				

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization CONNE	CTICUT HUMAN	ITIES COUN	CIL,	INC			I	06-0902244	
Part I General Infor	mation on Grants a	nd Assistance	,				•		
	o award the grants or assistantization's procedures for r	stance? monitoring the use of Domestic Orga	of grant fund anization	ds in the United States s and Domestic	Governments.	Complete if the	organization	answered "Yes" on Form	No
1 (a) Name and addres or govern	s of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant	
(1) WINDHAM TEXTILE & 411 MAIN STREET WILLIMANTIC	HISTORY MUSEUM	06-1137719	501 (C)	6,700				CT CULTURAL FUND	OPE
(2) WINDHAM THEATRE G PO BOX 802 WILLIMANTIC		22-2721945						CT CULTURAL FUND	OPE
(3) WINDSOR ART CENTE 40 MECHANIC ST. WINDSOR		26-1422815						CT CULTURAL FUND	OPE
(4) WINDSOR HISTORICA 96 PALISADO AVENU WINDSOR	L SOCIETY	06-0851583		,				CT CULTURAL FUND	OPE
(5) WINTONBURY HISTOR P.O. BOX 7454 BLOOMFIELD		06-6066644		,				CT CULTURAL FUND	OPE
(6) WITNESS STONES PR SUITE 216, BASSET NEW BRITAIN	OJECT, INC							CT CULTURAL FUND	OPE
(7) WOMEN COMPOSERS F PO BOX 370632 WEST HARTFORD	ESTIVAL OF HART	FOR 47-1095892	501 (C)	5,600				CT CULTURAL FUND	OPE
(8) WOODBURY-BETHLEHEN PO BOX 820 WOODBURY	CT 06798	1¢ 83-0427784	501 (C)	5,600				CT CULTURAL FUND	OPE
(9) WOODSTOCK HISTORIC WOODSTOCK HISTORIC WOODSTOCK	CAL SOCIETY	23-7102783		,				CT CULTURAL FUND	OPE
2 Enter total number of section	n 501(c)(3) and governme	nt organizations liste	_ ` '	_ ,			<u> </u>		

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization CONNE	CTICUT HUMAN	TIES COUN	CIL,	INC				Employer Identification number 06-0902244
	mation on Grants a						•	
	o award the grants or assistants anization's procedures for reaction to the contract of the co	stance? nonitoring the use of Domestic Orga	of grant fund anization	ds in the United States s and Domestic	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and addres or govern	<u> </u>	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) WORLD AFFAIRS COU 1049 ASYLUM AVENU	E		F01 (G)	14 100				CT CULTURAL FUND OPE
HARTFORD	CT 06105	06-0771570	501 (C)	14,100				
(2) WORLD HERITAGE CU 21 DOCK DRIVE SANDY HOOK	CT 06482	26-4463240	501 (C)	5,800				CT CULTURAL FUND OPE
(3) WPA 861 MAIN STREET WILLIMANTIC	CT 06226	85-3718463						CT CULTURAL FUND OPE
(4) WPKN INC. 277 FAIRFIELD AV		22-3162248		,				CT CULTURAL FUND OPE
(5) WRITER'S BLOCK IN PO BOX 368 NEW LONDON		26-0581472		,				CT CULTURAL FUND OPE
(6) YALE-CHINA ASSOCI 442 TEMPLE STREET NEW HAVEN		06-0646971						CT CULTURAL FUND OPE
(7) YELLOW FARMHOUSE PO BOX 202 STONINGTON		_		,				CT CULTURAL FUND OPE
(8) YOUNG ARTISTS PHI 1234 SUMMER ST, STAMFORD		23-7195755		,				CT CULTURAL FUND OPE
(9) YOUNG MENS INSTIT 847 CHAPEL STREET	UTE LIBRARY			,				CT CULTURAL FUND OPE
NEW HAVEN 2 Enter total number of section 3 Enter total number of other			_ ` '	· · · · · · · · · · · · · · · · · · ·		<u> </u>		

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.

Department of the Treasury Internal Revenue Service

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

Name of the organization CONNECTICUT HUMANI!		Employer identification number 06-0902244					
Part I General Information on Grants an		,	INC				
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assistate. Describe in Part IV the organization's procedures for more part II. Grants and Other Assistance to Describe in Part IV, line 21, for any recipient that 	the amount of the ance?onitoring the use commestic Orga	of grant fund anization	ds in the United States s and Domestic	Governments.	Complete if the	organization	answered "Yes" on Form 990
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)		f (h) Purpose of grant
(1) YUJC, INC. 20 ROGERS ROAD HAMDEN CT 06517	45-4661235	501 (C)	5,200				CT CULTURAL FUND OPE
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
 Enter total number of section 501(c)(3) and government Enter total number of other organizations listed in the lin 		ed in the lin	le 1 table				

Department of the Treasury Internal Revenue Service Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Ves" on Form 990 Part IV, line 23

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.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

CONNECTICUT HUMANITIES COUNCIL, INC 06-0902244

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account 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 1b 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? 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. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation committee Form 990 of other organizations 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? X **b** Participate in or receive payment from a supplemental nonqualified retirement plan? X c Participate in or receive payment from an equity-based compensation arrangement? X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: X a The organization? X **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: X a The organization? X **b** Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 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 X 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 X in Part III If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

Regulations section 53.4958-6(c)?.

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.

	(B) Breakdown of W-2	and/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)	in column (B) reported as deferred on prior Form 990
JASON MANCINI (i	154,015	0	0	16,500	30,128	200,643	0
1 PRESIDENT			O		0		
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2 (ii)						
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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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

CONNECTICUT HUMANITIES COUNCIL, INC

06-0902244

Employer identification number

FORM 990 - ORGANIZATION'S MISSION

CONNECTICUT HUMANITIES CHAMPIONS THE ENDURING VALUE OF PUBLIC HUMANITIES IN OUR LIVES AND CIVIL SOCIETY. THROUGH GRANT FUNDING AND CAPACITY BUILDING, CTH STRIVES TO ENSURE THE PUBLIC HUMANITIES WILL CONTINUE TO INSPIRE STORYTELLING, LIFELONG LEARNING, INFORMED PUBLIC DIALOGUE, AND CIVIC ENGAGEMENT IN WAYS THAT STRENGTHEN COMMUNITIES AND ENHANCE THE QUALITY OF LIFE FOR ALL CONNECTICUT'S RESIDENTS.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

CONNECTICUT HUMANITIES COUNCIL, INC. PROVIDES A VARIETY OF EDUCATIONAL

PROGRAMS AND SERVICES INCLUDING ORGANIZATION BUILDING INITIATIVES, HELPING

ORGANIZATIONS CONNECT WITH PRESENTERS AND DISCUSSION LEADERS AND PROMOTES

STATE AND LOCAL HISTORY TO LIFE IN CONNECTICUT CLASSROOMS.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE COUNCIL REQUIRES ALL MEMBERS OF THE BOARD OF DIRECTORS TO BE ABLE TO
REVIEW THE IRS FORM 990 PRIOR TO IT BEING FILED WITH THE INTERNAL REVENUE
SERVICE. ANY BOARD MEMBER MAY RESPOND IN WRITING, IN PERSON OR BY EMAIL TO
THE EXECUTIVE DIRECTOR, EXECUTIVE COMMITTEE OR AUDIT COMMITTEE CHAIR
SEEKING CLARIFICATION ON ANY INFORMATION PRESENTED IN THE FORM. IN THE
EVENT THAT CLARIFICATION IS NOT ACHIEVED BETWEEN THE BOARD MEMBER AND ANY
OF THE ABOVE PARTIES, THEN THE RETURN SHALL BE EXTENDED, AND THE SUBJECT
INCLUDED AS AN AGENDA ITEM AT THE NEXT REGULARLY SCHEDULED BOARD MEETING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Employer identification number Name of the organization CONNECTICUT HUMANITIES COUNCIL, INC 06-0902244 AT THE BEGINNING OF THE FISCAL YEAR, DIRECTORS ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST AND SIGN A CONFLICT OF INTEREST POLICY FORM. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE COMPENSATION AND TERMS OF EMPLOYMENT OF THE EXECUTIVE DIRECTOR SHALL BE DETERMINED AT LEAST ANNUALLY BY THE BOARD. UNDER THE DIRECTION OF THE CHAIR, AN ANNUAL ASSESSMENT OF THE EXECUTIVE DIRECTOR IS FACILITATED BY COORDINATING FEEDBACK FROM ALL BOARD MEMBERS, AND REVIEWS THE COMPENSATION AND BENEFITS PACKAGE OF THE EXECUTIVE DIRECTOR. THE BOARD SHALL MEET IN EXECUTIVE SESSION TO EVALUATE THE EXECUTIVE DIRECTOR'S PERFORMANCE AND DECIDE UPON THE ANNUAL SALARY OF THE EXECUTIVE DIRECTOR. FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS EXECUTIVE COMMITTEE REVIEWS COMPENSATION AND BENEFITS FOR THE EXECUTIVE DIRECTOR. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION COPIES OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS, INCLUDING FORM 990, ARE PROVIDED UPON WRITTEN REQUEST. PAGE 1 OF 1